

**ESTATE
PLANNING
QUESTIONNAIRE**

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GENERAL INFORMATION

YOURSELF

SPOUSE

1. Name: _____
2. Other name
or nickname
known by,
if any: _____
3. Home address:

4. Home telephone number:

5. Social Security number:

6. Occupation:

7. Business address:

8. Business telephone number:

YOURSELF

SPOUSE

9. Date of birth:

10. Citizen of U.S.?

Yes No

Yes No

11. Length of residence in this state:

12. Other states or countries previously resided in, and dates of residence:

13. Have you entered into any pre-or post-nuptial agreements? (if so, attach copy):

Yes No

Yes No

14. Any prior marriages (if divorced, attach copies of divorce decree and property settlement agreement; if widowed, attach copy of Form 706 (federal state tax return) for predeceased spouse's estate):

FAMILY INFORMATION

CHILDREN

NAME, CHILD 1: _____

BIRTHDAY: _____

SOCIAL SECURITY NO: _____

ADDRESS: _____

NAME OF SPOUSE: _____

SPECIAL NEEDS: _____

NAME, CHILD 2: _____

BIRTHDAY: _____

SOCIAL SECURITY NO: _____

ADDRESS: _____

NAME OF SPOUSE: _____

SPECIAL NEEDS: _____

CHILDREN

NAME, CHILD 3: _____

BIRTHDAY: _____

SOCIAL SECURITY NO: _____

ADDRESS: _____

NAME OF SPOUSE: _____

SPECIAL NEEDS: _____

NAME, CHILD 4: _____

BIRTHDAY: _____

SOCIAL SECURITY NO: _____

ADDRESS: _____

NAME OF SPOUSE: _____

SPECIAL NEEDS: _____

GRANDCHILDREN

NAME: _____

BIRTHDAY: _____

PARENT'S NAME: _____

NAME: _____

BIRTHDAY: _____

PARENT'S NAME: _____

NAME: _____

BIRTHDAY: _____

PARENT'S NAME: _____

NAME: _____

BIRTHDAY: _____

PARENT'S NAME: _____

NAME: _____

BIRTHDAY: _____

PARENT'S NAME: _____

PARENTS

YOURSELF

FATHER'S NAME: _____

BIRTHDAY: _____

MOTHER'S NAME: _____

BIRTHDAY: _____

SPOUSE

FATHER'S NAME: _____

BIRTHDAY: _____

MOTHER'S NAME: _____

BIRTHDAY: _____

ADVISORS: (Please list name and telephone nos.)

1. OTHER LAWYERS:

2. ACCOUNTANT:

3. STOCKBROKER:

4. INVESTMENT ADVISOR:

5. INSURANCE AGENT:

6. OTHER (IDENTIFY):

PERSONAL ASSETS

1. CHECKING ACCOUNT:

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____

ACCOUNT NUMBER: _____

2. SAVINGS ACCOUNT:

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____

ACCOUNT NUMBER: _____

3. CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____

ACCOUNT NUMBER: _____

4. MONEY-MARKET ACCOUNT:

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____

ACCOUNT NUMBER: _____

5. STOCKS (INDICATE NAMES OF THE STOCK AND NUMBER OF SHARES):

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____

ACCOUNT NUMBER: _____

6. BONDS (INCLUDING E, EE):

NAME OF INSTITUTION:

ADDRESS OF INSTITUTION:

FULL NAME ON ACCOUNT:

ACCOUNT NUMBER:

7. MUTUAL FUNDS:

NAME OF INSTITUTION:

ADDRESS OF INSTITUTION:

FULL NAME ON ACCOUNT:

ACCOUNT NUMBER:

8. BROKERAGE ACCOUNT:

NAME OF INSTITUTION:

ADDRESS OF INSTITUTION:

FULL NAME ON ACCOUNT:

ACCOUNT NUMBER:

9. COPYRIGHTS, PATENTS, TRADEMARKS AND OTHER INTANGIBLE RIGHTS:

10. MORTGAGES AND LEASES: (DESCRIBE PROPERTY AND TERMS BELOW):

11. INTEREST IN TRUSTS AND ESTATES:

12. INTEREST IN LIMITED PARTNERSHIPS: (INDICATE NAME, % OF OWNERSHIP AND ORIGINAL INVESTMENT BELOW):

13. JEWELRY AND FURS:

14. COINS, STAMP AND OTHER COLLECTIONS:

15. ANTIQUES AND WORKS OF ART:

15. FURNITURE AND OTHER HOUSEHOLD EFFECTS:

17. AUTOMOBILES:

VEHICLE 1: _____

VEHICLE 2: _____

VEHICLE 3: _____

18. BOATS:

19. REAL PROPERTY (OTHER THAN RESIDENCE, PLEASE ATTACH LEGAL DESCRIPTION):

20. RESIDENCES (PLEASE ATTACH LEGAL DESCRIPTION):

FAMILY BUSINESS

Name: _____

Address: _____

Indicate form of ownership (e.g., corporation, partnership, sole proprietorship): _____

Approximate value of business: _____

% of ownership: H: ____ W: ____ Children: ____

Original investment: H: ____ W: ____ Children: ____

Attach copies of buy-sell agreement relating to transfer of interests during lifetime or at death, employment agreements and financial statements.

LIFE INSURANCE

1. Name of company and policy number:

- a. Type of policy (i.e., term, whole life, etc.): _____
- b. Insured _____
- c. Owner _____
- d. Primary beneficiary: _____
- e. Contingent beneficiary: _____
- f. Face value: _____
- g. Cash surrender value: _____
- h. Amount of outstanding loan: _____
- i. Annual premium: _____

2. Name of company and policy number:

- a. Type of policy (i.e., term, whole life, etc.): _____
- b. Insured _____
- c. Owner _____
- d. Primary beneficiary: _____
- e. Contingent beneficiary: _____
- f. Face value: _____
- g. Cash surrender value: _____
- h. Amount of outstanding loan: _____
- i. Annual premium: _____

RETIREMENT PLANS

1. Retirement Plan, YOURSELF:

- a. Present value: _____
- b. Your contribution: _____
- c. Vested (indicate %): _____
- d. Beneficiary designation (attach copy): _____

2. Retirement Plan, SPOUSE:

- a. Present value: _____
- b. Your contribution: _____
- c. Vested (indicate %): _____
- d. Beneficiary designation (attach copy): _____

3. IRA:

a. Present value: _____

b. Beneficiary designation (attach copy): _____

c. Where held (name and address of bank, brokerage house, or money management firm):

d. Type of account (custody or trust): _____

e. Type of investments (CD, mutual fund): _____

g. What is the taxable amount and the non-taxable basis? (attach a copy of Form 8606, if filed, from last year's income tax return):

h. Is this IRA a "conduit" IRA (that could be rolled into a qualified plan)?: Yes No _____

i. Is this an "inherited" IRA?: Yes No _____

MISCELLANEOUS

1. **Attach copies of your current wills.**
2. **Attach copies of all trust agreements in which you or a member of your family have an interest, whether as beneficiary, fiduciary, or holder of a power of appointment.**
3. **Attach copies of all prior federal and state gift tax returns.**
4. **Describe any inheritance you or your spouse expect to receive in the near future.**

5. **Have you signed a Living Will and a Health Care Proxy?**
Yes No
If not, do you wish to do so?
Yes No
6. **Have you signed a durable power of attorney?**
Yes No
If not, do you wish to do so?
Yes No
7. **Describe any special estate planning objectives:**