

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**

\_\_\_\_\_ 2002 Del Prado Blvd S., #101  
Cape Coral, Florida 33909  
**(239) 772-0639**

***Musial & Musial Co., LPA***  
***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 \_\_\_  
Social Security Number: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Significant Other's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Previously married?: Yes \_\_\_ No \_\_\_ U.S. Citizen?: Yes \_\_\_ No \_\_\_  
Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Home Telephone number: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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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)?

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

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**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?:

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**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

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Name

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Spouse's Name

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