

Especially for _____

(Mailing Address)

Your Appointment is with: _____

at _____ on _____ at

_____ Westlake Professional Campus
28885 Center Ridge Road, #202
Westlake, Ohio 44145
(440) 892-2040

_____ 923 Del Prado Blvd S., #207
Cape Coral, Florida 33990
(239) 772-0639

Musial & Musial, LLC
Counselors at Law

ALL INFORMATION PROVIDED IN THIS
QUESTIONNAIRE WILL BE CONSIDERED
AND TREATED AS CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Fill out all parts of this questionnaire as appropriate and to the best of your ability, and bring it with you to your appointment. Be sure to bring a copy of the following documents to your appointment: Deeds for any real estate; Buy-Sell Agreements or other restrictions on your business or partnership; Pre-Nuptial Agreement, Separation Agreements or Divorce Decree if you were previously married; Estate Planning Documents, such as: Existing Wills, Trusts, Financial and Health Care Powers of Attorney and Living Wills.

Your name: _____ Date of Birth: _____
Previously married?: Yes ___ No ___ U.S. Citizen?: Yes ___ No ___; Country? _____
Social Security Number: _____ Veteran?: Yes ___ No ___ Service Dates: _____

Spouse's name: _____ Date of Birth: _____
Significant Other's name: _____ Date of Birth: _____
Previously married?: Yes ___ No ___ U.S. Citizen?: Yes ___ No ___; Country? _____
Social Security Number: _____ Veteran?: Yes ___ No ___ Service Dates: _____

Home Address: _____
Home Telephone number: _____ Other Telephone: _____
E-mail Address: _____

Children: _____ Date of Birth: _____ 'Rctgpv"aaaaaaaa
_____ 'aaaaaaaa
_____ 'aaaaaaaa
_____ 'aaaaaaaa
_____ 'aaaaaaaa

Are all of the above named children a result of this marriage: Yes ___ No ___
(If "No", then indicate which children belong to whom)

WHAT ARE YOUR GOALS AND OBJECTIVES?

LIST ANY QUESTIONS YOU MAY HAVE ON WILLS, TRUSTS, ESTATE TAXES OR THE PROBATE PROCESS.

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.

HAVE YOU MADE ANY GIFTS OF MONEY OR PROPERTY HAVING A VALUE OF \$10,000.00 OR MORE IN ANY OF THE LAST THREE (3) YEARS (STATE TO WHOM AND HOW MUCH)?

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

GUARDIAN(s) if spouse also dies (only if any child is under the age of eighteen). Have they been contacted? _____ . Provide name, age, and relationship.

First: _____
Second: _____

EXECUTOR(s) if spouse also dies (only if any child is under the age of eighteen). Have they been contacted? _____ . Provide name, age, and relationship.

First: _____
Second: _____

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?: _____. If so, do you have a purchase agreement or some form of buy-sell agreement with the other partners or investors?: _____.

What kind of title in real estate do you have?: _____

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?:

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

(BE SURE TO COMPLETE THE OTHER SIDE)

ESTATE ASSETS QUESTIONNAIRE

 Name Spouse's Name

Estate Assets	<u>H (sole)</u>	<u>H&W (joint)</u>	<u>W (sole)</u>	<u>Other</u>
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|-----------------------------|-------|-------|-------|-------|
| A. Real Estate | ----- | ----- | ----- | ----- |
| 1. Residence | ----- | ----- | ----- | ----- |
| 2. Vacation Home | ----- | ----- | ----- | ----- |
| 3. Other | ----- | ----- | ----- | ----- |
| B. Automobiles: | ----- | ----- | ----- | ----- |
| C. Jewelry/Heirlooms: | ----- | ----- | ----- | ----- |
| D. Mutual Funds: | ----- | ----- | ----- | ----- |
| E. Stocks/Bonds: | ----- | ----- | ----- | ----- |
| F. Brokerage Accounts: | ----- | ----- | ----- | ----- |
| H. Checking Accounts: | ----- | ----- | ----- | ----- |
| G. Savings Accounts: | ----- | ----- | ----- | ----- |
| I. Certificates of Deposit: | ----- | ----- | ----- | ----- |
| J. Pension Plans: | | | | |
| 1. Company | ----- | ----- | ----- | ----- |
| 2. IRA | ----- | ----- | ----- | ----- |
| 3. Roth | ----- | ----- | ----- | ----- |
| K. Life Insurance | ----- | ----- | ----- | ----- |
| L. Annuities | ----- | ----- | ----- | ----- |
| M. Your Business | ----- | ----- | ----- | ----- |
| N. Other Assets | ----- | ----- | ----- | ----- |
| GROSS ASSETS TOTALS | ----- | ----- | ----- | ----- |

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|------------------------------|-------|-------|-------|-------|
| Estate Liabilities | | | | |
| A. Real Estate Mortgages | ----- | ----- | ----- | ----- |
| B. Other Personal Debts | ----- | ----- | ----- | ----- |
| C. Guaranteed Business Debts | ----- | ----- | ----- | ----- |
| GROSS LIABILITIES TOTALS | ----- | ----- | ----- | ----- |