

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 License Number | | |
| Birth Date | | |
| Address | | |
| City, State & ZIP | | |
| Phone Number | | |
| Employer Name | | |
| Address | | |
| City, State & ZIP | | |
| Business Phone 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 |
|-----------|---------|-----------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

STEPCHILDREN OR CHILDREN BY PRIOR MARRIAGE OR RELATIONSHIP

| Full Name | Address | Phone No. | Date of Birth | Whose Child |
|-----------|---------|-----------|---------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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GRAND CHILDREN

| Full Name | Address and Phone No. | Parent's Name(s) | Date of Birth |
|-----------|-----------------------|------------------|---------------|
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| | | | |

ASSETS

BANK ACCOUNTS:

| Financial Institution | Address | Account Number | Type of Account | Est. Value |
|-----------------------|---------|----------------|-----------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

VEHICLES:

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

INVESTMENTS/STOCKS/BONDS:

| Name of Investment | Type of Investment | Account Number | Est. Value |
|--------------------|--------------------|----------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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. | | | |

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 | ___ Y ___ N | ___ Y ___ N | ___ Y ___ N | ___ Y ___ N |

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

| Description | Owner | Estimated Value |
|-------------|-------|-----------------|
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GOALS AND OBJECTIVES FOR YOU

1. Upon death how do you want your assets distributed (i.e. who gets what or how split)?

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

Item Description

Name

| | |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

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 (i.e. who gets what or how)?

Name and Address of Organization

Gift or Amount

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

GOALS AND OBJECTIVE FOR SPOUSE

5. Upon death how do you want your assets distributed (i.e. who gets what or how split)?

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

Item Description

Name

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. 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 ____.

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

Name and Address of Organization

Gift or Amount

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DOCUMENTS AND DIRECTIONS

| WILL | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **PLEASE INCLUDE ADDRESS AND PHONE NUMBER IF NOT PREVIOUSLY PROVIDED** | 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 (WHO HANDLES YOUR FINANCES WHEN YOU CAN'T) | | |
| Name of Agent | | |
| Successor Agent (2 nd Choice) | | |
| Successor Agent (3 rd Choice) | | |
| 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
(WHO MAKES MEDICAL DECISIONS FOR YOU WHEN YOU CAN'T)**

| | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **PLEASE INCLUDE ADDRESS AND PHONE NUMBER IF NOT PREVIOUSLY PROVIDED** | You | Spouse |
| Patient Advocate Name | | |
| Successor Patient Advocate (2nd) | | |
| Successor Patient Advocate (3rd) | | |
| 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 or Obtain You 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 _____

Signing Date: _____

Time: _____

Time: _____

Fee: _____

Fee agreement signed: ___ Y ___ N

Transfer Real Property to Trust? Yes No.

Insurance Company contacted by CL? Yes No

Notes: _____

