



CONFIDENTIAL

ESTATE PLANNING

QUESTIONNAIRE

We understand that this questionnaire is designed to provide Ciesla Beeler with important information for estate planning purposes and that the firm's ability to advise us with respect to the tax, creditor protection, and intangible consequences of lifetime and testamentary disposition of assets depends on the accuracy and completeness of such information. We hereby confirm that such information is substantially correct and complete.

Signature

Date

Signature

Date

PERSONAL AND GENERAL INFORMATION

	HUSBAND	WIFE
Full Legal Name		
Nickname (if any)		
Social Security Number		
Citizenship		
Residence Street Address		
Residence City, State, Zip		
Residence County		
Home Telephone		
Home Fax		
Mobile Phone		
E-mail Address		
How often checked?		
Employer/Business Name		
Position		
Business Street Address		
Business City, State, Zip		
Business Telephone		
Business Fax		
Preferred form of communication <i>(e.g. e-mail, work ph., home ph., or fax)</i>		
Birth Date		
City and State of Birth		
Relevant Health Issues		
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred to us by:		

PERSONAL AND GENERAL INFORMATION (continued)

Marriage Date:		
While married, have you ever lived in: Alaska, Arizona, California, Idaho, Louisiana, Nevada, Texas, Washington, or Wisconsin <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pre-Marital Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.		
	HUSBAND	WIFE
Previously Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____
For prior marriages, please indicate name of prior spouse, marriage date, termination date, reason for termination (divorce, death) and whether prior spouse is living. Please supply copies of divorce decrees.	_____	_____
	_____	_____
	_____	_____
	_____	_____

Please list children in order of birth.

	CHILDREN	MALE OR FEMALE?	CITY AND STATE OF RESIDENCE (if not residing with you)	BIRTH DATE (MM/DD/YY)	CHILD OF	SPOUSE (if married)	NOTES*
1		<input type="checkbox"/> Male <input type="checkbox"/> Female		____/____/____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
2		<input type="checkbox"/> Male <input type="checkbox"/> Female		____/____/____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
3		<input type="checkbox"/> Male <input type="checkbox"/> Female		____/____/____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
4		<input type="checkbox"/> Male <input type="checkbox"/> Female		____/____/____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
5		<input type="checkbox"/> Male <input type="checkbox"/> Female		____/____/____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		

* Note if adopted or deceased and any relevant issues regarding health, financial condition, or ability to handle money responsibly. If any child is likely to require a guardian (if or when the child is over age 18), or may be eligible for public benefits, we ask that you complete a brief Supplemental Questionnaire for Special Needs Planning for that child. Please contact us if you do not already have the Supplemental Questionnaire.

PERSONAL AND GENERAL INFORMATION (continued)

In the case of each grandchild listed below, indicate that grandchild's parent by placing the number of such parent (from the previous chart) in the column to the left of the grandchild's name.

#	GRANDCHILDREN/ GREAT GRANDCHILDREN	MALE OR FEMALE?	CITY AND STATE OF RESIDENCE	AGE	SPOUSE (if married)	NOTES*
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				

* Note if adopted or deceased and any relevant issues regarding health, financial condition, or ability to handle money responsibly.

PERSONAL AND GENERAL INFORMATION (continued)

SIBLINGS (including deceased siblings)	SPOUSE (if married)	CITY AND STATE OF RESIDENCE	SIBLING OF:	NOTES*
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	

LIVING PARENTS	CITY AND STATE OF RESIDENCE	AGE	PARENT OF:	NOTES*
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	

Please list other relatives, friends, or charities to be considered in estate plans:	_____ _____ _____ _____
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*Note any relevant issues regarding health or financial condition. Also note if a sibling is a half-sibling or a step-sibling.

PERSONAL AND GENERAL INFORMATION (continued)

	HUSBAND	WIFE
Personal banker		
Bank		
Phone		
Accountant		
Firm		
Phone		
Investment Advisor/Broker		
Firm		
Phone		
Life Insurance Agent		
Firm		
Phone		
Other Advisor (<i>e.g.</i> Business Lawyer, Financial Planner)		
Firm		
Phone		
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank		
City/State		
Co-Signors		

EXISTING DOCUMENTS

Please supply a copy of all documents listed below	HUSBAND		WIFE	
	Date	Location of Document	Date	Location of Document
Will				
Revocable Trust				
Irrevocable Trust				
Healthcare Power of Attorney/Living Will				
Property Power of Attorney				
Prior Gift Tax Returns				
Real Estate Deed (Home)				
Other _____				
Shareholder, Partnership, or LLC Operating Agreement				

ASSET INFORMATION

ACCOUNTS FOR CHILDREN				
TYPE OF ACCOUNT	CHILD	DOLLAR VALUE OF ACCOUNT	CONTRIBUTOR(S)	CUSTODIAN/TRUSTEE
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		

ASSET INFORMATION (continued)

Please estimate the value of your assets and liabilities (to the nearest \$1,000) by type and indicate if they are held individually or jointly.

ASSETS (CURRENT AND POTENTIAL)		HUSBAND	WIFE	JOINT OWNERSHIP
Cash and Notes		\$	\$	\$
Real Estate	Approx. Year Purchased			
Residential (gross value)		\$	\$	\$
Residential (gross value)		\$	\$	\$
Rental/Commercial (gross value)		\$	\$	\$
Stocks/Bonds/Mutual Funds		\$	\$	\$
Options Nonqualified <input type="checkbox"/> ISO <input type="checkbox"/>		\$	\$	\$
Closely-held Business Interests (Proprietorship, Corporation, LLC, Partnership)		\$	\$	\$
Life Insurance				
Death Benefit		\$	\$	\$
Approximate Cash Surrender Value		\$	\$	\$
IRAs/Other Retirement Plans/Commercial Annuities		\$	\$	\$
Tangible Personal Property		\$	\$	\$
Interests in Existing Estates or Trusts		\$	\$	\$
Expected Future Inheritance		\$	\$	\$
Total		\$	\$	\$

LIABILITIES (CURRENT AND POTENTIAL)		HUSBAND	WIFE	JOINT OWNERSHIP
Loans and Notes		\$	\$	\$
Loan Guarantees		\$	\$	\$
Mortgages (including home equity lines)				
Residential		\$	\$	\$
Rental/Commercial		\$	\$	\$
Other Liabilities		\$	\$	\$
Total		\$	\$	\$

- END OF QUESTIONNAIRE -