

BOLHOUSE, VANDER HULST, RISKO, BAAR & LEFERE, P.C.
CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please provide as much of the following information as you can. Be sure to PRINT your responses. If certain questions do not apply to you or your situation, simply insert "N/A." If necessary, please use the reverse side of this form or attach additional pages. All information supplied will be kept strictly confidential. Thank you for your assistance.

NOTE: Please bring any old wills, trust documents, powers of attorney, contracts to restrict, pre/post nuptial agreements, etc., with you to your appointment.

How did you hear about Bolhouse, Vander Hulst, Risko, Baar & Lefere, P.C.? _____

Personal Information:

Today's Date: _____

Name: _____ Soc. Sec. No. _____ Date of Birth: _____
(as it should appear on documents)

Other names used by you on bank accounts, deeds, or other legal documents: _____

Country of Citizenship: _____ Are you a permanent resident of Michigan? _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer or Business: _____

Business Address: _____

Occupation: _____ Work Phone: _____

Spouse's Information:

Name: _____ Soc. Sec. No. _____ Date of Birth: _____
(as it should appear on documents)

Other names used by your Spouse on bank accounts, deeds, or other legal documents: _____

Country of Citizenship: _____ Is your Spouse a permanent resident of Michigan? _____

Employer or Business: _____

Business Address: _____

Occupation: _____ Work Phone: _____

Marital Background:

Yourself: Number of prior marriages: _____ Widowed _____ Divorced
(If divorced, please bring a copy of your Judgment of Divorce to your appointment)

Spouse: Number of prior marriages: _____ Widowed _____ Divorced
(If divorced, please bring a copy of your Judgment of Divorce to your appointment)

Financial Advisors: List names, addresses, and phone numbers.

Accountant:

(Name)

(Address)

(Telephone Number)

Stock Broker:

(Name)

(Address)

(Telephone Number)

Insurance Agent:

(Name)

(Address)

(Telephone Number)

Other Advisor:

(Name)

(Address)

(Telephone Number)

Miscellaneous Information:

Do you have a Will? Yes: ___ No: ___ Date: _____ Location: _____

Where do you keep your important papers? Safe deposit box: ___ Home: ___ Office: ___ Other: _____

If you have a safe deposit box, where is it located? _____

Is the box held jointly? Yes: ___ No: ___ If Yes, with whom? _____

Do you expect to inherit property in the foreseeable future? Yes: ___ No: ___ If yes, in what amount? _____

Do you have funeral instructions and cemetery plot? Yes: ___ No: ___ If yes, where: _____

Real Estate:

Residence: _____
(Address)

Market Value \$ _____

Mortgage \$ _____

Equity \$ _____

My residence(s) is owned by ___ myself, ___ my spouse, ___ jointly with my spouse, ___ jointly with another.

If jointly with another, with whom? _____

Other Real Estate:

_____	Market Value	\$ _____
(Address)		
_____	Mortgage	\$ _____
	Equity	\$ _____

This property is owned by ___ myself, ___ my spouse, ___ jointly with my spouse, ___ jointly with another.

If jointly with another, with whom? _____

Bank Accounts: Include savings and loan accounts, money markets, CD 's, and other cash equivalents.

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Amount in Account</u>	<u>How owned</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Securities: List stocks and bonds.

<u>Type of Security</u>	<u>Number of Shares</u>	<u>Value</u>	<u>How Owned</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Retirement Benefits: List pension, profit sharing, deferred compensation plans, and IRAs, which have benefits that survive you.

<u>Company/Type of Benefit</u>	<u>Beneficiary</u>	<u>Value</u>
_____	Primary: _____	\$ _____
	Contingent: _____	
_____	Primary: _____	\$ _____
	Contingent: _____	
_____	Primary: _____	\$ _____
	Contingent: _____	

Life Insurance: Include group life insurance, as well as personal policies.

1. _____
Company

Owner

Insured

Primary Beneficiary:

Contingent Beneficiary

\$ _____
Cash Value

\$ _____
Death Value

2. _____
Company

Owner

Insured

Primary Beneficiary:

Contingent Beneficiary

\$ _____
Cash Value

\$ _____
Death Value

3. _____
Company

Owner

Insured

Primary Beneficiary:

Contingent Beneficiary

\$ _____
Cash Value

\$ _____
Death Value

Business Interests: Include partnerships and closely held companies.

<u>Type of Interest</u>	<u>Percentage Ownership</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

Miscellaneous Property:

Household furnishings and furniture (Guideline: 20% of original price). \$ _____

Automobiles: _____ Owned By _____

_____ Owned By _____

Amounts Owed to You:

Debtor: _____ Amount owed to you: \$ _____

Debtor: _____ Amount owed to you: \$ _____

Liabilities: Include debts and obligations such as alimony and support payments; Exclude monthly bills and mortgage payments.

Creditor: _____ Amount you owe: \$ _____

Creditor: _____ Amount you owe: \$ _____

Children:

Please list children, including stepchildren, legally adopted children, or illegitimate children of either spouse, and identify as such. Indicate with an asterisk if deceased.

<u>Child's Complete Name</u>	<u>Address</u>	<u>Birth</u>	<u>Date of</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Does any child listed above have any special needs? If so, please list the child's name and describe the special need:

<u>Name</u>	<u>Need</u>
_____	_____
_____	_____

Does any child listed above receive government benefits or assistance of any kind? If so, please list the child's name and the type of benefit received:

<u>Name</u>	<u>Benefit</u>
_____	_____
_____	_____

Guardian and Conservator for Minor Child(ren): List the full name and address of the person(s) whom you wish to appoint as Guardian(s) and Conservator(s) of your minor child(ren):

First choice for Guardian(s) and Conservator(s):

Second choice for Guardian(s) and Conservator(s):

(Names)

(Names)

(Address)

(Address)

Trustee for Children: Please list the full name and address of the person you would like to appoint as the Trustee (the person who will control the money in the Trust) for your minor child(ren):

First choice for Trustee:

Second choice for Trustee:

(Name)

(Address)

(Name)

(Address)

Brothers and Sisters: List the full name of your brother(s) and sister(s). Indicate with an asterisk if deceased.

Siblings

Spouse's Siblings

Does any brother or sister listed above have any special needs? If so, please list the name and describe the special need.

Name

Need

Does any brother or sister listed above receive government benefits or assistance of any kind? If so, please list the name and the type of benefit received.

Name

Benefit

Personal Representative: List the full name and address of the person you wish to appoint as Personal Representative of your Will.

First choice for Personal Representative:

Second choice for Personal Representative:

(Name)

(Address)

(Name)

(Address)

Financial Affairs in the Event of Incapacity (Durable Power of Attorney): List the full name and address of the person you wish to appoint to handle your financial affairs on your behalf.

First choice for Durable Power of Attorney:

Second choice for Durable Power of Attorney:

(Name)

(Address)

(Name)

(Address)

Medical Care (Patient Advocate Designation): List the full name and address of the person you wish to appoint to make decisions regarding your medical care if you are not able to decide for yourself.

First choice for Patient Advocate:

Second choice for Patient Advocate:

(Name)

(Address)

(Name)

(Address)

Briefly indicate your desires regarding life-sustaining medical treatment: _____

Briefly indicate your spouse's desires regarding life-sustaining medical treatment: _____

Gifts to Charity: Many individuals wish to include gifts to charities in their estate plan. If you wish to make any gifts to charities as a part of your estate plan, please list each charity, its current addresses, and the amount you wish to bequeath.

<u>Charity (Name and address)</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

If you and your spouse are having Last Wills and Testaments prepared, please read and sign the following:

Confidential communications to or from your attorney are protected by the attorney-client privilege from compulsory disclosure to third parties. Because we are representing both of you with respect to your estate plan, we are now informing you that there is no confidentiality between you and your spouse as far as your estate plan representation is concerned. By signing below, you agree to let us disclose to your spouse information given to us by you.
