

SSE&G

Estate Plan Questionnaire

This form is extremely important. Your accuracy and completeness in responding will help us best represent you. For each document, you need to name at least one Agent, but including at least 1 or 2 alternates is desirable (e.g., if your primary Agent cannot serve when needed due to health, being out of the country, etc.).

A. PERSONAL DATA

(Client) _____ (Spouse)
Full Name _____ Full Name _____

Street Address _____

City _____ State _____ Zip _____

Birth Date: _____ Spouse Birth Date _____

U.S. Citizen? ___ Yes ___ No U.S. Citizen? ___ Yes ___ No

Client's Cell No.: (____) _____

Spouse's Cell No.: (____) _____

E-mail Address: _____

Children Information

1. Name: _____
Gender: (____) Male (____) Female; Date of Birth: _____
Whose child: (____) His; (____) Hers; (____) Both
2. Name: _____
Gender: (____) Male (____) Female; Date of Birth: _____
Whose child: (____) His; (____) Hers; (____) Both
3. Name: _____
Gender: (____) Male (____) Female; Date of Birth: _____
Whose child: (____) His; (____) Hers; (____) Both
4. Name: _____
Gender: (____) Male (____) Female; Date of Birth: _____
Whose child: (____) His (____) Hers; (____) Both
5. Name: _____
Gender: (____) Male (____) Female; Date of Birth: _____
Whose child: (____) His; (____) Hers; (____) Both

Family Tree (if you are not married, and have no children or lineal descendants:

MEDICAID: Have you, a current or former spouse been a Medicaid recipient? ___ Yes, ___ No

VETERAN: Are you a Veteran, having served in the armed forces?: ___ Yes, ___ No
Service Dates: _____

Have either you or your spouse lived in any of the following States: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Wisconsin or Washington?: ___ Yes, ___ No

Is any business or partnership involved?: ___ Yes, ___ No.
If so, is your company record book current? ___ Yes, ___ No
Do you have any co-owners/partners other than a spouse? ___ Yes, ___ No
If "yes", do you have a purchase agreement or some form of buy-sell agreement with the other partners or investors?: ___ Yes, ___ No

If you own any real estate, what kind of title in real estate do you have?:
___ Tenants in Common; ___ Joint and Survivorship; ___ Estate by the Entireties

Do you have a Title Guarantee ___ or Title Insurance ___, or Not Sure ___?
Do you own any real estate outside the state of Ohio?: ___ Yes, ___ No;
If so, where is it located, and how is it titled?:

WHAT ARE YOUR GOALS AND OBJECTIVES?

B. LAST WILL AND TESTAMENT and/or TRUST

STATE, GENERALLY, TO WHOM (AND HOW MUCH) YOU WISH TO BE THE RECIPIENT OF YOUR PROPERTY ON YOUR DEATH AND/OR YOUR SPOUSE'S DEATH: _____

LIST ANY SPECIAL ITEMS OF PERSONAL PROPERTY, AND THE NAME AND RELATIONSHIP OF THE INDIVIDUAL YOU DESIRE AS THE RECIPIENT: _____

() Spouse, if any, then children, equally, or to their issue if a child fails to survive.

() Beneficiary(ies) (if other than spouse and children):

1. Name of Beneficiary: _____
Relationship to Grantor: _____
Gender: () Male () Female
Amount or Percentage:

2. Name of Beneficiary: _____
Relationship to Grantor: _____
Gender: () Male () Female
Amount or Percentage:

3. Name of Beneficiary: _____
Relationship to Grantor: _____
Gender: () Male () Female
Amount or Percentage:

4. Name of Beneficiary: _____
Relationship to Grantor: _____
Gender: () Male () Female
Amount or Percentage:

Guardian Information (for minors or disabled dependants) :

1. Name: _____
Relationship (if known): _____

2. Name: _____
Relationship (if known): _____

Executor/Trustee/Personal Representative Information

1. Name: _____
Relationship (if known): _____
2. Name: _____
Relationship (if known): _____
3. Name: _____
Relationship (if known): _____
4. Name: _____
Relationship (if known): _____

C. LIVING WILL – This document will provide instructions to your health care power of attorney and to your doctors regarding whether or not, and when, to withhold artificial life support, nutrition and resuscitation if you are in a permanently unconscious or a terminal condition. This document does not appoint anyone to give these instructions, but you will list your health care agents (designated below) to receive notice if your health care providers are planning to take or recommending action under this document.

Do you want a Living Will?

___ Yes ___ No

D. HEALTH CARE POWER OF ATTORNEY – This document appoints another person to make health care decisions for you if you are incapacitated, ranging from minor surgery or medications all the way to the decision to withhold artificial life support, etc.. It will also allow access to your personal health care information by your health care agent.

Name of Health Care Agent: _____

Address _____

City _____ State _____ Zip _____

Phone No. _____

Name of 1st Alternate Health Care Agent: _____

Address _____

City _____ State _____ Zip _____

Phone No. _____

Name of 2nd Alternate Health Care Agent: _____

Address _____

City _____ State _____ Zip _____

Phone No. _____

Do you want to state any specific instructions or limitations with respect to the Agents' powers:
If so, please provide the relevant information:

E. FINANCIAL POWER OF ATTORNEY - this document appoints another person to make financial decisions and take related actions on your behalf. Examples of authority being given: sign deeds to sell a house; write or sign checks; open/close bank accounts, renew car or boat registrations, or file income tax returns. This instrument can be structured to be effective at any time, or only when you are incapacitated.

Name of Financial Agent: _____

Address _____

City _____ State _____ Zip _____

Name of 1st Alternate Financial Agent: _____

Address _____

City _____ State _____ Zip _____

Name of 2nd Alternate Financial Agent: _____

Address _____

City _____ State _____ Zip _____

Do you want to state any specific instructions or limitations with respect to the Agents' powers:
If so, please provide the relevant information:

F. ESTATE ASSET QUESTIONNAIRE

Name: _____ Spouse's Name: _____

<u>Estate Assets:</u>	Husband (sole name)	H&W (joint)	Wife (sole name)	Joint with another
Real Estate:				
Residence:				
Vacation Home:				
Other:				
Automobiles:				
Boat(s):				
Jewelry/ Heirlooms:				
Mutual Funds:				
Stocks/Bonds:				
Brokerage Accounts:				
Checking Accounts:				
Savings/Money Market:				
Certificates of Deposit:				
Pension Plans:				
Company:				
IRA:				
Roth:				
Life Insurance: (Death Benefit)				
Annuities:				
Your Business:				
Other Assets:				
<u>Gross Asset Totals:</u>				
<u>Estate Liabilities:</u>				
Real Estate Mortgages:				
Other Personal Debts:				
Guaranteed Business Debts:				
<u>Gross Liabilities Totals:</u>				
<u>Net Totals:</u>				