

KELLNER HERLIHY GETTY & FRIEDMAN, LLP
ESTATE PLANNING QUESTIONNAIRE – (UNMARRIED CLIENT)

Date: _____

1. Full Name: _____
Date of Birth: _____ Place of Birth: _____
Social Security No. _____ U.S. Citizen: Yes No
Other Names known by: _____
Are you a widow or widower? Yes No
If 'yes,' do you wish to be referred to as a widow or widower in the documents? Yes No
Name of deceased spouse: _____
Are you presently employed? Yes No For how long? _____
Occupation (former if retired): _____
Employer: _____
Business Address: _____
Office Telephone No.: _____ Email Address: _____
Mobile Phone No. _____ Fax No.: _____
2. Home Address: _____ Resident Since: _____
Street Address/P.O. Box: _____
City: _____ State: _____ Zip Code: _____
County: _____ Home Telephone Number: _____
Other Residences: _____
3. Advisors:
Accountant: _____
Trust Officer: _____
Insurance Agent: _____
Investment Advisor: _____
4. Prior Marriages: Yes No
5. Names of children, whether natural or adopted;
 - A. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Other Parent: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

B. _____ Phone No.: _____
 Date of Birth: _____ SSN: _____
 Name of Child's Other Parent: _____
 Name of Child's Spouse (if any): _____
 Address: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____

C. _____ Phone No.: _____
 Date of Birth: _____ SSN: _____
 Name of Child's Other Parent: _____
 Name of Child's Spouse (if any): _____
 Address: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____
 Grandchild: _____ Date of Birth: _____ SSN: _____

6. Do you have any other relatives dependent upon you for support? Yes No
 (If yes, give names and relationships): _____

7. Names and addresses of other or alternate persons to receive property: _____

8. Please list any specific items or amounts that you wish to give to any individuals or organizations:

NAME	GIFT
_____	_____
_____	_____
_____	_____
_____	_____

9. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to:
 (check one)
 Children equally
 Other (specify): _____

10. Do you have a present Will: Yes No (If yes, attach a copy)
11. Have you ever created a trust? Yes No
 If yes, attach a copy and list approximate value: \$ _____
12. Do you have any obligations under a divorce decree from a prior marriage? Yes No
 (If yes, attach a copy)
13. Have you ever received a substantial amount by inheritance? Yes No
 If yes, when? _____ Approximate Amount: \$ _____
14. Are you a beneficiary of a trust that was created by someone else? Yes No
 If yes, attach a copy and list approximate value: \$ _____
15. Do you anticipate receiving an inheritance? Yes No
 If yes, give approximate amount: \$ _____
16. Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? (Annual exclusion was \$3,000 until 1982, then \$10,000, with modest increases beginning in 2002.)
 Yes No
 If yes, list amounts by years below or on the reverse side
 Year: _____ Amount: \$ _____
 Year: _____ Amount: \$ _____
17. Are you receiving or will you receive an annuity? Yes No
 If yes, to who will the payments be made? _____
 Is this a Life Annuity? Yes No
 Will the amounts continue after your death? Yes No
 For how long? _____ What will the amount of each payment be? _____
- 18.a. Do you now or have you ever participated in a plan maintained by an employer that will provide benefits in the event of your retirement and/or death?
 Yes No Not sure
- b. If yes, have you made any elections with respect to beneficiary designations, survivor benefits, spousal rights, waivers, or forms of payment under your employer's plan(s)?
 Yes No
19. Do you presently have, or were you ever a participant in a Qualified Plan or an IRA?
 Yes No
20. Please attach copies of your designation of beneficiary form and your most recent IRA and/or retirement plan benefit statements.
21. Who will serve as your personal representative? (Indicate relationship to you.)

 Alternate (if above person(s) unable to serve): _____

22. Your choice to act as guardian of your minor children (if applicable): _____

City and state of residence: _____

Alternate(s): _____

City and state of residence: _____

23. Do you have a safe deposit box? Yes No

If yes, where is it located: _____

Name(s) deposit box is listed under: _____

24. Do you have any medical issues we should be aware of for planning purposes?

25. Do you have long term care insurance? Yes No

Do you have disability insurance? Yes No

Do you have liability insurance? Yes No

26. Please circle any of the following states in which you have lived or acquired property while married:

Arizona
California
Idaho
None

Louisiana
Nevada
New Mexico

Texas
Washington
Wisconsin

28. Do you own any property in a foreign country? Yes No

29. Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US? Yes No

30. Are you concerned that one or more of your children or grandchildren will not behave responsibly with money that you give them?

Yes No

31. Are any of your children or grandchildren attending private school, college, or graduate school?

Yes No

32. Do you have any relative who regularly incurs significant medical bills? Yes No

33. Is there any member of your family disabled or receiving medical benefits from State or Federal government? Yes No

34. How did you first learn about our firm?

LIST OF ASSETS

(Attach additional sheets if necessary)

REAL ESTATE

Residence:

(Approximate mortgage balance):

Estimated value of furnishings:

Other real estate :

(give location or briefly describe)

STOCKS

Publicly traded stock. Name of corporation and type of shares and exchange on which traded:

Closely-held stock. Name of corporation, number of shares, and shareholders:

Approximate Values

BONDS AND MUTUAL FUNDS

Bonds:

issuer, face value, interest rate, and maturity date.

Mutual Funds:

name of fund, fund group, and number of units:

**BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY
MARKET FUNDS, ETC.**

Please give name of bank or institution, type of account, and
approximate balance or value:

Approximate Values

MORTGAGES, NOTES, OR DEBTS

(owed to you by someone else)

Please list debtor's name, date acquired, and approximate balance remaining:

OTHER BUSINESS INTERESTS (NON-CORPORATE)

Name of Partnership, Limited Liability Company, or sole proprietorship, percentage of ownership interest in business, and number of other partners or members in business

RETIREMENT ACCOUNTS

(list balances)

IRAs

Pension or Profit Sharing

Other

(indicate type)

ANNUITIES

(Value to be filled in by attorney)

Please list debtor's name, date acquired, and approximate balance remaining:

Approximate Values

MISCELLANEOUS PROPERTY

Motor vehicles (including boats, etc.)
List total value:

Jewelry and Art:

Other valuable items (describe):

DEBTS

List any mortgages or other substantial debts owed by you that are not shown above:

Approximate Values

Life Insurance

Company	Policy Number	Type*	Issue or Effective Date	Face Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Annual Premium	Loan Against Policy

* Type means: Individual, Group, etc.