ESTATE PLANNING QUESTIONNAIRE - UNMARRIED PERSON CONFIDENTIAL

Please <u>LEGIBLY</u> print your entries in the blank spaces. Check "Yes" or "No," or check the appropriate box. Please use "n/a" to indicate "not applicable." Do not be concerned if you cannot fill in all the spaces or answer all the questions, I will fill in the open spaces when we meet. Note, not all questions may not apply to your situation. Please <u>SIGN & DATE</u> the form.

I. FAMILY FACTS AND PERSONAL INFORMATION

A. NAME, ADDRESS AND TELEPHONE INFORMATION:	
Full name:	
Name as it appears on Driver's License and expiration date:	
Any former names, or nicknames? Yes \square No \square	
If yes, include the full name(s):	
Date and place of birth:	
Are you a U. S. Citizen? Yes □ No □ Social Security No:	
Address:	
Home Telephone Number:	
Business Telephone Number: E	
Cell Number: Home email	address:
Father's name and birth state:	
Mother's name, maiden name and birth state:	
B. INFORMATION REGARDING PREVIOUS MARRIAGE(S):	
Name of former spouse:	
This marriage terminated because of:	
a. □ Divorce Year of final decree:	
Any obligations from prior marriage: Yes \square No \square (If	yes, bring copies with you at the time of your appointment.)
Child support □; Spousal support □; Life Insurance □	∃; Retirement Plan □
b. □ Death Date of former spouse's death:	
c. □ Annulment Year of final decree:	
2. Name of former spouse:	
This marriage terminated because of:	
a. □ Divorce Year of final decree:	
Any obligations from prior marriage: Yes \square No \square (If	yes, bring copies with you at the time of your appointment.)
Child support □; Spousal support □; Life Insurance □	∃; Retirement Plan □
b. □ Death Date of former spouse's death:	
c. □ Annulment Year of final decree:	
C. LIVING CHILDREN:	
1. Full name:	
Address:	
Telephone number:	
Gender: M □ F□ Age: Date of birth:	Social Security #:
2. Full name:	
Address:	
Telephone number:	
Gender: M □ F□ Age: Date of birth:	Social Security #:
3. Full name:	
Address:	
Telephone number:	
Gender: M □ F□ Age: Date of birth:	Social Security #:

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	4. Full name:		
	Address:		
	Telephone number:		
	Gender: M □ F□ Age:	Date of birth:	Social Security #:
If ad	ditional space is needed, use page 4.		
D. D	ECEASED CHILDREN:		
Do y	ou have any deceased children? Yes [☐ No ☐ If yes, provide the f	ollowing information about the deceased child:
	1. Full name:		
	Date of death:		Any living issue of this child? Yes □ No □
	If yes, name(s) and date(s) of birth	h of each:	
	2. Full name:		
	Date of death:		Any living issue of this child? Yes □ No □
	If yes, name(s) and date(s) of birth	h of each:	
	T DECISIONS AND INFORMATION		
A.	EXECUTORS/TRUSTEES (IN OF	•	
	Name and relationship:		
	Address:		
	Telephone Number:		
	2. Name and relationship:		
	Address:		
	Telephone Number:		
	3. Name and relationship:		
	Address:		
	Telephone Number:		
	4. Name and relationship:		
	Address:		
	Telephone Number:		
Note	: If the same order of persons indicat	ed above are also desired	as guardians, agents for financial management and healthcare, and
cons	ervators of estate and person, check he	re □, and skip to Paragraph	E of this Section. If different, complete Paragraphs B-D of this Section.
В. G	UARDIAN OF MINOR CHILD(REN) (IN	ORDER OF PREFERENCE	E):
	Name and relationship:		
	Address:		
	Telephone Number:		
	2. Name and relationship:		
	Address:		
	Telephone Number:		
	3. Name and relationship:		
	Address:		
	Telephone Number:		
	4. Name and relationship:		
	Address:		
	Telephone Number:		

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	PREFERENCE):
	1. Name and relationship:
	Address:
	Telephone Number:
	2. Name and relationship:
	Address:
	Telephone Number:
	3. Name and relationship:
	Address:
	Telephone Number:
	4. Name and relationship:
	Address:
	Telephone Number:
	D. AGENT FOR HEALTH CARE AND CONSERVATOR OF PERSON (IN ORDER OF PREFERENCE):
	Name and relationship:
	Address:
	Telephone Number:
	2. Name and relationship:
	Address:
	Telephone Number:
	3. Name and relationship:
	Address:
	Telephone Number:
	4. Name and relationship:
	Address:
	Telephone Number:
	E. CHOICES FOR ADVANCE HEALTH CARE DIRECTIVE:
	1. Statement of desires concerning life-sustaining treatment and special provisions:
	a. □ prolong life; OR □ do not prolong life
	b. □ continue nutrition and hydration; OR □ do not continue nutrition and hydration; OR □ no artificial nutrition and hydratior
	except for treatment of temporary condition; OR no artificial nutrition and hydration except for comfort or to alleviate pair
	c. Alzheimer's Disease - noninvasive life-prolonging treatments as long as I have the ability to meaningfully interact with family
	and am physically independent; but no highly intrusive treatments such as CPR, mechanical ventilation, or kidney dialysis
	yes □ no □
	2. Authority for agent to (check all that apply):
	a. \square authorize donation of organs at death for \square transplant \square therapy \square research \square education; \overline{OR} \square authorize donation o
	specific organs at death (specify):
	for □ transplant □ therapy □ research □ education; OR □ no organ donation
	b. Disposition of remains: burial □ cremation □
	c. Authorize autopsy: yes □ no □
III. KEY	ADVISORS
	Other Attorney:
	Address and Telephone Number:
	Securities Broker:
	Address and Telephone Number:
	Investment Counselor:
	Address and Telephone Number:
	Insurance Agent:
	Life:

C. AGENT FOR POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT AND CONSERVATOR OF ESTATE (IN ORDER OF

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	Address and Telephone Number:
	Casualty:
	Address and Telephone Number:
	Personal Physician:
	Address and Telephone Number:
IV. AD	DITIONAL INFORMATION/COMMENTS:
Do you	u currently have a will? Yes □ No □ (If yes, please bring copies with you at the time of your appointment.)
Do you	u expect to inherit something from parents or other, or has either previously inherited anything? Yes □ No □
Do you	u expect to receive gifts from parents or others? Yes □ No □
Are yo	ou the beneficiary of a trust 🗆 established by you? 🗆 established by someone other than you? (Please bring copies with you at the time of your
appoin	ntment.)
To you	ır knowledge, do you hold the power to appoint assets presently subject to a trust? Yes \square No \square
Are yo	u the trustee of a trust for someone else? Yes \square No \square
Specia	al family considerations: Yes □ No □ (If yes, attach separate sheet and enter details.)
Child [□; Grandchild □; Parent □; Prior marriage □
"Child	and issue" to include adopted persons? Yes □ No □ Step-child(ren)? Yes □ No □
Do you	u have a child with a learning disability? Yes □ No □
Do any	y of your children receive governmental support or benefits? Yes □ No □
Do any	y of your children have special education, medical, or physical needs? Yes □ No □
Are eit	her of you receiving social security, disability, or other governmental benefits? Yes □ No □
Do you	u provide primary or other major financial support to adult children? Yes □ No □
Any ho	ostility now or later? Children □? Beneficiaries v. executor or trustee □?
Locatio	on of safe deposit box:
Who h	as access to safe deposit box:
DO YC	DU OWN ANY GUNS? Yes □ No □
V. NO	TES

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VI. ASSET INFORMATION:

A. REAL PROPERTY:

	Title	e (✔)			
Address and Assessor's Parcel Number	SP ¹	JT ²	Present Gross Value	Cost	Description of Property
		3	\$	\$	
		4	\$	\$	
		5	\$	\$	

B. STOCKS

		Title	e (/)	
Number	Company	SP	JT	Present Value
of Shares		<u> </u>	· ·	
			6	\$
			7	\$
			8	\$

¹ Separate Property	:	
² Joint Tenancy: _		
•		
, ,		
, ,		
, ,		
⁸ Co-Owner(s):		

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C. BONDS:

		Title	· (√)		
Value	Description	SP	JT	Yield	Maturity Date
\$			9	%	1 1
\$			10	%	1 1
			·		
\$			11	%	1 1

D. BANK ACCOUNTS:

Account Number	Type	s (√) S/A ¹³	Bank Name and Address	Balance	Name(s) on Account
				\$	
				\$	
				\$	

E. PROMISSORY NOTES:

Balance Due	Debtor	Date Due	Face Amount	Date Signed
\$			\$	1 1
\$			\$	1 1
\$			\$	1 1

0
⁹ Co-Owner(s):
¹⁰ Co-Owner(s):
¹¹ Co-Owner(s):
Co-Owner(s).
12 Checking account:
3
13 Savings account:

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Policy	Insurance	Insured	Beneficia	Face Value	
Number	Company				
					\$
					\$
G. TANGIBLE	PERSONAL PROPERTY (INCLU	JDING VEHICLES):			\$
		ription		Pre	esent Value
urniture and furnishin	gs			\$	
ersonal effects				\$	
				\$	
		_ Payment: Lump sum □ Annuity □	٥		
I. IRAs:					
Bank/B	rokerage Firm	Account No.	Description		Value
					\$
			•		
					\$
					\$

J. OTHER ASSETS:
Partnerships, corporations, notes receivable, mineral/oil/gas rights, timeshares, etc. Please provide (1) description, (2) owners, and (3) approximate value:

CERTIFICATION OF INFORMATION

I	, the un	ndersigned, o	do hero	eby	certify	that tl	he in	formation	prov	ided a	bove is tr	ue a	nd c	orrect to	the best
of my kr	nowledg	e. I underst	and th	nat	all of th	ne esta	ite pl	lanning iss	ues	I discu	ass with t	he s	taff o	of the L a	aw Office
of Ther	esa L.	McConville	, will	be	based	upon	the	informati	on I	have	provided	in	this	Estate	Planning
Question	nnaire.														

Dated:				
	Signature			

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