

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 8. 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
- RECENT STATEMENTS FOR BANK ACCOUNTS

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

Date Completed: _____

Name: _____ DOB: _____ SS#: _____

Spouse: _____ DOB: _____ SS#: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email address: _____

Husband's Employer: _____

Wife's Employer: _____

Date of Marriage: _____ Place: _____

Citizenship: Husband: U.S. ____ Other _____ Wife: 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 8 OF THIS QUESTIONNAIRE)

CHILDREN:

CHILD OF BOTH?

1. Name: _____ DOB: _____ M/F ___ Yes ___ No
Address: _____ Phone: _____

Email address: _____

2. Name: _____ DOB: _____ M/F ___ Yes ___ No
Address: _____ Phone: _____

Email address: _____

3. Name: _____ DOB: _____ M/F ___ Yes ___ No
Address: _____ Phone: _____

Email address: _____

4. Name: _____ DOB: _____ M/F ___ Yes ___ No
Address: _____ Phone: _____

Email address: _____

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 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:

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

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

Whom would you choose to appoint as:

1. 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)?

Husband: Guardian: _____ Alternate Guardian: _____

Wife: Guardian: _____ Alternate Guardian: _____

2. Executor and Alternate Executor in your will:

Husband: Executor: _____ Alternate Executor: _____

Wife: Executor: _____ Alternate Executor: _____

Disposition of assets:

Husband: _____ Wife: _____

3. Trustee of any Trust which may be created?

Husband: Trustee: _____ Successor Trustee: _____

Wife: Trustee: _____ Successor Trustee: _____

4. Person holding your Power of Attorney?

Husband: 1) _____ 2) _____
Address: _____ Address: _____

Wife: 1) _____ 2) _____
Address: _____ Address: _____

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

Husband: 1) _____ 2) _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Wife: 1) _____ 2) _____
Address: _____ Address: _____
Phone: _____ Phone: _____

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 _____

6. If a Guardianship is filed for your person or estate, whom do you wish to nominate as Guardian?

Husband: _____ Wife: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

ADVISORS:

Financial: _____

Accountants: _____

Real Estate Advisors: _____

Trust Officers: _____

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

LIABILITIES

(Other than Real Estate and Automotive)

_____	H _____ W _____ J	_____	\$ _____
CREDITOR	DEBTOR	COLLATERAL	AMOUNT
_____	H _____ W _____ J	_____	\$ _____
CREDITOR	DEBTOR	COLLATERAL	AMOUNT
_____	H _____ W _____ J	_____	\$ _____
CREDITOR	DEBTOR	COLLATERAL	AMOUNT
_____	H _____ W _____ J	_____	\$ _____
CREDITOR	DEBTOR	COLLATERAL	AMOUNT

Liability Insurance Coverage? Amount/Insurance Company: _____

Do you have an Umbrella Policy? Amount/Insurance Company: _____

Do you serve as Director or Officer of any Corporations, LLCs or other entities? If so, do you have Director's and/or E&O Director's liability coverage? Amount/Insurance Company: _____

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) _____
2. _____

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

OWNER(S): H _____ W _____ J _____

MORTGAGE: _____ NO _____ YES \$ _____ FAIR MARKET VALUE _____

MORTGAGEE (BANK/SAVINGS & LOAN) _____
3. _____

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

OWNER(S): H _____ W _____ J _____

MORTGAGE: _____ NO _____ YES \$ _____ FAIR MARKET VALUE _____

MORTGAGEE (BANK/SAVINGS & LOAN) _____

4. _____
 ADDRESS/LOCATION _____ TYPE (RESIDENCE/FARM/COMMERCIAL) _____
 OWNER(S): H _____ W _____ J _____
 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 _____

STOCKS/BONDS/MUTUAL FUNDS (NON RETIREMENT)

1. STOCK _____ \$ _____ OWNERS: H _____ W _____ J _____
 BOND: _____ NO. OF SHARES _____ VALUE _____
 FUND: _____

2. STOCK _____ \$ _____ OWNERS: H _____ W _____ J _____
 BOND: _____ NO. OF SHARES _____ VALUE _____
 FUND: _____

3. STOCK _____ \$ _____ OWNERS: H _____ W _____ J _____
 BOND: _____ NO. OF SHARES _____ VALUE _____
 FUND: _____

4. STOCK _____ \$ _____ OWNERS: H _____ W _____ J _____
 BOND: _____ NO. OF SHARES _____ VALUE _____
 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.

<p>1. _____ TYPE _____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)</p>	<p>OWNER: H _____ W _____ _____ BENEFICIARY</p>	<p>\$ _____ CURRENT VALUE</p>
<p>2. _____ TYPE _____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)</p>	<p>OWNER: H _____ W _____ _____ BENEFICIARY</p>	<p>\$ _____ CURRENT VALUE</p>
<p>3. _____ TYPE _____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)</p>	<p>OWNER: H _____ W _____ _____ BENEFICIARY</p>	<p>\$ _____ CURRENT VALUE</p>
<p>4. _____ TYPE _____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)</p>	<p>OWNER: H _____ W _____ _____ BENEFICIARY</p>	<p>\$ _____ CURRENT VALUE</p>
<p>5. _____ TYPE _____ TRUSTEE/CUSTODIAN (e.g. BROKER OR BANK)</p>	<p>OWNER: H _____ W _____ _____ BENEFICIARY</p>	<p>\$ _____ CURRENT VALUE</p>

LIFE INSURANCE

<p>1. _____ INSURANCE COMPANY _____ WHOLE LIFE-TERM-OTHER \$ _____ LOANS AGAINST POLICY</p>	<p>INSURED: H _____ W _____ Other _____ _____ BENEFICIARY</p>	<p>\$ _____ CASH VALUE \$ _____ DEATH BENEFIT</p>
<p>2. _____ INSURANCE COMPANY _____ WHOLE LIFE-TERM-OTHER \$ _____ LOANS AGAINST POLICY</p>	<p>INSURED: H _____ W _____ Other _____ _____ BENEFICIARY</p>	<p>\$ _____ CASH VALUE \$ _____ DEATH BENEFIT</p>
<p>3. _____ INSURANCE COMPANY _____ WHOLE LIFE-TERM-OTHER \$ _____ LOANS AGAINST POLICY</p>	<p>INSURED: H _____ W _____ Other _____ _____ BENEFICIARY</p>	<p>\$ _____ CASH VALUE \$ _____ DEATH BENEFIT</p>

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
OWNER(S): H _____ W _____ J _____ LOAN VALUE

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

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

