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**\*\*\* CONFIDENTIAL \*\*\***  
**ESTATE PLANNING QUESTIONNAIRE**

Date: \_\_\_\_\_

**GENERAL INFORMATION**

	YOU	SPOUSE (IF MARRIED)
Name		
Maiden or other names		
Social Security Number		
Driver's Licence Number		
Birth Date		
Address		
City, State & ZIP		
Phone Number		
Employer Name		
Address		
City, State & ZIP		
Business Nhone Number		
Email address		
U.S. Citizen	___ Y ___ N	___ Y ___ N

**MARRIAGE**

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Is this your first marriage? \_\_\_ Y \_\_\_ N If no, how many prior marriage? \_\_\_\_\_

How did your previous marriage(s) end? \_\_\_\_\_

**CHILDREN**

<b>Full Name</b>	<b>Address</b>	<b>Phone No.</b>	<b>Date of Birth</b>	<b>Social Security No.</b>

**CHILDREN BY PRIOR MARRIAGE OR RELATIONSHIP**

<b>Full Name</b>	<b>Address</b>	<b>Phone No.</b>	<b>Date of Birth</b>	<b>Whose Child</b>	<b>Social Security No</b>

**GRAND CHILDREN**

<b>Full Name</b>	<b>Address and Phone No.</b>	<b>Parent's Names</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

**PARENTS**

	<b>You</b>	<b>Spouse</b>
<b>Father's Full Name</b>		
<b>Father's Address</b>		
<b>Father's Phone Number</b>		
<b>Father's Date of Birth</b>		
<b>Is your Father Still Living?</b>	___ Y ___ N	___ Y ___ N
<b>Mother's Full Name</b>		
<b>Mother's Address</b>		
<b>Mother's Phone Number</b>		
<b>Mother's Date of Birth</b>		
<b>Is your Mother Still Living?</b>	___ Y ___ N	___ Y ___ N

**ASSETS**

**BANK ACCOUNTS:**

<b>Financial Institution</b>	<b>Address</b>	<b>Account Number</b>	<b>Type of Account</b>	<b>Value</b>

**VEHICLES:**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Vehicle Identification Number (VIN)</b>	<b>Amount Owed</b>	<b>To Whom Owed</b>

**REAL ESTATE:**

	<b>Parcel No. 1</b>	<b>Parcel No. 2</b>	<b>Parcel No. 3</b>
<b>Address</b>			
<b>Legal Description</b>	Please attach a copy of the Deed or other instrument of title		
<b>Names of All Owners</b>			
<b>Date Purchased</b>			
<b>Purchase Price</b>			
<b>Amount Owed</b>			
<b>Monthly Payment</b>			
<b>Mortgage Company</b>			
<b>Mortgage Account No.</b>			
<b>Home Equity Loan</b>			
<b>Amount Owed</b>			
<b>Monthly Payment</b>			
<b>Home Equity Loan Company</b>			
<b>Home Equity Loan Account No.</b>			

**INVESTMENTS/STOCKS/BONDS:**

<b>Name of Investment</b>	<b>Type of Investment</b>	<b>Account Number</b>	<b>Value</b>

**PENSIONS/RETIREMENT PLANS:**

	<b>Plan No. 1</b>	<b>Plan No. 2</b>	<b>Plan No. 3</b>	<b>Plan No. 4</b>
<b>Who Plan is it?</b> (Husband/Wife)				
<b>Type of Plan</b> (Defined Benefit, 457 403(b), 401(k), IRA, Deferred Compensation, Etc.)				
<b>Name of Plan</b>				
<b>Plan Administrator</b>				
<b>Account No.</b>				
<b>Value</b>				
<b>Name(s) of Beneficiaries</b>				

**LIFE INSURANCE:**

	<b>Policy No. 1</b>	<b>Policy No. 2</b>	<b>Policy No. 3</b>	<b>Policy No. 4</b>
<b>Who Policy is it?</b> (Husband/Wife)				
<b>Type of Policy</b> (Term, Universal Life, Whole Life, Etc.)				
<b>Insurance Company</b>				
<b>Value</b>				
<b>Name(s) of Beneficiaries</b>				
<b>Name of contingent Beneficiaries</b>				
<b>Employer Paid</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**MISCELLANEOUS ITEMS OF VALUE (ART, COLLECTIONS, ETC.):**

Description	Owner	Estimated Value

**GOALS AND OBJECTIVES FOR YOU**

1. Upon death how do you want your assets distributed?

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2. Are there any specific gifts you want to make?

Item Description

Name

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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3. If you (and your spouse, if applicable) die before your children reach the age of majority, at what age should your children receive property?

\_\_\_ Age 18 (age of majority)

\_\_\_ Held in trust until age \_\_\_\_.

4. Do want to leave anything to charity or other organizations?

Name and Address of Organization

Gift or Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**GOALS AND OBJECTIVE FOR SPOUSE**

1. Upon death how do you want your assets distributed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are there any specific gifts you want to make?

Item Description

Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. If you (and your spouse, if applicable) die before your children reach the age of majority, at what age should your children receive property?

\_\_\_\_\_ Age 18 (age of majority)

\_\_\_\_\_ Held in trust until age \_\_\_\_\_.

4. Do want to leave anything to charity or other organizations?

Name and Address of Organization

Gift or Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**DOCUMENTS AND DIRECTIONS**

<b>WILL</b>		
	<b>You</b>	<b>Spouse</b>
Personal Representative		
Choice 1 Full Name		
Choice 2 Full Name		
Choice 3 Full Name		
Guardian for Minor Children		
Choice 1 Full Name		
Choice 2 Full Name		
Choice 3 Full Name		
Conservator		
Choice 1 Full Name		
Choice 2 Full Name		
Choice 3 Full Name		
<b>TRUST (IF YOU ARE CREATING A REVOCABLE TRUST)</b>		
Successor Trustee 1		
Successor Trustee 2		
Successor Trustee 3		
<b>DURABLE POWER OF ATTORNEY</b>		
Name of Agent		
Successor Agent		
Successor Agent		
When does it become effective?	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon Disability	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon Disability

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

	<b>You</b>	<b>Spouse</b>
Patient Advocate Name		
Successor Patient Advocate		
Successor Patient Advocate		
When does it become effective?	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon Disability	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon Disability

**MEDICAL INFORMATION RELEASE FORM**

Persons Authorized to Access/Obtain Your Medical Records	<b>You</b>	<b>Spouse</b>
Choice 1 Name Address & Phone Number		
Choice 1 Name Address & Phone Number		
Choice 1 Name Address & Phone Number		

\*\*\*\*For Office Use Only\*\*\*\*

Date of Meeting \_\_\_\_\_  
 Time: \_\_\_\_\_

Signing Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

Fee: \_\_\_\_\_

Fee agreement signed: \_\_\_ Y \_\_\_ N

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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