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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

(Married Clients)

*IF single, widowed or divorced—Only complete SPOUSE 1 set of boxes*

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EXPLANATION

The purpose of this Confidential Estate Planning Questionnaire (Questionnaire) is to record information that will be used to prepare your estate plan, including, as necessary, a Will, Trust Agreement, Durable Power of Attorney, and Designation of Patient Advocate. All of the information is essential. Portions of it will be helpful in the administration of the estate or trust and, in some cases, is required for the preparation of tax returns.

Your time spent in accurately completing this Questionnaire will certainly save considerable time, effort and confusion later.

SECTION A. DOCUMENTS TO BE ATTACHED:	Attached	N/A
1. Existing Wills, Trusts, Powers of Attorney, & Designations of Patient Advocate	<input type="checkbox"/>	<input type="checkbox"/>
2. Most recent income tax return	<input type="checkbox"/>	<input type="checkbox"/>
3. Business agreements and documents regarding interests in corporations, partnerships, limited liability companies, and sole proprietorships	<input type="checkbox"/>	<input type="checkbox"/>
4. Deeds and land contracts	<input type="checkbox"/>	<input type="checkbox"/>
5. Brokerage account statements	<input type="checkbox"/>	<input type="checkbox"/>
6. Life insurance policies and annuities	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B. GENERAL ESTATE PLANNING INFORMATION

Date of Completion: \_\_\_\_\_

INSTRUCTIONS:

- A. Attach additional sheets if necessary.
- B. Mark "N/A" by those items which are not applicable.
- C. Return to me at your earliest convenience.
- D. When describing your assets, use "J" for assets jointly owned and state the name of the joint owners; use "1" for assets owned in Spouse 1's name alone and "2" for assets owned in Spouse 2's name alone.

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)		
	SPOUSE 1 (SELF)	SPOUSE 2
<b>Full Legal Name:</b> (including middle name)		
<b>Address:</b>		
<b>County:</b>		
<b>Cell Phone:</b>		
<b>United States Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home E-mail Address:</b>		
Social Security Number(Last 4):		
<b>Date of Birth:</b>		
Employer:		
Business Address:		

Business Telephone:		
Business E-mail Address:		
Business Facsimile:		
<b>Marital Status:</b>		
Date of Marriage:		

<b>CHILDREN</b>			
<b>Name</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

<b>SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)</b>				
<b>CHILDREN BY PRIOR MARRIAGE</b>				
<b>Name</b>	<b>Address</b>	<b>Children of Whom?</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

GRANDCHILDREN				
Name	Address	Name of Parents	Date of Birth	Social Security Number
PARENTS				
	SPOUSE 1	SPOUSE 2		
Father's Name				
Father's Address				
Father's Date of Birth				
Mother's Name				
Mother's Address				
Mother's Date of Birth				
OTHER RELATIVES				
Name	Address	Relationship		

**SECTION C. PLANNING AND DISTRIBUTION OBJECTIVES:**

1. Upon your death, how and to whom do you want your assets distributed?

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2. Are there any people who should receive particular items? If so:

Name	Item
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. If both of you die prematurely leaving minor children, should your children receive property at:

- age of majority (18); or  held in trust and distributed at age \_\_\_\_\_ .

4. Do you want to make gifts to any charities? If so:

Name and Address of Charities	Amount of Gift
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

5. If Spouse 1 dies first and none of your children are living at the time of Spouse 2's death, do you want your estate to go to:

- Spouse 1's Family  Spouse 2's Family  Elsewhere (explain below):

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<b>SECTION D. ESTATE PLANNING DOCUMENTS</b>		
<b>WILL</b>		
<b>Personal Representative: Person responsible for administering your estate and probate proceedings. This person hires the lawyer to handle the probate and should be the same person you pick for financial decisions.</b>		
	Spouse 1	Spouse 2
<b>1<sup>st</sup> Choice</b>		
<b>2nd Choice</b>		
<b>3<sup>rd</sup> Choice</b>		
<b>Guardian: Person responsible for the well-being and daily care of your <i>minor children</i>, until they attain age 18, if both parents are deceased.</b>		
	Spouse 1	Spouse 2
<b>1<sup>st</sup> Choice</b>		
<b>2nd Choice</b>		
<b>Conservator: Person who will manage any minor <b>child's finances and property</b>, until that child attains age 18, if both parents are deceased. (Same as Personal Representative and Financial POA)</b>		
	Spouse 1	Spouse 2
<b>1<sup>st</sup> Choice</b>		
<b>2nd Choice</b>		
<b>TRUST</b>		
<b>Trustee: Person or bank that will manage your assets in a trust and distribute assets after your death.</b>		
	Spouse 1	Spouse 2
<b>1<sup>st</sup> Choice</b>		

2nd Choice		
3 <sup>rd</sup> Choice		

**DURABLE POWER OF ATTORNEY**

**Durable Power of Attorney Agent: Person who will manage your financial affairs if you are unable to do so.**

	Spouse 1	Spouse 2
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
3 <sup>rd</sup> Choice		

**DESIGNATION OF PATIENT ADVOCATE**

**Designation of Patient Advocate: Person who will make your health care decisions if you are unable to do so.**

	Spouse 1	Spouse 2
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
3 <sup>rd</sup> Choice		

**SECTION E. ASSETS**

**BANK ACCOUNTS**

**CHECKING**

Account Number	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	

**SAVINGS**

Account Number	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	

**CERTIFICATES OF DEPOSIT**

Account Number	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	

	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
TOTAL OF CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT:		
<b>SAFETY DEPOSIT BOX</b>		
Number	Location	

<b>PERSONAL PROPERTY</b>		
<b>AUTOMOBILES</b>		
Make & Year	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
<b>HOUSEHOLD FURNISHINGS</b>		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
<b>JEWELRY</b>		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
<b>COLLECTIONS (ART, ETC.)</b>		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
<b>OTHER (DESCRIBE)</b>		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2	
TOTAL OF PERSONAL PROPERTY:		

SECTION E. ASSETS (CONTINUED)
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REAL ESTATE

PARCEL NO. 1

Address				
Legal Description	Please attach a copy of deed and other instrument of title			
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse2			
Date of Acquisition		Cost		
Current Market Value		Amount of Debt	Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____			

PARCEL NO. 2

Address				
Legal Description	Please attach a copy of deed and other instrument of title			
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2			
Date of Acquisition		Cost		
Current Market Value		Amount of Debt	Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____			

PARCEL NO. 3

Address				
Legal Description	Please attach a copy of deed and other instrument of title			
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse2			
Date of Acquisition		Cost		
Current Market Value		Amount of Debt	Monthly Payments	

Encumbrances	(name of mortgagees, lienors, etc.)  _____  _____  _____
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**SECTION E. ASSETS (CONTINUED)**

**INVESTMENTS**

**STOCKS AND MUTUAL FUNDS**

Company	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				

TOTAL OF STOCKS AND MUTUAL FUNDS:	
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**BONDS AND TREASURY NOTES**

Type	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				
	<input type="checkbox"/> J <input type="checkbox"/> S1 <input type="checkbox"/> S2				

TOTAL OF BONDS AND TREASURY NOTES:	
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**SECTION E. ASSETS (CONTINUED)**

**RETIREMENT, DISABILITY, AND DEATH BENEFITS**

If you have any interest in a pension, profit sharing, stock bonus, self-employed retirement plan, individual retirement account or deferred compensation plan, or any other similar type of benefit, complete the following:

SPOUSE 1		SPOUSE 2
<b>RETIREMENT PLAN NO. 1</b>		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		
<b>RETIREMENT PLAN NO. 2</b>		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		
<b>RETIREMENT PLAN NO. 3</b>		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		

**SECTION E. ASSETS (CONTINUED)**

**CLOSELY HELD BUSINESS INTERESTS**  
(Use separate sheet for each business interest)

**ENTITY 1**

Name of Entity		
Percentage Owned		
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole	<input type="checkbox"/> Limited Liability Company Partnership <input type="checkbox"/> Proprietorship
Your estimate of the fair market value of your interest		

Your tax basis for your interest	
Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family Sale to Key- <input type="checkbox"/> Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

ENTITY 2

Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company Partnership <input type="checkbox"/> Sole <input type="checkbox"/> Proprietorship
Your estimate of the fair market value of your interest	
Your tax basis for your interest	
Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family Sale to Key- <input type="checkbox"/> Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PROVIDE FINANCIAL STATEMENTS AND TAX RETURNS FOR THE PREVIOUS THREE YEARS, AND A COPY OF ANY BUY/SELL OR REDEMPTION AGREEMENTS FOR EACH ENTITY.

SECTION E. ASSETS (CONTINUED)

LIFE INSURANCE

PROVIDED BY EMPLOYER

	Policy No. 1	Policy No. 2
Company		
Policy No.		
Type		

Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Cash Value		
Death Benefit		
Amount of Loan		
Employee's Contribution		

OWNED BY CLIENTS

	Policy No. 1	Policy No. 2
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Face Value		
Amount of Loan		
Employee's Contribution		

OTHER ASSETS

Please provide information on any other assets, including description, value, etc.

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Do you expect to receive an inheritance? If so, from whom and estimate the amount.

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SECTION F. LIABILITIES (NOT PREVIOUSLY LISTED):			
Creditor	Secured by	Due Date	Current Balance Owed