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By appointment:
8050 Beckett Center Drive, Suite 110 • West Chester, Ohio 45069

Estate Planning Questionnaire

Confidential Client Communication

Thank you for choosing our firm to assist you with your planning goals. The information you provide in this questionnaire will help us properly assess your current financial situation and evaluate what estate planning documents can best serve your needs. The information requested in this form is necessary to provide you with proper advice and recommendations regarding asset distribution, tax issues, and probate avoidance. We request that you complete the questionnaire to the best of your ability and return it to our office **at least two days prior to your appointment** in one of the following ways:

U.S. Mail: 421 S. Locust St., Suite 203, Oxford, Ohio 45056 (envelope enclosed)

Facsimile: 513.523.0900

Download the Questionnaire from our website at www.robinsonjoneslaw.com. Visit our Areas of Practice tab and click on "Estate Planning." Please download the form, complete it and email it to: lcharleville@robinsonjoneslaw.com

General Timeline:

Whether you want a basic Will, or a more involved estate or asset protection plan, our timeline for the preparation and completion of your personalized plan will most likely follow the format below:

- **Initial Consultation:** We will review and discuss your estate planning questionnaire, as well as discuss the appropriate documents to meet your estate plan goals. Please plan on about an hour for this meeting.
- **Document Review:** Within two weeks, you will receive draft estate planning documents to review by mail or email (whichever medium you choose).
- **Review Meeting** (if needed): If you have questions or changes to your estate plan after reviewing the drafts, and a review meeting would be helpful, we will meet to review drafts of your estate plan documents as well as answer any questions or concerns you might have.
- **Execution Meeting:** Once your estate planning documents are in final form, we will schedule a meeting with you to sign your estate planning documents. Once you sign your estate plan documents they become legally effective. We will provide you with your original documents as well as an electronic version of your documents via email or on a compact disc.

QUESTIONNAIRE

Date Completed: _____

I. PERSONAL INFORMATION

	Spouse 1 (S1)	Spouse 2 (S2)
Full Name	_____	_____
Citizenship	_____	_____
Social Security No.	_____	_____
Birth Date	_____	_____
Previously Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

County of Residence: _____

Address: _____

Mailing Address (if different): _____

Home Phone No.	_____	_____
Cell Phone No.	_____	_____
E-mail	_____	_____
Employer	_____	_____
Business Address	_____ _____ _____	_____ _____ _____
Business Phone No.	_____	_____

Prefer to be contacted via Home Phone Work Phone Cell Phone E-mail

Referred by (if applicable): _____

Date of Marriage: _____

Premarital Agreement? Yes No

II. CHILDREN

Children – Full Names and Addresses	Birth Date	Married (Y/N)	No. of children	Child of only S1 or S2 (if applicable)
Child 1: _____ Address: _____ _____	_____	_____	_____	_____
Spouse's name _____				
Child 2: _____ Address: _____ _____	_____	_____	_____	_____
Spouse's name _____				
Child 3: _____ Address: _____ _____	_____	_____	_____	_____
Spouse's name _____				
Child 4: _____ Address: _____ _____	_____	_____	_____	_____
Spouse's name _____				

Do you have any children that are deceased? Yes _____ No _____

If yes, please complete the following:

Child Name: _____ Date of Death: _____

Any living descendants of the deceased child? Yes No If yes, please list below:

Name: _____ Age: _____ Address: _____

III. ADVISORS

Accountant:	_____	_____	_____
	Name	Firm	Phone
Life Insurance Professional	_____	_____	_____
	Name	Firm	Phone
Investment Advisor/ Stock Broker	_____	_____	_____
	Name	Firm	Phone
Private Banker/ Trust Officer	_____	_____	_____
	Name	Firm	Phone
Primary Physician	_____	_____	_____
	Name	Firm	Phone

IV. FINANCIAL INFORMATION

Real Estate:

(Location, names(s) on the title, and use (primary residence, second residence, rental property, vacant))

Estimated Value

- 1. _____ \$ _____
- _____
- 2. _____ \$ _____
- _____
- 3. _____ \$ _____
- _____
- 4. _____ \$ _____
- _____

Checking, Savings Accounts, Money Market Funds, CDs:

(Institution, name (s) on accounts, held as joint or separate)

Estimated Value

- 1. _____ \$ _____
- _____
- 2. _____ \$ _____
- _____
- 3. _____ \$ _____
- _____
- 4. _____ \$ _____
- _____

Investment and Brokerage Accounts:

(Institution, name(s) on accounts, held as joint or separate)

Estimated Value

- 1. _____ \$ _____
- _____
- 2. _____ \$ _____
- _____
- 3. _____ \$ _____
- _____
- 4. _____ \$ _____
- _____

Individual Retirement Accounts:

(Institution, owner, beneficiary, type (traditional or Roth))

Estimated Value

- 1. _____ \$ _____
- _____
- 2. _____ \$ _____
- _____
- 3. _____ \$ _____
- _____
- 4. _____ \$ _____
- _____

Pension, Profit Sharing, or Stock Bonus Plans; Other Retirement Plans

(Employer, employee, beneficiary, type (e.g., 401(k), Profit Sharing))

	Estimated Value
1. _____	\$ _____

2. _____	\$ _____

3. _____	\$ _____

4. _____	\$ _____

Life Insurance Policies:

(Institution, name of insured, owner and beneficiary, type (e.g. term or whole), cash value (if any))

	Estimated Value
1. _____	\$ _____

2. _____	\$ _____

3. _____	\$ _____

4. _____	\$ _____

Closely held Stock/LLC Interests/LP Interests:

(Business entity owned, name(s) on certificates, # of shares or % ownership)

	Estimated Value
1. _____	\$ _____

2. _____	\$ _____

3. _____	\$ _____

4. _____	\$ _____

Other/Miscellaneous Assets of Significant Value (more than \$10,000)

(Automobiles, recreational vehicles, boats, household furnishings, collections)

	Estimated Value
1. _____	\$ _____

2. _____	\$ _____

3. _____	\$ _____

4. _____	\$ _____

5. _____	\$ _____

6. _____	\$ _____

Debts, loans and other obligations to third parties (mortgages, car loans, personal loans, etc.)

(Payee and description. If secured by a lien, describe collateral)

	Amount Owed
1. _____	\$ _____

2. _____	\$ _____

3. _____	\$ _____

4. _____	\$ _____

5. _____	\$ _____

6. _____	\$ _____

V. BACKGROUND QUESTIONS

This section may be completed with your attorney if you choose

1. Do you have any pets and if so, would you like a provision in your documents addressing their care after your death	Yes/No	
2. Are you the beneficiary or trustee of any trust	S1	S2
3. Have you ever made gifts over the annual exclusion amount (currently \$15,000)	S1	S2
4. Are either of you subject to any divorce or other court decree or agreement limiting your estate planning choices?	S1	S2
5. Do you plan on providing for a beneficiary with special needs	S1	S2

YOUR SPECIAL OBJECTIVES OR OTHER INFORMATION YOU WISH TO ADD (IF ANY):

VI. FIDUCIARY AND DISTRIBUTION INFORMATION

EXECUTOR/PERSONAL REPRESENTATIVE: *Who should administer your estate*

S1

- 1st Choice: _____
- 2nd Choice: _____
- 3rd Choice: _____

S2

- 1st Choice: _____
- 2nd Choice: _____
- 3rd Choice: _____

FINANCIAL AGENT FOR DURABLE POWER OF ATTORNEY: *Who should manage your financial affairs if you become incapacitated*

S1

- 1st Choice: _____
- 2nd Choice: _____
- 3rd Choice: _____

S2

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

HEALTH CARE AGENT: *Who should make medical decisions for you if you become incapacitated. If the individuals are the same for husband and wife, no need to duplicate address and phone.*

S1

1st Choice: _____ Address: _____

Phone no. _____
2nd Choice: _____ Address: _____

Phone no. _____
3rd Choice: _____ Address: _____

Phone no. _____

S2

1st Choice: _____ Address: _____

Phone no. _____
2nd Choice: _____ Address: _____

Phone no. _____
3rd Choice: _____ Address: _____

Phone no. _____

GUARDIAN: If both parents die, with whom should your minor children live (as "Guardian")

1st Choice: _____ Address: _____

Phone no. _____
2nd Choice: _____ Address: _____

Phone no. _____
3rd Choice: _____ Address: _____

Phone no. _____

HOLDBACK: At what age (or ages) should your children and/or beneficiaries exercise control over their inheritance? _____

ALTERNATE DISTRIBUTION: If your entire family (you, your children, and your grandchildren) dies in a common disaster, which individuals and/or charities do you want to receive your property and in what shares?

PETS: If you now own pets, or may own pets in the future, you may include a “pet provision” in your Will and/or Trust. You may also designate a monetary distribution to go to the Caretaker of your pets to be used for the care, feeding, and veterinary services for the lifetime of your pets.

Primary Caretaker for Pets:

Name: _____ City/State: _____

Successor Caretaker for Pets:

Name: _____ City/State: _____

Monetary Distribution for Pets:

Amount per pet: \$ _____

VII. DOCUMENTS TO BRING WITH YOU

- A copy of any existing Wills or Trusts
- A copy of any deeds to real property owned by you or an existing Trust
- A copy of any Premarital/Prenuptial Agreements you have signed
- A copy of any Divorce Decree to which you have been a party
- A copy of any Buy-Sell Agreements you have signed (shareholders agreements, partnership agreements, operating agreements, etc.)

Thank you. We look forward to meeting with you soon.