

GLORIA FLORES BALDWIN ESQ.

ATTORNEY AND COUNSELOR AT LAW

PO Box 238

Oswego, New York 13126

Tel. (315) 934-4185

Fax. (315) 295-2550

ESTATE PLANNING QUESTIONNAIRE

| | | | | |
|---|--|-------------------------------------|--|--|
| | | Personal Information | | 1 |
| | | Client 1 | Client 2 | |
| Full Name: | | | | |
| Date of Birth: | | | | |
| Social Security Number: | | | | |
| Home Telephone: | () | () | | |
| Work Telephone: | () | () | | |
| Married? <input type="checkbox"/> Yes <input type="checkbox"/> No | Any Prior Marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Any Prior Marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| U.S. Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Occupation: | | | | |
| | | Address | | |
| Home Address: | Street Address: | | | |
| | City. State. Zip: | | | |
| City/ Town/ Village of: | | | | |
| Count | | | | |
| | | Children | | |
| Child's Name: | Age | Names and ages of children, if any. | Any physical or other disability? | Child of both clients? |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|--|--|--|--|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | Executor/Guardian/Trustee | Address |
|--|---------------------------|---------|
| | Name/Relationship | Address |
| Primary Executor: | | |
| Alternate Executor: | | |
| Second Alternate Executor (if desired): | | |
| Trustee for children: | | |
| Alternate/Successor Trustee: | | |
| Guardian of Child or Children (if any are minors): | | |
| Alternate/Successor Guardian: | | |

| Planning Questions | | |
|---|--|--|
| | Client 1 | Client 2 |
| Have you ever lived with your current spouse/partner in a community property state, state which recognizes domestic partnerships, common law marriage or other union? | <input type="checkbox"/> Yes <input type="checkbox"/> No where? | <input type="checkbox"/> Yes <input type="checkbox"/> No where? |
| Do you want to consider executing a durable power of attorney? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to consider executing a health care proxy giving another person authority to make medical decisions on your behalf if you cannot speak for yourself? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to consider executing a living will (an advance health care directive usually concerning the use of invasive life support procedures when death is imminent)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you or any child have special health care needs or disabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a party to any pre-nuptial agreements for your current or any prior marriage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently subject any separation agreement, divorce decree, or other settlement of marital property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|--|--|
| Are you the creator, beneficiary, trustee or a power holder under any existing estate or trust? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you or have you been a party to any litigation or tax proceedings? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you expect to receive any significant distribution or inheritance from any deceased or living relative or from an trust? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DOCUMENTS

In addition to the information requested, please provide copies of documents relevant to estate and financial planning (to the extent not already in your file), including:

- a. Wills, Codicils, and Trust Agreements.
- b. Powers of Attorney.
- c. Living Wills and Health Care Proxy(ies).
- d. Ante-Nuptial or Post-Nuptial Agreements.
- e. Separation and Property Agreements and Divorce Decrees.
- f. Life Insurance and Annuity Policies.
- g. Buy-Sell Agreements or similar agreements relating to Closely-Held Businesses.
- h. Current and Deferred Employment and Executive Compensation Agreements.
- i. Stock Option or Similar Equity Incentive Agreements.
- j. Summary Description of and Most Recent Statement Concerning Employer-Sponsored Retirement or Profit-Sharing Plans.
- k. Financial Analyses and Reports for all major investments and tax shelters.

| | Asset Summary (use additional sheets if necessary) | | | |
|----------------------|--|--------------------------------------|------------------------|-------------|
| Bank Accounts (Bank) | Type of Account Checking/Savings/CD Other | Owned by: Client 1/Client 2/Joint | Approximate Balance | Beneficiary |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|-------------------------------------|--|---|------------------------------------|---|
| | | | | |
| | | D | | |
| Real Estate | Location (Address) | Owned by: Client 1/Client 2/Joint | Value | Mortgage Bal. |
| Personal Residence | | | | |
| Vacation Home | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| Investments (Company) | Type Of Investment | Owned by: Client 1/Client 2/Joint | Value | Approximate Income Tax Basis |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Life Insurance (Company) | Face Amount (death benefit) and beneficiary | Cash Surrender Value and beneficiary | Insured: Client /Client 2/Joint | Policy Owned by: Client 1/Client 2/Joint |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ANY LOANS ON THE ABOVE POLICIES? | WHICH ONES | ORIGINAL AMOUNT | BALANCE DUE | |

| | | | | |
|--|---|---------------------------------------|-------------------|--|
| | | | | |
| Retirement Plans and IRAs (employer or IRA custodian) | Participant/Owner: Client 1/Client 2/Joint | Current Value | Beneficiary | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Personal Property with significant value (e.g. luxury auto's, antiques, jewelry, etc.) | Owned by: Client 1/Client 2/Joint | Current Value | Approximate Basis | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Business (Company) | Type of Entity Formation | Owned by: Client 1 /Client 2/Joint | Valuation | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|---|-------------------------|---------------|--------------|-----------------------------|
| | Client 1 | Client 2 | | |
| Monthly Income | | | | |
| Salary and Wages- W2 | | | | |
| Salary and Wages- I 099 self employment | | | | |
| Social Security | | | | |
| Pension | | | | |
| Annuities | | | | |
| Interest/Dividend | | | | |
| Rent/Royalties | | | | |
| Deferred Compensation | | | | |
| Other | | | | |
| asset | who owns - client/joint | current value | how acquired | cost of asset/loan on asset |
| Marketable securities | | | | |
| non marketable securities | | | | |
| bonds | | | | |

| | | | | |
|--------------|--|--|--|--|
| receivables | | | | |
| tax shelters | | | | |
| OTHER | | | | |

CORPORATE RETIREMENT, IRA'S, COMPENSATION, SAVINGS, AND STOCK PLANS NOTE: (1)

Death Benefit Beneficiary and Death Benefit Contingent Beneficiary: Indicate Client #1

Client #2, Child or Children, Trust, or Other.

| Type of Plan | Employee | Present Value | Tax Qualified (Yes or No) | Post-Death Lump Sum Benefit | Post-Death Annual Retirement Benefit | Death Benefit Beneficiary | Death Benefit Contingent Beneficiary |
|--------------|----------|---------------|---------------------------|-----------------------------|--------------------------------------|---------------------------|--------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |

OTHER FINANCIAL INTERESTS

I. Do either of you , or any of your children have any interest in a trust, as grantor, beneficiary (income or remainder), trustee, or other?

Yes No

If yes, describe briefly and attach a copy of any trust instruments (with appropriate notes showing value of each trust):

Except as answered in the prior question, have either of you , or any of your children received property by inheritance within the last ten years?

Yes No

If yes, describe briefly, give date of death of each person from whom inheritance was received, and give approximate value of each inheritance:

3. Do either of you, or any of your children expect to inherit or receive by gift any substantial amounts from any source (including from each of you)?

Yes No

If yes, describe briefly and give estimate of amount(s) and date(s) of receipt:

GENERAL

m. Burial Information.

Funeral

Director:

Cemetery:

Address:

Location:

Instructions:

n. Anatomical Gifts:

Instructions:

o. Physician: (Client 1)

(Client 2)

Address:

Phone:

Hospital:

Instructions:

Other Agreements or Relevant Facts.

ADDITIONAL INFORMATION

For any item as to which the spaces provided in this Questionnaire are not sufficient to permit a complete description, and for any item to which a response was Other, please supply appropriate additional information.

If either of you have no children or more remote descendants, please supply your family tree (showing your closest blood [or legally adopted] relatives and their addresses).

Please supply any additional information you believe would be helpful in understanding your situation (e.g., information concerning particular problems relating to any family member or to any assets, etc.).