

ROBERT C. KOTZ  
 JEFFREY M. SANGSTER  
 GREGORY L. WYSOCKI  
 F. A. BERG  
 JOHN T. BELOW  
 DAVID R. de REYNA  
 KEITH J. SOLTIS  
 DAVID M. BARBOUR  
 DANIELLE N. MAMMEL  
 R. EDWARD BOUCHER  
 HEATHER G. PTASZNIK  
 ELIZABETH L. SOKOL  
 REBECCA M. DECOSTER  
 KEVIN C. CLARK  
 DANIEL J. McGLYNN  
 JEFFREY A. HELDT  
 C. MICHAEL SNYDER  
 PETER M. SCHRECK  
 JOHN A. ANDERSON  
 MATTHEW S. DERBY  
 STEPHEN J. DUNN  
 ROBERT B. GOLDI  
 KEVIN T. KAVANAUGH

**KOTZ, SANGSTER, WYSOCKI AND BERG, P.C.**

ATTORNEYS AND COUNSELORS AT LAW

400 RENAISSANCE CENTER, SUITE 3400

DETROIT, MICHIGAN 48243-1618

TELEPHONE (313) 259-8300

FACSIMILE (313) 259-1451

www.kotzsangster.com

BIRMINGHAM OFFICE  
 300 PARK, SUITE 265  
 BIRMINGHAM, MICHIGAN 48009-3413  
 TELEPHONE (248) 646-1050  
 FACSIMILE (248) 646-1054

MT. CLEMENS OFFICE  
 20 SOUTH MAIN STREET, SUITE 118  
 MT. CLEMENS, MICHIGAN 48043-2370  
 TELEPHONE (586) 468-6142  
 FACSIMILE (586) 468-6144

**CONFIDENTIAL**

**ESTATE PLANNING QUESTIONNAIRE  
 FOR**

\_\_\_\_\_  
**DATE:** \_\_\_\_\_

**PERSONAL INFORMATION:**

	<b>Husband</b>	<b>Wife</b>
Name: (Include Middle Initials)		
Other Forms of Name:		
Age/Date of Birth:		
Home Address:		
Email Address:		
County:		
Home Telephone Number:		
Business Name & Address:		
Business Telephone Number:		

Social Security Number:		
Citizenship:		
Living Parents:		

**Children:** (Indicate if Children from Prior Marriage and Adopted Children)

	<b>Name</b> (Include Middle Initials)	<b>Address</b>	<b>Birthdate</b>
1.			
2.			
3.			
4.			
5.			

Deceased Children: \_\_\_\_\_

**Grandchildren:**

	<b>Name</b> (Include Middle Initials)	<b>Address</b>	<b>Birthdate</b>
1.			
2.			
3.			
4.			
5.			
6.			

**Personal Representative and Successor for Will:**

**Husband**

1. \_\_\_\_\_ Address: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_

**Wife**

1. \_\_\_\_\_ Address: \_\_\_\_\_

2. \_\_\_\_\_ Address: \_\_\_\_\_

3. \_\_\_\_\_ Address: \_\_\_\_\_

**Guardian and Successor of Minor Children for Will:**

**Husband**

1. \_\_\_\_\_ Address: \_\_\_\_\_

2. \_\_\_\_\_ Address: \_\_\_\_\_

3. \_\_\_\_\_ Address: \_\_\_\_\_

**Wife**

1. \_\_\_\_\_ Address: \_\_\_\_\_

2. \_\_\_\_\_ Address: \_\_\_\_\_

3. \_\_\_\_\_ Address: \_\_\_\_\_

**Patient Advocate and Successor (Medical Decisions)**

**Husband**

1. \_\_\_\_\_ Address: \_\_\_\_\_

2. \_\_\_\_\_ Address: \_\_\_\_\_

3. \_\_\_\_\_ Address: \_\_\_\_\_

**Wife**

1. \_\_\_\_\_ Address: \_\_\_\_\_

2. \_\_\_\_\_ Address: \_\_\_\_\_

3. \_\_\_\_\_ Address: \_\_\_\_\_

**Holder of Power of Attorney and Successor**

**Husband**

1. \_\_\_\_\_ Address: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_

**Wife**

1. \_\_\_\_\_ Address: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_

**Trustee and Successor for Trust Agreement:**

**Husband**

1. \_\_\_\_\_ Address: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_

**Wife**

1. \_\_\_\_\_ Address: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_

**Distribution Instructions for Trustee to Minor Children:**

**Husband**

1. \_\_\_\_\_ % of Assets at Age \_\_\_\_\_
2. \_\_\_\_\_ % of Assets at Age \_\_\_\_\_
3. \_\_\_\_\_ % of Assets at Age \_\_\_\_\_

**Wife**

1. \_\_\_\_\_ % of Assets at Age \_\_\_\_\_
2. \_\_\_\_\_ % of Assets at Age \_\_\_\_\_
3. \_\_\_\_\_ % of Assets at Age \_\_\_\_\_

**Do You Have A...**

	<b>Yes/No</b>	<b>Location/Address</b>
Will*		
Trust*		
Prenuptial Agreement*		
Safe Deposit Box		
Accountant		
Stock Broker or Financial Planner		

\*If yes, please attach a copy to this Questionnaire.

**PROPERTY INFORMATION: (Attach Schedules if necessary)**

NOTE: Label the ownership of the asset as either H-Husband; W-Wife; J-Joint

1. Real Estate (including land contracts):			
<b>Description &amp; Address</b>	<b>Mortgage Balance</b>	<b>Approximate Value</b>	<b>Owner H-W-J</b>
2. Cash (Checking, Savings, CD, Money Market, Credit Union)			
<b>Name/Location of Account</b>	<b>Approximate Balance</b>		<b>Owner H-W-J</b>


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3. Stocks, Bonds, Mutual Funds, Partnerships, LLCs etc.		
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Company	Approximate Value	Owner H-W-J

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4. Closely held Companies		
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Company	Approximate Value	Owner H-W-J

5. Life Insurance:

**Husband**

a. Face Amount: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Company: \_\_\_\_\_

b. Face Amount: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Company: \_\_\_\_\_

c. Face Amount: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Company: \_\_\_\_\_

**Wife**

a. Face Amount: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Company: \_\_\_\_\_

b. Face Amount: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Company: \_\_\_\_\_

c. Face Amount: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Company: \_\_\_\_\_

6. Retirement Benefits – Husband:

**IRA:**

- Name: \_\_\_\_\_  
- Amount: \_\_\_\_\_  
- Beneficiary: \_\_\_\_\_

**Pension:**

- Amount: \_\_\_\_\_  
- Beneficiary: \_\_\_\_\_

**Profit Sharing / 401(k):**

- Amount: \_\_\_\_\_  
- Beneficiary: \_\_\_\_\_

**Deferred Compensation:**

- Amount: \_\_\_\_\_  
- Beneficiary: \_\_\_\_\_

Retirement Benefits – Wife:

**IRA:**

- Name: \_\_\_\_\_
- Amount: \_\_\_\_\_
- Beneficiary: \_\_\_\_\_

**Pension:**

- Amount: \_\_\_\_\_
- Beneficiary: \_\_\_\_\_

**Profit Sharing / 401(k):**

- Amount: \_\_\_\_\_
- Beneficiary: \_\_\_\_\_

**Deferred Compensation:**

- Amount: \_\_\_\_\_
- Beneficiary: \_\_\_\_\_

7. Miscellaneous:

- a. Household Furnishing, Collections: \_\_\_\_\_ \$ \_\_\_\_\_
- b. Vehicles/Watercraft: \_\_\_\_\_ \$ \_\_\_\_\_
- c. Patents, Trademarks, Copyrights: \_\_\_\_\_ \$ \_\_\_\_\_
- d. Money Owed by Others To You: \_\_\_\_\_ \$ \_\_\_\_\_
- e. Miscellaneous Income (Trusts, etc): \_\_\_\_\_ \$ \_\_\_\_\_
- f. Expected Inheritances: \_\_\_\_\_ \$ \_\_\_\_\_
- g. List All Gifts made by you in any one-year over \$10,000 in value (Beneficiary & Date): \_\_\_\_\_ \$ \_\_\_\_\_

Any Gift Tax Returns filed? \_\_\_\_\_

Years Filed: \_\_\_\_\_

List significant debts or obligations other than real estate mortgages previously indicated:

Loans from Financial Institutions: \_\_\_\_\_ \$ \_\_\_\_\_

Loans on Insurance Policies: \_\_\_\_\_ \$ \_\_\_\_\_

Tax Liabilities: \_\_\_\_\_ \$ \_\_\_\_\_

Other Obligations: \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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