



Confidential

Estate Planning Questionnaire

Confidential

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Estate Planning Questionnaire

DATE OF COMPLETION OF QUESTIONNAIRE: _____

Signature of Husband: _____

Signature of Wife: _____

Please provide the following information. If you need more space, use another sheet. If you are not certain about an answer, leave the space blank and we will discuss it in our conference.

A. Family

1. Husband's Name: _____ Occupation: _____

Social Security Number: _____ Date of Birth: _____

If not a U.S. citizen, please state country of citizenship: _____

2. Wife's Name: _____ Occupation: _____

Social Security Number: _____ Date of Birth: _____

If not a U.S. citizen, please state country of citizenship: _____

3. Addresses and Phone Numbers:

Home Address: _____ Home Phone: _____

Office Address: _____ Office Phone: _____

Address to be used for mailing purposes:

Should all mail be stamped "Personal & Confidential" Yes [] No []

4. How long have you both lived in Louisiana? _____

5. Date of marriage: _____

Place of marriage: _____

6. Prior marriage(s): _____

7. **Children of Husband & Wife:**

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Names of Grandchildren</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. **Children of prior marriage(s) of Husband and/or Wife:**

Husband:

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Names of Grandchildren</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Wife:

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Names of Grandchildren</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. **Deceased children:**

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Names of Grandchildren</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Living Parents: *(Complete only if you have no children)*

Husband's:

Wife's:

11. Brothers and sisters: *(Complete only if you have no children and include predeceased siblings)*

Husband's:

Wife's:

12. Comments on any abnormal health problems of Husband and Wife:

13. Do you have any abnormal health problems or pending medical treatment which would require us to complete the estate planning as soon as possible?

14. Comments on any abnormal health problems of children:

15. Do you have any reason to believe any of your children are or will be incapable of taking care of their person or administering their property?

B. Advisors & Relationships

1. Certified Public Accountant: _____

2. Investment Advisor (individual and company): _____

3. Insurance Agent(s)(Company): _____

4. Primary Banking Relationship: _____

5. Secondary Banking Relationship: _____

C. Wills and Agreements in Effect

1. Are there any current wills in effect for either of you?
If yes, please provide copies. Yes [] No []
2. Are there any trusts in effect in which either of you are beneficiaries? If yes, please provide copies. Yes [] No []
3. Are there any trusts in effect in which either of you are Settlers or Trustees? If yes, please provide copies. Yes [] No []
4. Are there any business buy-sell agreements in effect for either of you? If yes, please provide copies. Yes [] No []
5. Are there any powers of attorney in effect for either of you? If yes, please provide copies. Yes [] No []
6. Are there any QDRO's (Qualified Domestic Relation Orders) in effect for either of you? If yes, please provide copies. Yes [] No []
7. Are there any marriage contracts in effect? If yes, please provide copies. Yes [] No []
8. Are there any deferred compensation agreements (other than qualified plans) in effect for either of you? If yes, please provide copies. Yes [] No []
9. Do either of you own any stock in any S corporations? If yes, please provide copies. Yes [] No []
10. Are there any personal bank guarantees in effect for either of you? If yes, please provide copies. Yes [] No []
11. Do either of you participate in any defined benefit plan (pension plan), thrift plan, profit sharing plan, ESOP or other qualified plan? If yes, please explain on Schedule F. Yes [] No []
12. Are your children the beneficiaries of any trusts? If yes, please provide copies. Yes [] No []
13. Do either of you own any out of state real estate subject to a right of survivorship? If yes, please provide copies. Yes [] No []
14. Are there any other agreements to which either of you are party which might have an effect on estate planning? If yes, please provide copies. Yes [] No []

D. Gift Tax Returns, Prior Inheritance and Future Inheritance

- 1. Have either of you filed federal or state gift tax returns?
If yes, please provide copies. Yes [] No []
- 2. Have gifts been made in excess of \$10,000 for which no gift
tax returns have been filed? Yes [] No []
- 3. Have either of you inherited any property in the last 10
years on which federal estate taxes were paid? If yes,
please provide a copy of the prior federal estate tax return. Yes [] No []
- 4. Do you expect to inherit any property from others? If yes,
please describe potential value. Yes [] No []

E. Living Will and Durable Power of Attorney

- 1. Do you desire to execute a living will? Husband: Yes [] No []

A living will directs your health care provider
not to provide artificial life sustaining procedures
if you have a terminal and irreversible illness or
injury. Wife: Yes [] No []
- 2. Do you desire to execute a health care power of attorney? Husband: Yes [] No []

The health care power of attorney allows the agent
to make decisions regarding surgery, medication,
hospital and nursing home matters. Wife: Yes [] No []
- 3. Do you desire to execute a durable power of attorney? Yes [] No []

Proposed Agent:

Successor Agent:

Husband: _____
Wife: _____

F. Attorney Representation

- Do you consent to the representation of both parties
and the preparation of your estate planning documents
by Kean Miller LLP? Husband: Yes [] No []
Wife: Yes [] No []

G. Special Instructions Regarding Drafting of Will

1. Requests of money to specific person(s) or charity(ies):

2. Requests of property to specific person(s) or charity(ies):

3. If there are any bequests in (1) or (2) above to person(s), should the bequests be subject to any favorable estate tax apportionment?

4. Do you want to bequeath your home outright to your spouse? _____

5. Do you want to bequeath any out of state residence and/or real estate outright to your spouse?

6. Do you want to leave your automobile(s) and personal effects to your spouse?

7. If you have no forced heirs and there are no adverse federal estate tax consequences, do you desire to leave all of your property to your spouse? (You must discuss potential estate tax and inheritance tax consequences with attorney.)

TO BE DISCUSSED BY CLIENTS AND ATTORNEY - DO NOT COMPLETE

8. If your children are to receive a portion of your property, do you want to leave it outright to them or should it be left in trust for them?

9. If property is left to children, should spouse be given an income interest over the property? _____

TO BE DISCUSSED BY CLIENTS AND ATTORNEY - DO NOT COMPLETE

Usufruct interest? _____

Term of interest? _____

10. If a trust is to be established for spouse and children, please answer the following:

TO BE DISCUSSED BY CLIENTS AND ATTORNEY - DO NOT COMPLETE

		<u>Proposed Trustee:</u>	<u>Successor Trustee:</u>
Husband:	Spouse _____ Bank _____		
	Individual _____		_____
Wife:	Spouse _____ Bank _____		
	Individual _____		_____

Age or ages of termination of trust after death of spouse: _____

Method of distribution of income to spouse: _____

Method of distribution of principal to spouse: _____

Method of distribution of income to children: _____

Method of distribution of principal to children: _____

11. Any special directions in the event of renunciation or disclaimer:

12. PROPOSED EXECUTOR:

	<u>Primary:</u>	<u>Secondary:</u>
Husband:	_____	_____
Wife:	_____	_____

13. PROPOSED TUTOR (GUARDIAN) OF MINOR CHILDREN:

	<u>Primary:</u>	<u>Secondary:</u>
Husband:	_____	_____
Wife:	_____	_____

Schedule B
STOCKS & BONDS

LISTED STOCKS OR BONDS:

Brief Description	FAIR MARKET VALUE		
	Separate		Community
	Husband	Wife	
TOTAL VALUE			

CLOSELY HELD STOCKS:

Brief Description	“S” or “C” Corporation	FAIR MARKET VALUE		
		Separate		Community
		Husband	Wife	
TOTAL VALUE				

Schedule C-1
BANK ACCOUNTS, CERTIFICATES OF DEPOSIT,
CASH, NOTES, RECEIVABLES

Brief Description*	Payable on Death to a Beneficiary	FAIR MARKET VALUE		
		Separate		Community
		Husband	Wife	
TOTAL VALUE				

*NOTE: Do not list any IRA accounts

Schedule C-2
U.S. SAVINGS BONDS
U.S. TREASURY OBLIGATIONS

Brief Description	Payable on Death to a Beneficiary or How Denominated	FAIR MARKET VALUE		
		Separate		Community
		Husband	Wife	
TOTAL VALUE				

Schedule D

LIFE INSURANCE

HUSBAND'S LIFE:

Company	Type	Owner	Beneficiary	Cash Value	Loans or Subject to Split Dollar	Face Amount Payable at Death Before Loan
TOTAL						

WIFE'S LIFE:

Company	Type	Owner	Beneficiary	Cash Value	Loans or Subject to Split Dollar	Face Amount Payable at Death Before Loan
TOTAL						

Schedule F

MISCELLANEOUS PROPERTY

AUTOMOBILES:

Brief Description	FAIR MARKET VALUE		
	Separate		Community
	Husband	Wife	
TOTAL			

PERSONAL EFFECTS:

Brief Description	FAIR MARKET VALUE		
	Separate		Community
	Husband	Wife	
TOTAL			

PARTNERSHIPS OR LIMITED LIABILITY COMPANIES:

Brief Description	Percentage of Ownership	FAIR MARKET VALUE		
		Separate		Community
		Husband	Wife	

INTEREST OF HUSBAND IN THE FOLLOWING:

DEFERRED CONTRIBUTION PLANS:

Thrift Plan Profit Sharing Plan ESOP or Stock Bonus	Participant - Husband	Beneficiary	Fair Market Value
TOTAL			

DEFINED BENEFIT PLANS:

Company	Participant - Husband	Beneficiary	Projected Annual Payments
TOTAL			

IRA ACCOUNTS:

Bank or Institution	Owner - Husband	Beneficiary	Fair Market Value
TOTAL			

ANNUITIES:

Bank or Institution	Owner - Husband	Beneficiary	Fair Market Value
TOTAL			

INTEREST OF WIFE IN THE FOLLOWING:

DEFERRED CONTRIBUTION PLANS:

Thrift Plan Profit Sharing Plan ESOP or Stock Bonus	Participant - Wife	Beneficiary	Fair Market Value
TOTAL			

DEFINED BENEFIT PLANS:

Company	Participant - Wife	Beneficiary	Projected Annual Payments
TOTAL			

IRA ACCOUNTS:

Bank or Institution	Owner - Wife	Beneficiary	Fair Market Value
TOTAL			

ANNUITIES:

Bank or Institution	Owner - Wife	Beneficiary	Fair Market Value
TOTAL			

Schedule K

MORTGAGES & DEBTS

Brief Description of Mortgage or Debt	AMOUNT OWED		
	Separate		Community
	Husband	Wife	
TOTAL			

NOTE: Do not list regular and recurring household debts.

CHARITABLE BEQUESTS

You may have had the opportunity to make annual donations to local or national charitable organizations over the years. Of course, at death those annual donations will cease. While we are not in the business of endorsing specific charitable donations, we do feel that it is important to discuss with you whether or not you would like to make any testamentary bequests that would in effect “continue” your charitable giving in the future. In that regard, please consider the following:

1. Do you want to make any bequests to charitable or non-profit organizations in your will?

2. Do you want to make any bequests to charitable or non-profit organizations after both you and your spouse die?

3. Keep in mind that you can name a charitable organization or a non-profit organization as a beneficiary or partial beneficiary of an IRA or retirement plan. For instance, you can provide that XYZ charity is to receive 10% of your individual retirement account as a beneficiary. The monies left to the charity would not be subject to federal estate tax or federal income taxes. This provides a double benefit. Would you be interested in this?

4. Would you like to list the charities or the non-profit organizations that you make donations to on a regular basis for discussion of testamentary bequests or IRA beneficiary designation?
