

THOMAS B. REYNOLDS, P.C.

Confidential Estate Planning Questionnaire

Please call 404.961.0001 with any questions. Fax completed questionnaire to 404.961.0002.

READ ENTIRE FORM BEFORE COMPLETING.
THIS FORM IS COMPREHENSIVE; SUPPLY THE INFORMATION YOU CAN.

FAMILY INFORMATION

Client Name _____	Spouse/Partner _____
Date of Birth _____ Gender _____	Date of Birth _____ Gender _____
Occupation _____	Occupation _____
National Citizenship _____	National Citizenship _____
State of Residence _____	State of Residence _____
County of Residence _____	County of Residence _____
Social Security Number _____	Social Security Number _____
Mailing address _____ _____	Mailing address _____ _____
Telephone Number _____	Telephone Number _____
Facsimile Number _____	Facsimile Number _____
E-mail Address _____	E-mail Address _____

CHILDREN

Name (Age): _____ () _____ () _____ () _____ ()

Child's Spouse (Age): _____ () _____ () _____ () _____ ()

Do you have children from a prior relationship? Please explain. _____

GRANDCHILDREN

Name (Age): _____ () _____ () _____ () _____ ()

Grandchild's Spouse (Age): _____ () _____ () _____ () _____ ()

OTHER HEIRS (Give relationship)

Name (Age): _____ () _____ () _____ () _____ ()

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Do any family members have serious health concerns? Please explain. _____

Do you have any special goals or concerns for certain family members? Please explain. _____

ACCOUNTANT, FINANCIAL ADVISOR AND LIFE INSURANCE AGENT INFORMATION

Name of Accountant _____

Address _____

Business Phone _____

Fax _____

Email Address _____

Name of Financial Advisor _____

Address _____

Business Phone _____

Fax _____

Email Address _____

Name of Life Insurance Agent _____

Address _____

Business Phone _____

Fax _____

Email Address _____

Document Request: Please attach copies of most recent statement(s), if readily available.

PRESENT ESTATE PLAN

	Client	Spouse/Partner
Do you have a Will?	_____	_____
Date of Will?	_____	_____
Do you have a Living Trust?	_____	_____
Have assets been transferred to the Living Trust?	_____	_____
Year estate plan was last revised?	_____	_____
Does your estate plan use Family/Marital Trusts?	_____	_____
Are you the beneficiary of a trust?	_____	_____
Do you currently have a Living Will?	_____	_____
Health Care Power of Attorney?	_____	_____
Financial Durable Power of Attorney?	_____	_____
Prenuptial Agreement?	_____	_____

Document Request: Please attach copies of any will or trust of which you are a maker, grantor/trustor, trustee or beneficiary, if readily available.

ESTATE PLANNING GOALS

Whom do you wish to benefit from your estate? Please rank in order of priority. Client and spouse/partner should rank individually.

Client		Spouse/Partner	
Spouse _____	Charity _____	Spouse _____	Charity _____
Partner _____	Other Relatives _____	Partner _____	Other Relatives _____
Children _____	Other (Detail) _____	Children _____	Other (Detail) _____
Grandchildren _____		Grandchildren _____	

Describe your goals in planning your estate. Please list any specific concerns. _____

GIFTS

Do you currently make annual gifts? _____

If yes, to how many beneficiaries and in what amounts? _____

Have you made taxable gifts in the past? _____

If yes, please describe - including amount(s). _____

Was an IRS Form 709, U.S. Gift (and Generation-Skipping Transfer) Tax Return, or related return filed? _____

Please detail significant charitable contributions you have made or plan to make. _____

Document Request: Please attach a copy of any IRS Form 709, U.S. Gift (and Generation-Skipping Transfer) Tax Return, or related return which was filed, if readily available.

RECORD OF PERSONAL ASSETS

If you need more room or would like to provide financial statement in lieu of completing this section, attach any additional information to these sheets. Personal Assets should EXCLUDE Retirement Plans, which are listed on page 5.

<u>Asset Type</u>	<u>Owner*</u>	<u>Market Value</u>	<u>Tax Basis</u>	<u>Liability</u>	<u>Growth Rate (if applicable)</u>
Residence	_____	\$ _____	\$ _____	_____	_____
Second Residence	_____	\$ _____	\$ _____	_____	_____
Other Real Estate	_____	\$ _____	\$ _____	_____	_____
Stocks	_____	\$ _____	\$ _____	_____	_____
Bonds	_____	\$ _____	\$ _____	_____	_____
Mutual Funds	_____	\$ _____	\$ _____	_____	_____
Annuities	_____	\$ _____	\$ _____	_____	_____
Cash	_____	\$ _____	\$ _____	_____	_____
Household Goods	_____	\$ _____	\$ _____	_____	_____
Future Inheritance?	_____	\$ _____	\$ _____	_____	_____
Other (Detail)	_____	\$ _____	\$ _____	_____	_____

*Owner: J=Joint with spouse/partner, H=Husband, W=Wife, C=Community Property, HT=Husband's Trust, WT=Wife's Trust, P=Partner, PT=Partner's Trust
Community Property States are : Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. If you live in a community property state, and own any separate property, indicate as HS (Husband Separate) or WS (Wife Separate).

Do you own any assets - such as real estate or business interests - in another state? Please describe: _____

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BUSINESS INTERESTS

Do not include amounts here that have already been listed on the Record of Personal Assets section.

Type of business: _____

Organization of business: "S" Corporation ___ "C" Corporation ___ Sole Proprietor ___ Partnership ___
 Limited Liability Company ___

Is there any buy/sell agreement in effect? _____

What are your plans for the business? _____

What is the estimated value of your business if sold today? \$ _____ What is tax basis in business? \$ _____

Of this estimated value, the estimated value of each owner's share is: You \$ _____ Spouse/Partner \$ _____

Document Request: Please attach a copy of your business's two latest income tax returns, if readily available.

STOCK OPTIONS

<u>Owner</u>	<u>Shares Granted</u>	<u>Grant Price</u>	<u>Shares Vested</u>	<u>Expiration</u>	<u>NQ/ISO</u>	<u>Fair Market Value</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Can you assign/transfer your options? _____

Do you own Restricted Stock? _____

If yes, specify the number of shares and the date restrictions lapse. _____

What are your plans for the options (supplemental retirement income, etc.)?

Document Request: Please attach documentation of your Stock Options, if readily available.

RETIREMENT PLANS

Plan types might include pension plans, profit-sharing plans 401 (k) plans, HR10, simplified employee pension plans, SIMPLE plans tax-sheltered annuities, individual retirement accounts (IRAs), and deferred compensation programs. In community property states, retirement plans are assumed to be community property unless otherwise noted.

	Plan 1	Plan 2	Plan 3	Plan 4
Type	_____	_____	_____	_____
Participant/Owner	_____	_____	_____	_____
Designated Beneficiary	_____	_____	_____	_____
Current Value	_____	_____	_____	_____
Growth Rate on Balance	_____	_____	_____	_____
Annual Deposit (Addition)	_____	_____	_____	_____
Employer contribution	_____	_____	_____	_____
For How many More Years	_____	_____	_____	_____
Planned Withdrawals	_____	_____	_____	_____
Starting Yr. Withdrawals	_____	_____	_____	_____
Age at Planned Retirement:		You _____	Spouse/Partner _____	

EMPLOYER PROVIDED LIFE INSURANCE

<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Insurance Company</u>	<u>Face Amount</u>	<u>Surrender Value</u>	<u>Annual Premium</u>
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Will you keep this benefit after retirement? _____

Do you have disability/long term care insurance? _____ How much? _____

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PERSONAL LIFE INSURANCE

<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Insurance Company</u>	<u>Face Amount</u>	<u>Surrender Value</u>	<u>Annual Premium</u>
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Insured: H=Husband; W=Wife, P=Partner; S=Survivor (Second-to-Die); if other, please describe. Owner: H=Husband; W=Wife; P=Partner; I=Irrevocable Trust; R=Revocable Trust; if other, please describe. Beneficiary: H=Husband; W=Wife; P=Partner; I=Irrevocable Trust; R=Revocable Trust; if other; please describe. If the Owner has borrowed against the policy's cash value, please reduce the death proceeds by the amount of the loan. Please attach additional schedule if necessary. For Term policies, please indicate years remaining until termination.

INCOME

<u>Husband/Wife/Partner/Joint</u>	<u>Annual Income</u>	<u>Growth Rate</u>	<u>Percent Saved Each Year*</u>	<u>For How Many More Years?</u>
Salary _____	\$ _____	_____	_____	_____
Salary _____	\$ _____	_____	_____	_____
Salary _____	\$ _____	_____	_____	_____

*Other sources of income: (Rental income, interest, dividends) _____

Document Request: Please attach a copy of your two latest income tax returns, if readily available.

LIVING EXPENSES

What are your after-tax income needs? Current \$ _____ After Retirement \$ _____

Additional Comments/Concerns: _____

TECHNICAL INFORMATION FOR DOCUMENTS

Whom do you choose as initial and successor Executor or Personal Representative of your Spouse/Partner's estate and your estate? (These persons should be responsible, but are not required to be financially and legally astute, though such knowledge helps. Couples often have the same people for each estate and often have the survivor of them as the initial fiduciary.)

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Whom do you choose as initial and successor Trustee of any trusts created in your Spouse/Partner's estate and your estate? (These persons should be responsible, but are not required to be financially and legally astute, though such knowledge helps. Couples often have the same people for each estate and often have the survivor of them as the initial fiduciary.)

Whom do you choose as initial and successor guardian of any minor children? (These persons should be responsible, but are not required to be financially and legally astute, though such knowledge helps. Couples often have the same people for each estate.)

Whom do you choose as initial and successor agent for a Durable Power of Attorney for Health Care? (These persons should be responsible, but are not required to be medically astute, though such knowledge helps. Couples often choose each other or the same persons, possibly grown children.)

Whom do you choose as initial and successor agent for a financial Power of Attorney? (These persons should be responsible, but are not required to be financially astute, though such knowledge helps. Couples often choose each other or the same persons, possibly grown children. These Powers of Attorney can be drafted to be effective only upon incapacity of the principal.)

At what ages and in what portions would you like children to receive an inheritance? (A typical provision would be one-half at age thirty and one-half at age thirty-five.)

What is your plan for disposing of your assets if your immediate family is deceased? (A typical provision would be one-half to the heirs-at-law of each person.)

Please list any specific bequests you would like to make to individuals or non-charitable groups, providing enough information to identify the recipient:

Please list any charitable bequests you would like to make, providing enough information to identify the recipient:

SIGNATURE(S)

You

Spouse/Partner

Date

Date