

ESTATE PLANNING QUESTIONNAIRE

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TO OUR CLIENTS:

This questionnaire is provided to assist you in developing your estate plan. If space provided is insufficient, please use the space provided on Page 7. If convenient, please mail or deliver your completed questionnaire to our office in advance of your next appointment.

In advising you we will rely upon the information you provide. For that reason it is important that the information be complete and values be accurate.

We appreciate the opportunity to work with you in your estate planning.

PLEASE PROVIDE US WITH COPIES OF THE FOLLOWING:

- < ANY EXISTING WILLS AND/OR TRUSTS
- < DEEDS FOR REAL ESTATE
- < LIFE INSURANCE POLICIES, ANNUITIES
- < POWERS OF ATTORNEY
- < LIVING WILLS AND HEALTH CARE POWERS OF ATTORNEY
- < RECENT STATEMENTS FOR RETIREMENT PLANS
- < RECENT STATEMENTS FOR BROKERAGE ACCOUNTS

OF COURSE, ALL INFORMATION PROVIDED WILL BE HELD IN STRICTEST CONFIDENCE.

Date Completed: _____

Name: _____ DOB: _____ SS#: _____

Spouse: _____ DOB: _____ SS#: _____

If you are asking us to represent both spouses, please acknowledge by your signatures below that all information provided to us must and will be disclosed to both spouses.

(Husband's Signature)

(Wife's Signature)

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email address: _____

Husband's Employer: _____

Wife's Employer: _____

Date of Marriage: _____ Place: _____

Citizenship: U.S. ___ Other _____

Have you previously lived in a community property state? ___ Yes ___ No ___ Not Sure

If YES, please identify the state and dates of residence: _____

(IF NEEDED, ADDITIONAL SPACE FOR RESPONSES IS PROVIDED ON PAGE 7 OF THIS QUESTIONNAIRE)

CHILDREN:

1. Name: _____	DOB: _____	____ Yes ____ No CHILD OF BOTH
Address: _____	Phone: _____	
2. Name: _____	DOB: _____	____ Yes ____ No CHILD OF BOTH
Address: _____	Phone: _____	
3. Name: _____	DOB: _____	____ Yes ____ No CHILD OF BOTH
Address: _____	Phone: _____	
4. Name: _____	DOB: _____	____ Yes ____ No CHILD OF BOTH
Address: _____	Phone: _____	

Has either client been previously married? Husband ____ Yes ____ No Wife ____ Yes ____ No

If **YES**, please provide name(s) of previous spouse(s) and manner in which marriage was terminated:

Are you parties to a prenuptial agreement? ____ Yes ____ No If **YES**, please provide a copy.

Do you anticipate inheriting money or other property: Husband: ____ Yes ____ No; Wife: ____ Yes ____ No

If **YES**, please explain: _____

Are you the beneficiary of any trusts? Husband: ____ Yes ____ No; Wife: ____ Yes ____ No

If **YES**, please explain: _____

Do you have any lock boxes? ____ Yes ____ No

Bank: _____ Under what name(s): _____

Do any of your children or other beneficiaries have special needs? ____ Yes ____ No

Do you wish your estate plan to make provision for any charitable, educational, or civic bequests? ____ Yes ____ No

Are either of you the owner of any interest in a business or businesses?

Husband ____ Yes ____ No Wife ____ Yes ____ No If **YES**, please provide information concerning the names, addresses and types of business; your interest in those businesses; current financial statements; and if there are any buy-sell agreements:

If both husband and wife were to die prematurely, at what age or ages would you want your children to receive their inheritance? _____

If both of you were to die and you leave a minor child or children (under 18), who would you want to be named as guardian(s)?

Guardian: _____ Alternate Guardian _____

Whom would you choose to appoint as:

1. Your guardian, if necessary:

Guardian: _____ Alternate Guardian _____

2. Executor and Alternate Executor in your will:

Executor: _____ Alternate Executor: _____

3. Trustee of any Trust which may be created?

Trustee: _____ Successor Trustee: _____

4. Person holding your Power of Attorney?

1) _____ 2) _____

5. Persons named as your Health Care Power of Attorney?

Husband: 1) _____ 2) _____

Wife: 1) _____ 2) _____

Do you wish to be an organ donor?

Husband: _____ Yes _____ No If yes : Driver's License Number _____

Wife: _____ Yes _____ No If yes: Driver's License Number _____

IN COMPLETING THE FOLLOWING INFORMATION, "H" REPRESENTS HUSBAND, "W" REPRESENTS WIFE, "J" REPRESENTS JOINT

ASSETS

REAL ESTATE

1. _____
ADDRESS/LOCATION TYPE (RESIDENCE/FARM/COMMERCIAL)

OWNER(S): H ___ W ___ J ___

MORTGAGE: ___ NO ___ YES \$ _____

FAIR MARKET VALUE

MORTGAGEE (BANK/SAVINGS & LOAN)

(REAL ESTATE CONTINUED NEXT PAGE)

REAL ESTATE - CONTINUED:

2. _____

ADDRESS/LOCATION

OWNER(S): H ___ W ___ J ___

TYPE (RESIDENCE/FARM/COMMERCIAL)

MORTGAGE: ___ NO ___ YES \$ _____

FAIR MARKET VALUE

MORTGAGEE (BANK/SAVINGS & LOAN)

3. _____

ADDRESS/LOCATION

OWNER(S): H ___ W ___ J ___

TYPE (RESIDENCE/FARM/COMMERCIAL)

MORTGAGE: ___ NO ___ YES \$ _____

FAIR MARKET VALUE

MORTGAGEE (BANK/SAVINGS & LOAN)

4. _____

ADDRESS/LOCATION

OWNER(S): H ___ W ___ J ___

TYPE (RESIDENCE/FARM/COMMERCIAL)

MORTGAGE: ___ NO ___ YES \$ _____

FAIR MARKET VALUE

MORTGAGEE (BANK/SAVINGS & LOAN)

BANK/SAVINGS & LOAN ACCOUNTS (NON-RETIREMENT)

1. Bank: _____

OWNER(S) H ___ W ___ J ___

TYPE: (CKG/SAV/CD)

ACCOUNT NUMBER

Beneficiary/POD? Yes ___ No ___

BENEFICIARY

\$ _____

BALANCE

2. Bank: _____

OWNER(S) H ___ W ___ J ___

TYPE: (CKG/SAV/CD)

ACCOUNT NUMBER

Beneficiary/POD? Yes ___ No ___

BENEFICIARY

\$ _____

BALANCE

3. Bank: _____

OWNER(S) H ___ W ___ J ___

TYPE: (CKG/SAV/CD)

ACCOUNT NUMBER

Beneficiary/POD? Yes ___ No ___

BENEFICIARY

\$ _____

BALANCE

4. Bank: _____
 OWNER(S) H____ W____ J____ TYPE: (CKG/SAV/CD) ACCOUNT NUMBER _____
 Beneficiary/POD? Yes ____ No ____ \$ _____
 BENEFICIARY BALANCE

5. Bank: _____
 OWNER(S) H____ W____ J____ TYPE: (CKG/SAV/CD) ACCOUNT NUMBER _____
 Beneficiary/POD? Yes ____ No ____ \$ _____
 BENEFICIARY BALANCE

STOCKS/BONDS/MUTUAL FUNDS (NON RETIREMENT)

1. STOCK _____ \$ _____ OWNERS: H____ W____ J____
 NO. OF SHARES VALUE
 BOND: _____
 FUND: _____

2. STOCK _____ \$ _____ OWNERS: H____ W____ J____
 NO. OF SHARES VALUE
 BOND: _____
 FUND: _____

3. STOCK _____ \$ _____ OWNERS: H____ W____ J____
 NO. OF SHARES VALUE
 BOND: _____
 FUND: _____

RETIREMENT PLANS (PENSION, KEOGH, 401(k), IRA) - IF YOU PREFER, RATHER THAN PROVIDING THE SPECIFIC INFORMATION REQUESTED BELOW, YOU MAY PROVIDE US WITH PRINTOUTS OF YOUR INVESTMENT ACCOUNTS.

1. _____ OWNER: H____ W____
 TYPE
 TRUSTEE/CUSTODIAN BENEFICIARY
 (e.g. BROKER OR BANK) \$ _____
 CURRENT VALUE

2. _____ OWNER: H____ W____
 TYPE
 TRUSTEE/CUSTODIAN BENEFICIARY
 (e.g. BROKER OR BANK) \$ _____
 CURRENT VALUE

3. _____ OWNER: H____ W____
 TYPE
 TRUSTEE/CUSTODIAN BENEFICIARY
 (e.g. BROKER OR BANK) \$ _____
 CURRENT VALUE

LIFE INSURANCE

1. _____ INSURED: H____ W____ Other _____ \$ _____
 INSURANCE COMPANY CASH VALUE
 WHOLE LIFE--TERM--OTHER BENEFICIARY \$ _____
 DEATH BENEFIT
 \$ _____

LOANS AGAINST POLICY

2. _____ INSURED: H _____ W _____ Other _____ \$ _____
 INSURANCE COMPANY CASH VALUE

 WHOLE LIFE--TERM--OTHER BENEFICIARY \$ DEATH BENEFIT
 \$ _____
 LOANS AGAINST POLICY

3. _____ INSURED: H _____ W _____ Other _____ \$ _____
 INSURANCE COMPANY CASH VALUE

 WHOLE LIFE--TERM--OTHER BENEFICIARY \$ DEATH BENEFIT
 \$ _____
 LOANS AGAINST POLICY

ANNUITIES

1. _____ \$ _____
 ISSUER ANNUITANT BENEFICIARY VALUE

2. _____ \$ _____
 ISSUER ANNUITANT BENEFICIARY VALUE

IS ANYONE INDEBTED TO YOU? _____ Yes _____ No

If **YES**, please explain: _____

TANGIBLE PERSONAL PROPERTY

HOUSEHOLD GOODS \$ _____
JEWELRY \$ _____
ANTIQUES \$ _____
COLLECTIONS \$ _____ Describe: _____
FARM MACHINERY \$ _____
GRAIN \$ _____
LIVESTOCK \$ _____

VEHICLES

1. _____
 YEAR MAKE MODEL
 OWNER(S): H _____ W _____ J _____ \$ _____ \$ _____
 LOAN VALUE

2. _____
 YEAR MAKE MODEL

