

THE MENNA LAW FIRM

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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

Full Name	Address	Phone No.	Date of Birth	Social Security No.

CHILDREN BY PRIOR MARRIAGE OR RELATIONSHIP

Full Name	Address	Phone No.	Date of Birth	Whose Child	Social Security No

GRAND CHILDREN

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

PARENTS

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

ASSETS

BANK ACCOUNTS:

Financial Institution	Address	Account Number	Type of Account	Value

VEHICLES:

Year	Make	Model	Vehicle Identification Number (VIN)	Amount Owed	To Whom Owed

REAL ESTATE:

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

INVESTMENTS/STOCKS/BONDS:

Name of Investment	Type of Investment	Account Number	Value

PENSIONS/RETIREMENT PLANS:

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

LIFE INSURANCE:

	Policy No. 1	Policy No. 2	Policy No. 3	Policy No. 4
Who Policy is it? (Husband/Wife)				
Type of Policy (Term, Universal Life, Whole Life, Etc.)				
Insurance Company				
Value				
Name(s) of Beneficiaries				
Name of contingent Beneficiaries				
Employer Paid	<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?

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 you 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 you want to leave anything to charity or other organizations?

Name and Address of Organization

Gift or Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DOCUMENTS AND DIRECTIONS

WILL		
	You	Spouse
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		
TRUST (IF YOU ARE CREATING A REVOCABLE TRUST)		
Successor Trustee 1		
Successor Trustee 2		
Successor Trustee 3		
DURABLE POWER OF ATTORNEY		
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
TRANSFER OF REAL ESTATE (FOR TRUSTS ONLY)		
	<u>Yes</u>	<u>No</u>
Do you wish to transfer real property to trust immediately?		
[HIGHLY RECOMMENDED] Have you contacted property insurance company to determine if new policy must be issued or trust added as additional insured?		

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

	You	Spouse
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	You	Spouse
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

Transfer Real Property to Trust? Yes No.

Insurance Company contacted by CL? Yes No

Notes: _____

