FORT LAW FIRM, LLC 413 NORTH MAIN STREET FINDLAY, OHIO 45840

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

I. PERSONAL INFORMATION

A. HUSBAND

Full Name Home Address

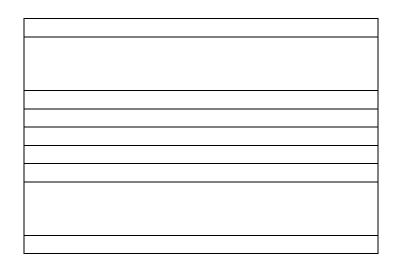
State of Residence Country of Citizenship Home Phone Cell Phone Email Address On-line Accounts (ex: Apple photos, Google documents) User Name Password Other Security Codes Date of Birth Social Security Number Occupation Business Name & Address

Business Phone

B. WIFE

Full Name Home Address

State of Residence Country of Citizenship Home Phone Cell Phone Email Address On-line Accounts (ex: Apple photos, Google documents) User Name



Password	
Other Security Code	
Date of Birth	
Date of Marriage	
Social Security Number	
Occupation	
Business Name & Address	
Business Phone	

C. CHILDREN OR DEPENDENTS

NAME, DATE OF BIRTH	ADDRESS, PHONE NUMBER	SSN	NAMES OF CHILD'S CHILDREN
1.			
2.			
3.			
4.			

D. SPECIAL NEEDS OR CIRCUMSTANCES OF ANY FAMILY MEMBERS

Family Member Special Need, Circumstance

E. OTHER CONSIDERATIONS

Have you been previously married? Yes _____ No _____ Date of end of marriage ______. Reason ______ Has your spouse been previously married? Yes _____ No _____

Does either spouse have children from an earlier marriage/relationship?

Yes ____ No ____

II. PERSONS, ENTITIES TO CARRY OUT ESTATE PLAN

A. GUARDIAN(S) OF ANY MINOR CHILDREN

Full Name(s) &
Relationship
Address

B. ALTERNATE GUARDIAN(S) OF ANY MINOR CHILDREN

Full Name(s) & Relationship Address

C. EXECUTOR OF HUSBAND'S WILL

Full Name(s) & Relationship Address

D. ALTERNATE EXECUTOR HUSBAND'S OF WILL (if spouse predeceases or is unable to serve)

Full Name(s) & Relationship Address

E. EXECUTOR OF WIFE'S WILL

Full Name(s) & Relationship Address

F. ALTERNATE EXECUTOR WIFE'S OF WILL (if spouse predeceases or is unable to serve)

Full Name(s) & Relationship Address

G. OTHER CONSIDERATIONS

Indicate whether husband/wife wishes to have entire estate pass to surviving spouse.

Yes _____ No _____

Indicate whether husband/wife wishes to have estate pass to children if not survive by a spouse.

Yes _____ No _____

If the answer above is no. to whom do you wish your estate to pass to if you are not survived by a spouse?

Name	Relationship
	1

Do you want to be cremated? Husband _____ Wife _____

H. TRUSTEE

If it is desirable or necessary to leave assets in trust after death, identify trustee(s) (if married, trustee if spouse does not serve, or after spouse's death)

Full Name(s) & Relationship Address

I. ALTERNATE TRUSTEE

Full Name(s) & Relationship Address

s) & p	

J. SECOND ALTERNATE TRUSTEE

Full Name(s) & Relationship Address

&	

K TRUST PROTECTOR

Full Name(s) & Address

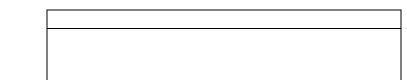
L. ALTERNATE TRUST PROTECTOR

Full Name(s) & Address

e(s) &	

M. SECOND ALTERNATE TRUST PROTECTOR

Full Name(s) & Address



N. OTHER TRUST CONSIDERATIONS

For married couples with more than one child, indicate your preference as to the following alternatives:

- [] Separate shares should be established for each of our children after we are deceased and each share should receive the same dollar amount; or
- [] Estate funds after we are deceased should be held together as one fund for the benefit of all our children until our youngest child has had the opportunity to graduate from college. Until such time, the Trustee may make disproportionate expenditures among my children on the basis of need.

If a child/beneficiary should predecease Grantors, should the child's share go to their issue (per stirpes) or to the remaining named beneficiaries equally (per capita)? Circle one.

Age a child must attain before receiving a final distribution of his or her share of trust property: _____

If husband/wife is not survived by children or lineal descendants, indicate whether husband/wife wishes to have estate of last to die pass one-half (1/2) to husband's next of kin and one-half (1/2) wife's next of kin.

Yes ____ No ____

If "no," please list who is to receive such property:

Do you wish to consider providing your heirs with additional financial security?

Yes ____ No ____

- Via gifting programs during your lifetime? Yes _____ No _____
- Via additional life insurance? Yes _____ No _____

Are you considering making significant charitable contributions?

- During your lifetime? Yes _____ No _____
- After your death? Yes _____ No _____

III. DURABLE GENERAL POWER OF ATTORNEY

If you would like Durable Power of Attorney, please complete this Section III.

A. FOR POWER OF ATTORNEY HUSBAND -- AGENT

Full Name(s) & Relationship	
Address	

Phone number

B. FOR POWER OF ATTORNEY HUSBAND – FIRST ALTERNATE AGENT (not required)

Full Name(s) & Relationship Address

1		

Phone number

C. FOR POWER OF ATTORNEY HUSBAND – SECOND ALTERNATE AGENT (not required)

Full Name(s)	&
Relationship	
Address	

Phone number

D. FOR POWER OF ATTORNEY WIFE -- AGENT

Full Name(s) & Relationship		
Address		
Phone number		

E. FOR POWER OF ATTORNEY WIFE – FIRST ALTERNATE AGENT (not required)

Full Name(s) & Relationship Address

Phone number

F. FOR POWER OF ATTORNEY WIFE – SECOND ALTERNATE AGENT (not required)

Full Name(s) & Relationship Address

Phone number

IV. HEALTH CARE

If you would like a Living Will and Health Care Power of Attorney, please complete this Section IV.

A. FOR HEALTH CARE POWER OF ATTORNEY HUSBAND -- AGENT

Full Name(s) & Relationship Address

Phone number

B. FOR HEALTH CARE POWER OF ATTORNEY HUSBAND – FIRST ALTERNATE AGENT (not required)

 Full Name(s) &

 Relationship

 Address

 Phone number

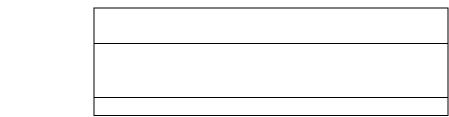
C. FOR HEALTH CARE POWER OF ATTORNEY HUSBAND – SECOND ALTERNATE AGENT (not required)

Full Name(s) & Relationship		
Address		
Phone number		_

D. FOR HEALTH CARE POWER OF ATTORNEY WIFE-- AGENT

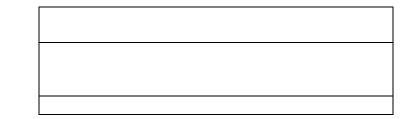
Full Name(s) & Relationship Address

Phone number



E. FOR HEALTH CARE POWER OF ATTORNEY WIFE – FIRST ALTERNATE AGENT (not required)

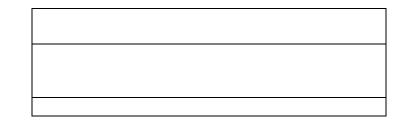
Full Name(s) & Relationship Address



Phone number

F. FOR HEALTH CARE POWER OF ATTORNEY WIFE – SECOND ALTERNATE AGENT (not required)

Full Name(s) & Relationship Address



Phone number

G. FOR LIVING WILL HUSBAND -- 1st PERSON TO BE CONTACTED (not required)

Full Name(s) & Relationship Address Phone number

H. FOR LIVING WILL HUSBAND – 2ND PERSON TO BE CONTACTED (not required)

Full Name(s) & Relationship	
Address	
Phone number	

I. FOR LIVING WILL HUSBAND – 3RD PERSON TO BE CONTACTED (not required)

Full Name(s) & Relationship Address

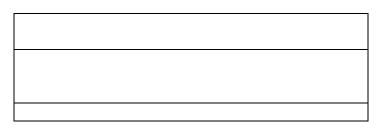
Phone number

J. FOR LIVING WILL WIFE – 1st PERSON TO BE CONTACTED (not required)

Full Name(s) & Relationship		
Address		
Phone number		

K. FOR LIVING WILL WIFE – 2ND PERSON TO BE CONTACTED (not required)

Full Name(s) & Relationship Address



Phone number

L. FOR LIVING WILL WIFE – 3RD PERSON TO BE CONTACTED (not required)

Full Name(s) & Relationship Address

Phone number

G. OTHER CONSIDERATIONS

Do you want to make anatomical gifts?

Yes _____ No _____

IV. FINANCIAL INFORMATION

The information below will assist us in preparing your estate plan. Please list in the appropriate column all property that you and your spouse own individually and all property that you and your spouse own jointly. Please estimate the fair market value of the property being listed. If you are completing this worksheet as a couple, and each party has significant separate property, it may be simpler to prepare two worksheets.

		Real Estate		
Type of Property & Location	Titling*	Fair Market Value	Mortgage Amount	Net Value
			Total Real Estate	

*Titling abbreviations: IND for Individual, JTWROS for joint tenancy with rights of survivorship, TE for tenancy by the entirety, and TC for tenants in common.

Personal Property				
Titling*	Description	Fair Market Value		
	Total Personal Property			
	1	Titling* Description		

* including automobiles, home furnishings, jewelry, artwork, other collectibles, etc.

		Business Interests		
Name of Business	Titling	Ownership %	Entity Type*	Fair Market Value
Total Business Interests Value				

 Entity types: SOLE for sole proprietorship, PART for partnerships, SUB C for "regular" corporations, SUB S for subchapter S corporations, LLC for limited liability companies, and LLP for limited liability partnerships.

		Bank Accounts		
Name of Bank	Titling*	Account Number	Account Type	Fair Market Value
Total Bank Accounts				

		Investment Accounts		
Name of Investment Firm	Titling*	Account Number	Beneficiary (if any)	Fair Market Value
Total Investment Accounts				

*Titling abbreviations: IND for Individual, JTWROS for joint tenancy with rights of survivorship, TE for tenancy by the entirety, and TC for tenants in common.

		Retirement Accounts		
Account Owner/Participant	Type*	Where Held	Beneficiary	Fair Market Value
Total Retirement Accounts				

* Retirement account types include IRAs, SEPs, SIMPLE plans, 401(k) plans, profit sharing plans (PSP), 403(b) plans, 457 plans and others.

Unsecured Debts			
Borrower	Type*	Type* Lender Bala	
Total Unsecured Debt			

* Unsecured debt types include credit cards, personal lines of credit, etc.

Life Insurance (on your life)				
Ins. Co./Policy Nr./Type*	Owner*	Beneficiary	Loan on Policy	Net (of loans)
Total of Life Insurance: Net Face Amount				

* Insurance policy types include GRP for group term, INT for individual term, WHL for individual whole life (cash value), and SWL for survivorship (second to die).
* Policy owner: often the insured, but it can be the beneficiaries, a trust, a business or others.

Taxable Gifts Made In Past				
Year of Gift	Donor	Value of Gift		

Interests in Trust, Powers of Appointment, Expected Inheritances		
Owner	Description of Interest	

Other Prope	erty Interests
Description	Owner