ESTATE PLANNING QUESTIONNAIRE
(MARRIED)

Date_____________________________________
Home Phone No.___________________________
Husband's Work Phone No.__________________ Wife's Work Phone No.__________________________
Husband's Fax No. _________________________ Wife's Fax No.__________________________________
Husband's Cell No._________________________ Wife's Cell No.__________________________________
E-mail Address_____________________________ E-mail Address__________________________________

It is important that you complete this questionnaire accurately and thoroughly. Please use full legal names and print them legibly. Please bring the completed questionnaire and the requested information with you to your appointment. This will help Oast & Hook prepare your estate planning documents.

A. PERSONAL DATA

(Husband)
Full Name ______________________________

(Wife)
Full Name ____________________________

Street Address ____

City ___________________________________ State ________________ Zip __________

Birth Date ______________________________ Birth Date ___________________________

Social Security No.________________________ Social Security No.__________________________

U.S. Citizen? ___ Yes ___ No U.S. Citizen? ___ Yes ___ No

Veteran? ___ Yes ___ No Veteran? ___ Yes ___ No

If Veteran, dates of service ________________ ________________________

Marriage Date _________________________

Annual Income______________________________ Annual Income______________________________

How did you hear about Oast & Hook or who referred you to this office? ______________________________

B. CHILDREN (please print full legal names so they are legible)

Child's Name	Address (including zip code)	Telephone Number Fax Number Email Address	Date of Birth
		T: F: E:	

		T: F: E:	
		T: F: E:	

Does the Husband have any children by a previous marriage? ___ Yes ___ No

Does the Wife have any children by a previous marriage? ___ Yes ___ No

Are all of your children in good health? ___ Yes ___ No

Are any of your children blind? ___ Yes ___ No

Are any of your children disabled? ___ Yes ___ No

Have all of your children completed their education? ___ Yes ___ No

Are any of your children receiving SSI or other form of government entitlement? ___ Yes ___ No

Do any of your family members have any problems with:

Aids?	___ Yes	___ No
Drug Addiction?	___ Yes	___ No
Alcoholism?	___ Yes	___ No
Spendthrift?	___ Yes	___ No
Marital Problems?	___ Yes	___ No

C. **GRANDCHILDREN** (please print full legal names so they are legible)

Grandchild's Name	Address (including zip code)	Telephone Number Fax Number Email Address	Date of Birth
		T: F: E:	
		T: F: E:	
		T: F: E:	

D. FINANCIAL SUMMARY

Assets/Liabilities	Husband	Wife	Joint	Liability
Residence	$	$	$	$
Other Real Estate	$	$	$	$
Business Interests	$	$	$	$
Automobile	$	$	$	$
Additional Automobile	$	$	$	$
Bank Accounts: Checking, Savings, CD's, Money Markets Account# Account# Account#	$	$	$	$
Investments: Brokerage Accounts, Stocks, Bonds, IRA's, Retirement Accounts, 401k, Annuities, etc. Account# Account# Account#	$	$	$	$
Other Assets:	$	$	$	$
Total Values	$	$	$	$

E. LIFE INSURANCE (Please attach copies of all policies)

Company Name	Type Term, Universal, Whole Life, etc	Death benefit	Face Value	Cash Value

F. **<u>OTHER INSURANCE</u>: Long-term Care, Disability, Umbrella Personal Liability, etc**.
Please attach copies of all policies.

Company Name	Type of Policy

G. ALL INFORMATION YOU PROVIDE TO US WILL BE KEPT CONFIDENTIAL AND USED FOR ESTATE AND FINANCIAL PLANNING PURPOSES ONLY.

Please bring copies of the following documents if you have them. If you do not have a copier, bring the originals and we will copy them for you.

Wills
Trusts
Powers of Attorney
Advance Medical Directives

Please also bring the following financial information if it applies to you:

Current bank statements
Deeds to all of your real property
Current real estate tax assessments
Notes or mortgages receivable to you
Investment, Brokerage, or Mutual Fund statements
Savings Bonds, Stock Certificates
Annuity contracts and annuity statements
Insurance Policies
Retirement Accounts, IRA statements, or 401K statements
Certificates of deposit
Titles to all of your Motor Vehicles

Estate Planning involves more than just documents, it is the coordination of planning and asset management. The copies we have requested will help us understand how the assets are titled and how they may affect your estate plan. In some cases, we may even recommend certain assets be titled differently.

H. <u>AGENTS, EXECUTORS, TRUSTEES, AND BENEFICIARIES</u>

These representatives will have an important role in caring out your wishes and must be capable of managing the fiduciary responsibility associated with each position.

Will or Trust: Please give some thought regarding how you want your estate distributed to your beneficiaries and who you will want to act on your behalf as executor and/or trustee.

Power of Attorney: Please give some thought to who you would want to manage your affairs should you become incapacitated and unable to do so.

Advanced Medical Directive: Please give some thought to who you would want to make health care decisions for you if you are unable to do so.

I. CERTIFICATION

The undersigned hereby represents to Oast & Hook, and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

______________ ____

Date Signature of Client or Client Representative