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.....DFC: =@9

For Estate Planning Clients  
(Non-married Individuals)



*Caitlin E. Ross*  
ATTORNEY AT LAW

*Please bring this completed questionnaire to your initial  
consultation. Thank you for your cooperation.*

ESTATE PLANNING, TAX PLANNING, TRUST ADMINISTRATION & PROBATE 919  
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## Client Information

**Home Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Home Telephone \_\_\_\_\_

Best times / place to reach us \_\_\_\_\_  It is okay to communicate with us via E-mail.

**CLIENT:**

**Legal Name** \_\_\_\_\_ aka \_\_\_\_\_

Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_ INS Status: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp: \_\_\_\_\_

Previously Married? \_\_\_\_\_ Support Order in Place? \_\_\_\_\_

**FORMER SPOUSE:**

**Legal Name** \_\_\_\_\_ aka \_\_\_\_\_

Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Death or Divorce: \_\_\_\_\_

*\* If you are not a U.S. citizen, please provide our office with copies of your passport and, if applicable, your visa or other residency documents.*

Legal Plan Coverage \_\_\_\_\_

## Children

| Full Legal Name   | Birth date  | Social Security # |
|---|---|-------------------|
| 1. _____  | _____   | _____             |
| <b>Parent:</b> <input type="checkbox"/> _____ <input type="checkbox"/> Client <input type="checkbox"/> Spouse | <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced |                   |
| 2. _____  | _____   | _____             |
| <b>Parent:</b> <input type="checkbox"/> _____ <input type="checkbox"/> Client <input type="checkbox"/> Spouse | <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced |                   |
| 3. _____  | _____   | _____             |
| <b>Parent:</b> <input type="checkbox"/> _____ <input type="checkbox"/> Client <input type="checkbox"/> Spouse | <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced |                   |
| 4. _____  | _____   | _____             |
| <b>Parent:</b> <input type="checkbox"/> _____ <input type="checkbox"/> Client <input type="checkbox"/> Spouse | <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced |                   |

Concerns or special needs of children: \_\_\_\_\_  
*If you have more than three children, please use the reverse side to provide information about them.*

## YOUR ADVISORS

| Advisor Contact Information                                | Advisor Contact Information                              |
|--|--|
| <b>Attorney:</b><br>Firm:<br>Address:<br><br>Tel:          | <b>Accountant/CPA:</b><br>Firm:<br>Address:<br><br>Tel:  |
| <b>Financial Advisor:</b><br>Firm:<br>Address:<br><br>Tel: | <b>Insurance Agent:</b><br>Firm:<br>Address:<br><br>Tel: |

Please sign here if we have your permission to contact your other advisors:   **X**  \_\_\_\_\_

## MY U.S. ASSETS

Title is extremely important in determining how to best manage that property in the context of your estate plan. Please use the initials of the owner and the following designations when listing the "Owner."

- S For property owned just in your own name
- JTO Joint tenancy with another person
- \* Other forms of ownership

## REAL ESTATE

*Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.*

| Address      | Type | Market Value | Mortgage | Equity |
|--------------|------|--------------|----------|--------|
|              |      |              |          |        |
|              |      |              |          |        |
|              |      |              |          |        |
|              |      |              |          |        |
| <b>Total</b> |      |              |          |        |

*Please attach copies of deeds and mortgage information.*

## PERSONAL PROPERTY

*List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items.).*

| Type or Description                                   | Owner | Market Value |
|---|-------|--------------|
| Miscellaneous Furniture and Household Effects (Total) |       |              |
|   |       |              |
|   |       |              |
| <b>Total</b>  |       |              |

## AUTOMOBILES, BOATS & RECREATIONAL VEHICLES

*For each motor vehicle, boat, ATV, RV, etc. please list the following: description, how titled, market value and encumbrance:*

| Type or Description | Owner | Market Value | Loan | Equity |
|---------------------|-------|--------------|------|--------|
|                     |       |              |      |        |
|                     |       |              |      |        |
|                     |       |              |      |        |
|                     |       |              |      |        |
| <b>Total</b>        |       |              |      |        |

## MONEY OWED TO YOU

*Mortgages or promissory notes payable to you, or other moneys owed to you.*

| Name of Debtor | Note Date | Maturity | Owed to | Value |
|----------------|-----------|----------|---------|-------|
|                |           |          |         |       |
|                |           |          |         |       |
| <b>Total</b>   |           |          |         |       |

## BANKING & SAVINGS ACCOUNTS

*Checking Account "C", Savings Account "S", Certificates of Deposit "CD", Money Market "MM"*

*Please note that retirement accounts are listed elsewhere on this questionnaire. If Account is in your name for the benefit of a minor, please specify the minor's name. Please detail all interests in foreign bank accounts.*

| Financial Institution | Type | Owner | Acct. Number | Value |
|-----------------------|------|-------|--------------|-------|
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
| <b>Total</b>          |      |       |              |       |

## INVESTMENT ACCOUNTS, STOCKS & BONDS

**TYPE:** *List stocks and bonds. If held in a brokerage account, list the accounts, not the holdings.*

| Financial Institution | Type | Owner | Acct. Number | Value |
|-----------------------|------|-------|--------------|-------|
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
| <b>Total</b>          |      |       |              |       |

## RETIREMENT PLANS

*Tax-deferred retirement accounts, including IRA, Roth IRA, 401(k), 403(b), Pension (P), Profit Sharing (PS), etc.*

| Custodian (Financial institution)   | Beneficiary | Type | Owner | Account Number | Value |
|-------------------------------------|-------------|------|-------|----------------|-------|
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
| <b>Total retirement investments</b> |             |      |       |                |       |

## LIFE INSURANCE POLICES & ANNUITIES

*Term, whole life, split dollar, group life, annuity.*

| Insurance Company & Agent | Beneficiary | Insured | Owner | Contract #/Type | Face Value |
|---------------------------|-------------|---------|-------|-----------------|------------|
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
| <b>Total coverage</b>     |             |         |       |                 |            |

## BUSINESS INTERESTS

*General and Limited Partnerships, LLS interests, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Give a description of the interests, who has the interest, your % interests, and the estimated value of the interests.*

| Name and Type | Owner | Market Value |
|---------------|-------|--------------|
|               |       |              |
|               |       |              |
|               |       |              |
|               |       |              |
| <b>Total</b>  |       |              |

## ANTICIPATED INHERITANCE, GIFT, LAWSUIT JUDGMENT OR OTHER ASSETS

*Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Other property is any property that you have that does not fit into any listed category. Describe in appropriate detail.*

**Description** \_\_\_\_\_

\_\_\_\_\_

*Total estimated value* \_\_\_\_\_



## WHO YOU TRUST TO MAKE DECISION FOR YOU:

In designing your estate plan, we will need the names, addresses and telephone numbers of the individuals you will designate to act on your behalf in a number of different roles:

1. Financial decision-makers in the event of your incapacity or death
2. Health Care decision-makers in the event of your incapacity
3. Caregivers for any minor children
4. Primary Care Physician, if you have one

Please think of alternate individuals for each role. If you know what role you want an individual to have, please note that below. If you need more room, please feel free to use the back side of this page. Also, if any person that you wish to name is not a citizen of the United States of America, please designate the country of citizenship and their residency status.

### Terminology

An **Executor** is a person named in a Will who must follow the terms of the Will for the benefit of the beneficiaries.

A **Trustee** is a person holding property in trust who must follow the terms of the trust for the benefit of the beneficiaries.

An **Agent** in a Power of Attorney has the legal authority to make decisions regarding the care and management of your assets (outside a trust) if you become incapacitated.

A **Guardian** has the legal authority to make decisions regarding the care and management of a minor child.

An **Agent** in an Advance Health Care Directive has the authority to make decisions regarding your care, end of life decisions, transitional care decisions, etc. if you become incapacitated and cannot make these decisions for yourself.

| Name, Address & Telephone              | Relationship and Citizenship | Role   |
|--|------------------------------|--|
| Tel:                                   |                              | Financial Decision-Makers:<br>1. _____<br>2. _____<br>3. _____<br><br>Medical Decision-Makers:<br>1. _____<br>2. _____<br>3. _____ |
| Tel:                                   |                              |  |
| Tel:                                   |                              |  |
| Dr.<br>Clinic:<br>Address:<br><br>Tel: | Primary Care Physician       |  |