



The Law Office of  
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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**  
**PERSONAL INFORMATION**

**CLIENT NO. 1**

Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Previous Marriage(s): Yes \_\_\_ No \_\_\_

**Employment Information:**

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

**CLIENT NO. 2**

Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Previous Marriage(s): Yes \_\_\_ No \_\_\_

**Employment Information:**

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

**YOUR CONCERNS**

Please rate the following as to how important they are to each of you:

*(H high concern, M moderate concern, L low concern, 0 no concern, or N/A not applicable)*

**Description**

**Level of Concern**

**Client 1      Client 2**

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability	_____	_____
Providing for and protecting significant other	_____	_____
Providing for and protecting children	_____	_____
Providing for and protecting grandchildren	_____	_____
Planning for a child or family member with disabilities or special needs	_____	_____
Disinheriting a family member	_____	_____
Providing for charities at the time of death	_____	_____
Plan for the transfer and survival of a family business	_____	_____
Minimizing or reducing estate taxes	_____	_____
Avoiding probate	_____	_____
Addressing concerns related to multiple marriages	_____	_____
Avoiding guardianship and conservatorship in case of a disability	_____	_____
Minimizing the risk of will contests or other disputes upon death	_____	_____
Protecting assets from nursing home costs	_____	_____
Protecting children's inheritance from bad relationships, financial problems, and addictions	_____	_____
Maintaining Retirement Plan benefits, such as Individual Retirement Accounts, for future generations	_____	_____
Providing that your death shall not be unnecessarily prolonged by artificial means or measures	_____	_____

Other Concerns (Please list below):

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT FAMILY QUESTIONS**

*(Please check "Yes" or "No" for your answer)*

Yes No

Are either of you receiving social security, disability, or other governmental benefits?

\_\_\_\_\_

Describe \_\_\_\_\_

Have either of you been diagnosed with a chronic or life threatening disease?

\_\_\_\_\_

Do either of you have a specific diagnosis? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is either of you making payments pursuant to a divorce or property settlement order? *Please furnish a copy of divorce or property settlement agreement.*

\_\_\_\_\_

Have either of you signed a pre- or post-nuptial contract? *Please furnish a copy.*

\_\_\_\_\_

Have either of you been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*

\_\_\_\_\_

Have either of you completed previous will, trust, or estate planning documents? *Please furnish copies of these documents.*

\_\_\_\_\_

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

\_\_\_\_\_

Do any of your children or grandchildren have financial problems, relationship problems, drug or alcohol problems, and/or spending problems? *If so, please explain below.*

\_\_\_\_\_

Are either of you currently the beneficiary of anyone else's trust? *If so, please explain below. Indicate if you are serving as trustee of a trust not created by you.*

\_\_\_\_\_

Do you provide primary or other major financial support to adult children or others?

\_\_\_\_\_

**ADDITIONAL RELEVANT INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN**

(Use full legal name. Use "B" if both clients are the parents, "1" if Client No. 1 is the parent, "2" if Client No. 2 is the parent)

**Child 1**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, 1, 2
_____	_____	_____	_____	_____	_____

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**Child 2**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, 1, 2
_____	_____	_____	_____	_____	_____

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**Child 3**

Legal Name	Date of Birth	M/F	Marital Status (Name of Spouse)	No. of Children	B, 1, 2
_____	_____	_____	_____	_____	_____

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**Additional Information on your children:**

Do you have any deceased children? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide date of death and indicate if your deceased child was survived by any children. Please provide name(s), age(s):

Do you have any minor foster children? Yes \_\_\_\_ No \_\_\_\_ If yes, who? \_\_\_\_\_

Are all of your children/grandchildren in good health? Yes \_\_\_\_ No \_\_\_\_ If no, explain: \_\_\_\_\_

Are any of your children/grandchildren blind or disabled? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

Are any of your children/grandchildren receiving SSI, Medicaid or any other form of government benefits? If yes, please list: Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPENDENTS OR BENEFICIARIES OTHER THAN YOUR CHILDREN** (If a charity, disregard birth date and relationship)

**Beneficiary 1 Name**

**Birth Date**

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

**Beneficiary 2 Name**

**Birth Date**

**Relationship**

\_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

**Beneficiary 3 Name**

**Birth Date**

**Relationship**

\_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

**PETS:** Do you have pets? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

Do you want to provide for them after your death? Yes \_\_\_\_ No \_\_\_\_

If so, who do you want to care for your pets: \_\_\_\_\_

Do you want to leave money for the care of your pets? Yes \_\_\_\_ No \_\_\_\_ If yes, what amount? \$\_\_\_\_\_

What do you want done with any amount remaining after your pets have died? \_\_\_\_\_

**ADVISORS**

**Name**

**Telephone**

Client No. 1 Accountant: \_\_\_\_\_

Client No. 1 Financial Advisor: \_\_\_\_\_

Client No. 2 Accountant: \_\_\_\_\_

Client No. 2 Financial Advisor: \_\_\_\_\_

**ESTATE PLANNING APPOINTMENTS****WILL: PERSONAL REPRESENTATIVE:** (Upon your death, who do you want to settle your estate?)

Client No. 1: Significant Other \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_  
Name Relation City, State2<sup>nd</sup> Choice \_\_\_\_\_  
Name Relation City, State3<sup>rd</sup> Choice \_\_\_\_\_  
Name Relation City, State

Client No. 2: Significant Other \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_  
Name Relation City, State2<sup>nd</sup> Choice \_\_\_\_\_  
Name Relation City, State3<sup>rd</sup> Choice \_\_\_\_\_  
Name Relation City, State

**TRUST: TRUSTEE:** (Upon your death or incapacity while living, who do you want carrying out your instructions for distribution to and, if desired, management of property for your beneficiaries?)

Significant Other \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ City, State \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ City, State \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ City, State \_\_\_\_\_

**GUARDIAN & CONSERVATOR OF MINOR OR DISABLED CHILDREN:** (If you have any minor or disabled children at the time of your deaths, who would you want to be responsible for them?)

Significant Other \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ City, State \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ City, State \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ City, State \_\_\_\_\_







**FINANCIAL STATEMENT**

**Estimated Current Values**

**Primary Home**      Held Jointly? Yes \_\_\_ No \_\_\_      If no, how is it titled? \_\_\_\_\_ \$ \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_

**Other Real Estate:**  
Address: \_\_\_\_\_ Held Jointly? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_ \$ \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Held Jointly? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_ \$ \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Cash, Bank Accounts, CD's, Treasury Notes, etc.:**

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
Held Jointly? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_  
Payable on Death Designation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
Held Jointly? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_  
Payable on Death Designation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
Held Jointly? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_  
Payable on Death Designation: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Stocks, Bonds, Securities:**

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Held Jointly? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_  
 Payable on Death Designation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Held Jointly? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_  
 Payable on Death Designation: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Held Jointly? Yes \_\_\_ No \_\_\_ If yes, with whom? \_\_\_\_\_  
 Payable on Death Designation: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Life Insurance Death Benefits:** Indicate type of insurance by the following codes: GT-Group Term, IT-Individual Term, W-Whole Life, U-Universal, A-Accidental Death, O-Other.

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Code: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_  
 Cash Value: \$ \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Code: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_  
 Cash Value: \$ \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Code: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary(ies): \_\_\_\_\_  
 Cash Value: \$ \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

**Vehicles:** (Automobiles, Boats, and RVs)

<u>Description</u>	<u>How Titled</u>	<u>Market Value</u>	<u>Loans</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Valuable Personal Property** (Jewelry, Furniture, Antiques, Collections)

<u>Item</u>	<u>Owner</u>	<u>Market Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Estimated Value of All Other Items Not Listed Above \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Vested Pension and Profit Sharing Plans, IRA's, Thrift Plan, 401(k) Plans**

Company/Plan Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_  
Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_  
Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_  
Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_  
Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_  
Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_  
Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Contingent Beneficiary(ies): \_\_\_\_\_

Company/Plan Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_  
Participant: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Contingent Beneficiary(ies): \_\_\_\_\_

**Closely-held (not publicly traded) Business Interests**

Indicate type of closely held business interest by use of the following codes:

- SC - S Corporation
- CC - Regular C Corporation
- P - Sole Proprietorship
- LLC - Limited Liability Company

- GP - General Partnership
- LP-L - Limited Partnership - Limited Partner Interest
- LP-G - Limited Partnership - General Partner Interest

Please provide us with copies of articles of incorporation, partnership agreements, stockholders agreements, operating agreements or other restrictive agreements which govern transfers of these business interests during life or at death.

Legal Name of Business: \_\_\_\_\_ Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_ Owner Percentage: \_\_\_\_\_ %  
 Number of Other Owners: \_\_\_\_\_ Other Family Owners? Yes \_\_\_ No \_\_\_

Legal Name of Business: \_\_\_\_\_ Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_ Owner Percentage: \_\_\_\_\_ %  
 Number of Other Owners: \_\_\_\_\_ Other Family Owners? Yes \_\_\_ No \_\_\_

**Miscellaneous Interests** (Notes, Mortgages, Patents, Trusts, Powers of Appointment, etc.)

<u>Item</u>	<u>Owner</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Debts (Other Mortgage)**

Total \$ \_\_\_\_\_