

ESTATE PLAN QUESTIONNAIRE

CONFIDENTIAL PERSONAL AND FINANCIAL INFORMATION FOR:

Please review and fill out the questionnaire as completely as possible. If you are unsure of how to respond, just leave your answer blank and we can fill in the gaps at our meeting. This information will be used in developing and implementing your estate plan and will remain confidential. If you decide not to have a plan prepared, we will return the information to you.

To make the most productive use of our meeting time, you may wish to send in the questionnaire in advance of our meeting. Please use the email, mailing address, or fax number below for this purpose. Please call if you have any questions.

NOTE: Neither the submission of this information to DSH, nor the acceptance of this information by DSH, will create an attorney-client relationship. Such a relationship will only be created by a separate express agreement between you and the firm.

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PERSONAL INFORMATION

Husband/Male			
Name:			
Birth:	SSN:	Citizenship:	
Health:		U.S. Military Veteran:	Yes No
Blind or disabled?			
Previous marriages?		Yes No	Describe how the marriage(s) ended (divorce, widowed, etc.).
Any agreements with spouse or former spouse (i.e. Pre-Nuptial Agreements, Post-Nuptial Agreements, or Divorce Settlements)? Yes No			
Employment:			
Wife/Female			
Name:			
Birth:	SSN:	Citizenship:	
Health:		U.S. Military Veteran:	Yes No
Blind or disabled?			
Previous marriages?		Yes No	Describe how the marriage(s) ended (divorce, widowed, etc.).
Any agreements with spouse or former spouse (i.e. Pre-Nuptial Agreements, Post-Nuptial Agreements, or Divorce Settlements)? Yes No			
Employment:			

Do you have a prior estate plan? Yes No

If you answered yes, please bring it with you to the meeting.

CONTACT INFORMATION

Primary Residence:			
City:	State:	County:	Zip:
Home Phone:			
Alternate/Vacation Home:			
City:	State:	County:	Zip:

	Husband/Male	Wife/Female
Cell Phone		
Email		

Do we have permission to correspond via email?					
<u>Husband/Male:</u>	Yes	No	<u>Wife/Female:</u>	Yes	No

Do you have any estate planning concerns you would like us to know of before our meeting?

FAMILY INFORMATION

CHILDREN				
Name	DOB	Living (Yes/No)	Gender (M/F)	Child of (both or name legal parent)

Do you have any concerns about any of your children (disability)? If so, explain briefly and list any benefits they receive. _____

PETS	
Do you have a dog, cat or other pet for which you would like to make provisions? Yes No	
Pet name: _____ Age: _____ Species: _____ Breed: _____	
Who should care for your pet? _____	
Michigan law allows you to leave a small fund for the care of your pet(s). How much would you like to leave for the care of your pet (suggested range \$1,000-10,000)? \$ _____	

ASSETS

NOTE: If you need additional room, please attach a separate sheet when you return this document.

Type of Asset	Institution (if applicable)	Ownership (Husband, Wife, Joint, Joint with a third party, Tenants in common, etc.)	Approximate Value
Real Estate			
Primary Residence			
Vacation/Second Home			
Other:			
Business Interests (describe):			
Investments			
Brokerage Account			
Brokerage Account			
Stocks (certified)			
Stocks (certified)			
Bonds			
Mutual Fund:			
Mutual Fund:			

Type of Asset	Institution (if applicable)	Ownership (Husband, Wife, Joint, Joint with a third party, Tenants in common, etc.)	Approximate Value
Other:			
Other:			
Retirement Plan Assets (401(k), 403(b), Pension, Profit-Sharing, IRA)			
Bank Accounts			
Checking			
Savings			
Money Market			
Certificates of Deposit			
Other Assets			
Annuities			
Life Insurance			
Tangible personal property (i.e. artwork, jewelry, etc.)			

ADDITIONAL BENEFITS

Do you receive disability, veterans or any other kinds of benefits? Please describe: _____

FINANCIAL SERVICES

Please provide contact information for those individuals and corporations that provide you financial advice and services, including accountants, financial advisors, life insurance providers, etc.

Service Provided:
Name:
Address:
Phone:
Service Provided:
Name:
Address:
Phone:
Service Provided:
Name:
Address:
Phone:

GIFT TAX RETURNS

Have you ever filed a gift tax return to report a gift made? _____

If so, please bring copies of the gift tax return(s) to our meeting.

FIDUCIARIES

Perhaps the most important decisions which need to be made in establishing an estate plan involve choosing the persons or organizations who will be responsible for carrying out your plan. They are called "fiduciaries", and they perform functions as your personal representative, trustee, agent, guardian for minor children, and patient advocate, depending on which aspect of your plan designates them. They may have responsibilities to you, or to your heirs, or both.

You should be prepared to name a primary fiduciary and at least one alternate for each position. Generally, you can name more than one person to a position at the same time. In such a case, they will serve together as co-trustee, or co-personal representative, etc., as the case may be.

For decisions such as medical treatment and personal financial matters, a trusted family member is often designated.

For post-death estate administration, some people choose trusted friends or family members to act as trustees, while others feel that a bank or trust company will exercise more independent judgment or bring more expertise. The decision depends on a number of factors, including the size of the estate, the length of time over which the plan will be carried out, the potential for conflicts of interest, and the suitability and willingness of friends and family to do the job.

Please designate your chosen fiduciaries for each position described below. We can always change them after further discussion.

AGENT/ATTORNEY-IN-FACT- DURABLE POWER OF ATTORNEY

Your agent or attorney-in-fact can act for you to handle your personal business, such as accessing your bank accounts, investments, buying and selling property, negotiating contracts, signing tax returns, and generally doing all the things you could otherwise do for yourself. Obviously, you must have complete trust in the person you choose, because they will have considerable power over your affairs. The power of attorney can be made to become effective only if you are determined to be incapacitated.

Do you want the Durable power of Attorney to be effective only if you have been determined to be incapacitated?

Yes

No, I want it to be effective right away.

Durable Power of Attorney		
	Husband/Male	Wife/Female
Agent	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:
Alternate	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:

PATIENT ADVOCATE

The patient advocate is responsible for making medical treatment decisions for you in the event you cannot do so yourself. Acting in that capacity, he or she will have access to your medical records, and will be able to discuss medical conditions and treatment options with your health care personnel. If authorized by the Patient Advocate Designation, your patient advocate can legally make decisions to withhold or withdraw medical treatment which may hasten death.

Do you want to authorize your patient advocate to make decisions to withhold or withdraw medical treatment (including artificial administration of water and food) even though they may hasten death?					
<u>Husband/Male:</u>		Yes	No	<u>Wife/Female:</u>	
				Yes	No
Do you have any religious practices to be observed?					
<u>Husband/Male:</u>		Yes	No	<u>Wife/Female:</u>	
				Yes	No
If yes, explain:			If yes, explain:		
Do you want your organs and tissue to be donated?					
<u>Husband/Male:</u>		Yes	No	<u>Wife/Female:</u>	
				Yes	No

Patient Advocate Designation		
	Husband/Male	Wife/Female
Agent	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:
Alternate	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:

TRUSTEE & PERSONAL REPRESENTATIVE

Usually, you will be the primary trustee of your revocable trust until your death or incapacity. Your successor trustee will take over for you at that time. If you are incapacitated, your successor must administer the trust for your benefit. At your death, the successor trustee must administer the trust for the benefit of your beneficiaries. The duties will include all financial management of the trust assets, filing tax returns, accounting to the beneficiaries, and distributing the assets in accordance with your directives. Serious consideration should be given to naming a bank or trust company as successor trustee.

The personal representative is in charge of carrying out your last will and testament. Many people refer to them as the executor. Because most of the estate plans we prepare involve the use of one or more lifetime trusts, the personal representative's duties are often quite limited. For this reason, the person designated as Trustee is almost always named as personal representative as well.

Successor Trustee & Personal Representative		
	Husband/Male	Wife/Female
Successor Trustee	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:
Alternate	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:
2nd Alternate	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:

GUARDIAN FOR MINOR CHILDREN

The guardian for minor children will be responsible for the physical and emotional care of the orphaned children. The surviving parent will generally assume those duties in the event of one of the parent's death.

Guardian for Minor Children		
	Husband/Male	Wife/Female
Guardian	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:
Alternate	Name:	Name:
	Address:	Address:
	Phone:	Phone:
	Relationship:	Relationship:

YOUR DISTRIBUTION PLAN

Your distribution plan is your written instructions to your successor trustee. It tells him/her, usually in general terms, how much you want to distribute to the beneficiaries and when to make the distributions.

SPECIFIC GIFTS

Please describe any gifts of tangible personal property (i.e. artwork, jewelry, clothing, etc.) or specific amounts of cash you would like to give to someone upon your death. Specific gifts distributed first from your trust.

CHARITABLE CONTRIBUTIONS

Please describe any charitable gifts (with specific cash amounts) you wish to make upon your death.

DISTRIBUTIONS AFTER SPECIFIC GIFTS & CHARITABLE CONTRIBUTIONS

After specific gifts and charitable contributions are made from your trust, you can set out a plan of distributions of your remaining assets and property. If all of your intended beneficiaries are responsible adults, your plan may be simply instructing your trustee to distribute assets to the beneficiaries as soon as possible after your death. However, with younger beneficiaries, say, under the age of 25, you may want to consider continuing the trust until they reach a certain age. Often distributions are set up in stages (for example, half at 25, the balance at 30), rather than all at once. Often, a distribution plan instructs the trustee to hold assets in a common fund for the benefit of the children as a group, rather than requiring the assets to be divided into separate shares. In such a case, the estate isn't divided until the youngest child reaches a certain age, usually 21 years or more. Life-long protection can be achieved with the use of discretionary spendthrift trusts.

Please complete this section to describe your overall objectives for your distribution plan, such as managing funds for young beneficiaries, making ongoing charitable contributions, or providing lifetime care for a disabled beneficiary.

****IMPORTANT NOTICE—PLEASE READ****

Completing this questionnaire does not create a legally binding estate plan. It is not equivalent to creating a will or trust or any other legal document and must not be relied upon as such.

Receipt or acceptance of the completed questionnaire by Driggers, Schultz & Herbst, P.C. or any person employed by or affiliated the firm, does not create an attorney-client relationship with any person. Such an attorney-client relationship may be formed, if at all, only by a separate express agreement with the firm.