



ESTATE PLANNING QUESTIONNAIRE

ESTATE PLANNING has a lasting effect on you and your family. What you do now affects what they may have after you die. Your plan may include one or more of these: Will; Advance Medical Directive (“living will”); Durable Power Of Attorney for Health Care; Durable Power Of Attorney in case of incompetence; Life Insurance - especially beneficiary designations; maybe a trust - possibly in a will; a Letter of Instruction, and an anatomical gift designation (often on your driver’s license).

A properly executed will leaves instructions about your intended property distribution. A will is especially important for parents with young children. You should name a guardian (and preferably a backup) for your children in case the natural parent also dies while the children are minors. Consider a trust, and naming a trustee to manage your property and properly invest on their behalf. Consider carefully who you trust with these important duties. Discuss your wishes with all of those you name to ensure that they know that you named them, and your desires.

You must plan carefully and that requires you think about your situation, family, and desires. Don’t wait until an SRP to consider this important matter. Do so now while you have the time to reflect.

For more information about preparing your will read the Federal Consumer Information Center’s Life Advice publication, *Making a Will*, http://www.pueblo.gsa.gov/cic_text/money/will/makewill.htm. Also see our **ESTATE PLANNING FOR MILITARY & FAMILY MEMBERS TOOL KIT** on our [Legal Services](#) Web site: <http://www.jagcnet.army.mil/legal>, for more information on estate planning.

This questionnaire will help you organize information that your legal assistance attorney needs to advise you and prepare your estate plan. Some individuals need very complex plans that may require you obtain assistance beyond what is available in your local legal assistance office. Your legal assistance attorney will advise you if that is necessary in your case.

Getting Started. You and, if married, your spouse, should read the following questionnaire. Please bring your completed questionnaire with you when you consult with your attorney. Your attorney may need to see other documents (e.g., deeds to real property).

NOTE: If both you and your spouse will see the same attorney for estate planning advice, be sure to discuss a dual representation waiver to avoid conflicts later.

ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Client's Full Name: _____ SSN: _____

Are you a U.S. citizen? Yes No

MARITAL STATUS (select the most appropriate):

Married once, and my spouse is alive.

Presently married, and had a prior marriage (previous spouse is deceased or divorced).

Widow/ widower

Divorced, not presently married.

Single, never married.

(If married) Full name of client's spouse: _____ SSN: _____

Is spouse a U.S. citizen? Yes No

Client's current address: _____

Phone #s: (home): _____ (client's office): _____ (spouse's office): _____

E-mail: (client's): _____ (spouse's): _____

[Provide only if you/your spouse authorize legal office personnel to contact you by e-mail.]

CHILDREN:

How many children do you have (including adopted & stepchildren)? _____

If you have adopted children or stepchildren, do you wish to treat them the same as your natural children? yes no

Is any child a minor? yes no

VALUE OF ESTATE: To determine what type of will is appropriate for you, we need an estimate of the value of your estate. For this purpose, include the value of all of the property you own in your name, and if married, the value of your spouse's property. If any of your property secures a debt (for example, a mortgage on your home), include your equity in the property. Also include the value of your life insurance policies (SGLI, VGLI, etc.). Note that life insurance ordinarily does **not** pass according to your will; it will go to the beneficiaries you designated in the policy. The policy's face value is usually included in determining whether estate taxes will apply in your case.

Approximate value of your estate (not including life insurance): \$ _____

Approximate value of your spouse's estate (not including life insurance): \$ _____

Value of life insurance (self and spouse): \$ _____

Total value of both your and your spouse's estate including life insurance: *\$ _____

*Note: If you think the value of your estate exceeds \$1 million, it may be subject to estate taxes.

Complete the **CLIENT & SPOUSE FINANCIAL DATA** section (starting on page 12). Proper planning can

help you minimize estate tax. Depending on your estate, its complexity may exceed the expertise of the local DoD Legal Assistance Attorney. If so, we will assist you find an estate planning expert.

FAMILY FARM/FAMILY-OWNED BUSINESS: Do you have a farm or family-owned business?

_____ yes _____ no

REAL ESTATE (Frequently, a husband and wife own real estate jointly with right of survivorship. If you and your spouse own your home or other property that way, your will does not affect how your ownership interest passes when you die.)

Do you own real estate jointly with your spouse? _____ yes* _____ no

Do you own real estate other than jointly with your spouse? _____ yes* _____ no

If yes, how do you wish to give your real estate?

_____ All to my spouse.

_____ Different properties to different beneficiaries (below, please list each person, their relationship to you, and which property they are to receive):

_____ To pass with the rest of my estate.

_____ My home to my spouse and the rest of my real estate to pass with the rest of my estate.

_____ My home to my spouse for as long as my spouse lives there and then my home and the rest of my real estate to pass with the rest of my estate.

*** Please bring copies of your real estate deeds to the legal assistance attorney.**

PERSONAL EFFECTS AND TANGIBLE PERSONAL PROPERTY: How do you wish to give your personal property?

_____ All to my spouse.

_____ Specific items are to go to specific individuals, with all items not listed passing to my spouse. (Please attach detailed list of items, beneficiaries, and relationship to you.)

_____ Specific items are to go to specific individuals, with all items not listed passing with the rest of my estate. (Please attach detailed list of items, beneficiaries, and relationship to you.)

_____ To pass with the rest of my estate.

_____ Other (please explain):

SPECIFIC BEQUESTS: You may make specific gifts of cash, real estate, or personal property to specific people or charities in your will. However, these bequests will be distributed first and may deplete your estate. Also, specific bequests may complicate probate if the property given cannot be found at your death. Therefore, if you make specific bequests, only give property or amounts of cash that you are reasonably sure

you will have when you die. If you make no specific bequests, all of your property will pass to your primary beneficiaries. Many states allow you to make a "personal memorandum," in which you can give specific items of personal property to named beneficiaries in writing separate from your will. While in most states memorandum gifts are not legally binding, your executor will give these gifts as much weight as state law allows.

Do you wish to make any specific bequest in your will? _____ yes _____ no

If yes, please list your specific bequest(s) and who you want to receive it (them):

RESIDUARY ESTATE: Your residuary estate is whatever property remains after paying debts and expenses of administration, and any specific bequests. Because many people do not make specific bequests, the "residuary" usually describes all the property left to your beneficiaries.

To whom do you want to leave your residuary estate?

- _____ All to my spouse if he/she survives me, and if not, then to my children and issue.
- _____ A minimum bequest to my spouse, disinheriting him/her to the fullest extent of the law, with the remainder going to some other person(s).
- _____ All to one specific beneficiary other than my spouse.
- _____ To more than one beneficiary.

If you have more than one beneficiary, are they:

- _____ Specific people who are to share equally.
- _____ A group of people described as a class (e.g., "my brothers and sisters") who are to share equally.
- _____ Some other unequal division between the beneficiaries (e.g., 50% to one beneficiary and 25% each to two others).
- _____ Other (please explain):

If any of your beneficiaries is a minor, at what age do you want them to receive their gift?

- _____ 18
- _____ 21
- _____ Some other age (please indicate the age): _____ (NOTE: Selecting an age greater than 21 will likely require a trust, which may cause your estate to incur additional expenses for the administration of the trust. These would lower the amount available for your beneficiaries.)

EXECUTOR: Your Executor (or in some States, “personal representative”) ensures your estate is settled upon your death. This ordinarily involves going through “probate”, a court-administered procedure for settling an estate as provided in your will or under State law. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any adult may serve as your executor, although many States prefer or require an executor who is a legal resident of the State where probate is conducted. Therefore, if possible, you should select family members or responsible friends who are residents of the same State as your legal residence or the state where you own real estate.

Whom do you wish to have as your executor?

_____ My spouse.

_____ My spouse and a co-executor.*

_____ My spouse and a successor executor.**

_____ One executor other than my spouse.

_____ Two co-executors, neither of whom are my spouse.*

_____ One executor and a successor executor, neither of whom are my spouse.**

***This option is not usually recommended because conflicts can arise between the executors that will complicate the administration of your estate.**

****The successor will act only if your first choice is unable to be your executor.**

If you named someone other than your spouse, indicate name(s) and relationship(s):

GUARDIAN: If your children are minors when you die, and if the other natural parent is not alive or for any reason cannot act as guardian, the court will normally appoint the person(s) you name to act as legal guardian(s) of your minor children. The individual(s) named will have physical control and custody of the children until they reach 18. If you are divorced, the court will usually appoint the child’s natural parent-your former spouse as guardian even if you provide otherwise in your will. You should still name a guardian, however, in case your former spouse dies before you, or for any reason cannot act as the guardian.

Do you wish to appoint:

_____ One guardian for any child when I die.

_____ One guardian and a successor guardian.

_____ Two co-guardians.

_____ No guardian.

If you wish to appoint someone, who? (Please list name, relationship, & city, state of their residence):

1st choice: _____

2nd choice (optional): _____

3rd choice (optional): _____

TRUSTS (OPTIONAL): Instead of giving your estate directly to a beneficiary, you may give it to a Trustee, IN TRUST, for the benefit of your beneficiary/ies until he/she/they reach(es) the age you designate (21, 25, 30). The trustee will manage the trust following the directions you included in the trust document under court supervision. Although the trustee's primary purpose is to safeguard the inheritance, the money can also be used for any beneficiary's health, education, welfare, or maintenance, at the trustee's discretion. Also, you may create a trust that "pools" your estate. Through pooling, your estate and insurance proceeds remain in a single trust until **all** the beneficiaries reach the distribution age you set. The trustee may provide trust funds to each beneficiary as each has a need. Thus, not all beneficiaries will receive equal amounts. Such an arrangement is useful where some beneficiaries will likely need more financial assistance over a longer period than other beneficiaries. A trust is also useful where you desire to protect the assets from third parties who may have claims against one of your beneficiaries.

For many people, a trust is unnecessary because, under the Uniform Gifts to Minors Act (UGMA) language in your will, gifts to beneficiaries under 18 (or, if you prefer, 21) will be controlled by your executor/trix initially, and guardian after probate, without establishing a trust. The executor/trix and/or guardian can still use the child's inheritance for the benefit of the child, and this is ordinarily less complicated and less expensive than a trust. Unless you have children from a prior marriage, disabled children, or a very large estate, you might prefer not to use a trust. One disadvantage, however, to the UGMA is that your estate will be divided in as many equal shares as there are minor beneficiaries designated; each beneficiary will receive the remainder of his or her share as they turn 18 or 21, at your option. In a nutshell, a trust may be more appropriate if you want the trustee or guardian to spend more money on one child than another (e.g., a disabled child).

Do you want a trust? _____ yes _____ no

If yes, would this be:

_____ one trust for the benefit of all beneficiaries ("pooled" trust).

_____ individual trusts for each of the beneficiaries.

At what age do you want your beneficiaries to be when you like the trust ends?

_____ 18 _____ 21 _____ other (designate the age): _____

Whom do you wish to name as Trustee? (Please list name and relationship):

1st choice: _____

2nd choice (optional): _____

3rd choice (optional): _____

Do you want the trustee to have the power to dissolve the trust if it becomes uneconomical to maintain it?

yes (**Selecting yes means that the trust assets may be under the guardian's control if the child(ren) is(are) a minor when the trust is terminated.**)

no

Do you want the trustee to exercise this power only if the trust is below a specific amount?

yes no

If so, what amount? \$ _____ (\$5,000, \$50,000)

DISINHERITING SOMEONE:

Do you wish to disinherit someone other than your spouse? yes no

If so, whom (please provide the name and relationship to you.)? _____

Do you wish to disinherit anyone who contests your will? yes no

If you wish to disinherit your spouse, do you want your executor to have the authority to distribute your property, outright or in trust, to minimize any "right of election" your spouse might have under the laws of any jurisdiction? yes no **[Many states provide a spouse a "right of election" or the choice to apply State law instead of your will's provision for your spouse. For example, if you left your spouse only a small amount of property, the State where your will was probated might have a law allowing your spouse to choose one-third of the estate's value as the spousal gift instead of what you provided in your will. You may want to discuss this further with your attorney.]**

DISTRIBUTION OF ESTATE TO CHILDREN:

With regard to minors who may inherit under your will, do you want their gifts to be:

Paid at the election of the executor (the executor may pay the child some or all of the gift, at various times, as the executor sees fit, even though the child is a minor).

Held in trust until the child is no longer a minor (or has reached the distribution age you specified).

If you do (or were to) have stepchildren or adopted children, would you want to:

Expressly include them in your will (treat them the same as natural children).

Expressly exclude them from your will.

Have the will remain silent as to stepchildren and adopted children.

Is any child of yours in fact a stepchild or adopted child? yes no

If so, who? _____

How do you want to treat him/her/them in your will?

CHILDREN: Please list your children's names, ages, and whether they are your biological, adopted, or stepchildren:

MILITARY STATUS: I am:

- Active duty military.
- Retired from the military.
- Married to someone on active duty.
- Married to a military retiree.
- A dependent of someone on active duty
- A dependent of a military retiree
- Other (please specify): _____

If you are on active duty or are the spouse or dependent of an active duty military member, where are you, your spouse, or your sponsor stationed?

PRIMARY BENEFICIARIES:

Whom do you want to receive all (or the majority) of your estate?

- My spouse, if he/she survives me, and if not, then my children.
- Disinherit spouse (to the fullest extent permitted by law).
- My children.
- My parents in equal shares, or if not, then my siblings in equal shares (please provide names and relationships):

To these beneficiaries (list name, relationship, and percentage of estate to each of the beneficiaries):

If any of the above beneficiaries die before you and leave descendants (children/issue), do you want the share of the deceased beneficiary to pass to their issue, or to pass only to the beneficiaries you named above? (For example, if one of your children dies before you and leaves children, do you

want the share of your deceased child to pass to his children (your grandchildren) or to go only to your surviving children?)

_____ To the children of any deceased beneficiary.

_____ Only to the named beneficiaries listed above.

SECONDARY BENEFICIARIES: If all of the primary beneficiaries you designated predecease you or die within 30 days of you, to whom do you wish to leave your estate (provide name, relationship, and percentage of inheritance or list of which item(s) are to go to which individuals)?

ADVANCE MEDICAL DIRECTIVE/"LIVING WILL": An advance medical directive or "living will" is separate from your will, but may be an important part of your estate plan. It states that in the event you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support, and if you cannot communicate your desires, the living will "speaks for you" so your doctors know and can act upon, your desires about medical life support. The conditions that trigger your living will, and the extent of the medical care to be withdrawn, vary under State law. Your legal assistance attorney can help you decide which State(s) forms to prepare. Once executed, the document is effective until you revoked it, which you may do at any time by physically destroying it, or in an emergency, by telling someone who can testify that you did in fact revoke it.

Do you want a living will? _____ yes _____ no

SPECIAL POWER OF ATTORNEY FOR HEALTH CARE: Another important document is a special power of attorney for health care. You may execute this in addition to or instead of a living will. It appoints someone you name to make medical care decisions for you if you cannot make your own medical decisions. It applies to more situations than the living will, which addresses only continued life support if you have a terminal condition. The power of attorney for medical care gives the person you name as your agent the authority to make a wide range of medical decisions on your behalf. It also gives your agent access to your medical information and authority to fully participate with your treating physicians in deciding the care you receive. Obviously, the person you designate to be your agent should be someone you trust with life and death decisions. Like your living will, the power of attorney is usually drafted in accordance with the laws of the state where you reside.

Do you want a Health Care Power of Attorney? _____ yes _____ no

Do you want your spouse to act as your agent? _____ yes _____ no

Unless you have selected your spouse to act as your agent **and** your spouse has the same address you do, please provide the name, address, phone number, and relationship of your first choice of agent:

If you have a second choice, do you want

both agents to have the authority to act separately.

to require both agents to act jointly unless one is incapacitated.

the second agent to be as a successor, acting only if the first choice is incapacitated.

Please provide the name, address, phone number, and relationship of your second choice of agent:

Do you wish to specify that you desire to donate your body organs for transplant upon death?

yes no

If yes, are you also willing to donate organs and tissue for medical, educational, or scientific purposes?

yes no

[Note: many State driver's licenses include space for you to indicate organ donation. Did you do so on your driver's license? yes no]

Do you wish to specify that, if possible and if it does not place an undue burden upon your family that you prefer to die at home rather than in a hospital? yes no

If you currently live in a state other than the one in which you are a legal resident, you may want your living will drafted in accordance with the laws of the state where you actually live and not your state of legal residence because it is more likely to be used where you currently live.

The laws of the State where you are hospitalized control the effectiveness of your living will. This may be a State other than your State of legal residence. Do you wish to have the living will governed by the laws of the State where you currently live? yes no

SPRINGING DURABLE GENERAL POWER OF ATTORNEY: Your will enables you to dispose of your property as you wish **after** you die. While you are living, you have the right to decide what happens to that property as long as you are of sound mind. But if you become incapacitated, and cannot handle your own affairs, a court order may revoke your right to manage your own money/property and appoint a guardian or conservator. To protect you from this, you may appoint an agent through a power of attorney.

A power of attorney is your written authorization for someone to act on your behalf, for whatever purpose you designate. Ordinarily, a power of attorney expires if you become mentally disabled – the time when you need help the most. A **springing durable** power of attorney can take effect when you **become** unable to manage your own personal and financial affairs and will last as long as you are alive or until you revoke it. As long as you are mentally competent, you can revoke a durable power of attorney whenever you like simply by destroying the document. If you choose to have a springing durable general power of attorney, remember to name someone you trust as your attorney-in-fact. Your agent will have great authority over your affairs. Not only can they keep your affairs in order, but they have the potential to abuse this document at your expense.

Would you like a springing durable general power of attorney? yes no

Do you want your spouse to act as your agent? yes no

Unless you selected your spouse to act as your agent **and** your spouse has the same address you do, please provide the name, address and relationship of your first choice of agent:

If you have a second choice, do you want:

- both agents to have the authority to act separately.
- to require both agents to act jointly unless one is incapacitated.
- the second agent to be as a successor, acting only if the first choice is incapacitated.

Please provide the name, address, and relationship of your second choice of agent:

If you selected your spouse to act as your agent, at what telephone number can her or she be reached?

FUNERAL ARRANGEMENTS: You may have a strong desire regarding your funeral (for example, burial or cremation). As a practical matter, your funeral may have been carried out by the time your will is read. Finding out after the fact that the arrangements were contrary to your will may cause some dismay for your survivors. Therefore, we recommend that you tell your desires to your next of kin at your earliest opportunity other than in your will, often in a Letter of Instruction that accompanies your will. You should tell the appropriate family members of your desires NOW!

At my death, I prefer:

- To be cremated.
- To have my body given for medical or scientific purposes.
- To be buried at a specified gravesite or location. (Please specify location): _____

To be buried at sea.

- To be buried with full military honors. (You may select this option in addition to one of the above.)

Other: _____

- I do not wish to express my desires concerning my remains in my will and leave this decision to those who survive me.

CLIENT & SPOUSE FINANCIAL DATA

Clients owning property that exceeds \$1,000,000 total should complete this section ***jointly*** before seeing counsel.

1. Asset Valuation Summary. To accurately determine the estate and gift tax consequences, if any, resulting from the distribution of your property, please provide the information requested below. You need only provide approximate figures. If you prefer, you can provide us with a recent financial statement that accurately reflects the current value of your joint and individual assets and liabilities. For all property, real or personal, to include intangible property, please bring copies of deeds or other documents indicating ownership.

| | <i>Joint</i> | <i>Client</i> | <i>Spouse</i> | <i>Total</i> |
|---|--------------|---------------|---------------|--------------|
| Checking accounts | | | | |
| Savings accounts | | | | |
| Residence(s) equity | | | | |
| Other real estate equity | | | | |
| Investments (excluding retirement benefits) | | | | |
| Closely-held business(es) | | | | |
| Life insurance death benefits | | | | |
| Vehicles | | | | |
| Other personal property (e.g., furniture, jewelry, etc.) | | | | |
| Other assets (list) | | | | |
| Other assets (list) | | | | |
| Other assets (list) | | | | |
| Total | | | | |

Have you ever filed an IRS Form 709 "U.S. Gift (and Generation-Skipping Transfer) Tax Return?"

_____ yes _____ no (If so, please provide a copy.)

2. Residence Information.

A. Primary Residence: (address): _____

| Estimated Value | Amount of Mortgages | Equity | Monthly Mortgage Payment | Owned By (client, spouse, jointly) |
|------------------------|----------------------------|---------------|---------------------------------|---|
| | | | | |

(So that we can properly plan for its disposition, please provide us a copy of the deed and mortgages for this primary residence.)

Original Purchase Price: \$ _____ Cost of Additional Improvements: \$ _____

How long do you plan on retaining this as a primary residence? What are your plans for this property?

B. Secondary Residence: (address): _____

| Estimated Value | Amount of Mortgages | Equity | Monthly Mortgage Payment | Owned By (client, spouse, jointly) |
|------------------------|----------------------------|---------------|---------------------------------|---|
| | | | | |

(So we can properly plan for its disposition, please provide us a copy of the deed and mortgages for this secondary residence.)

Original Purchase Price: \$ _____ Cost of Additional Improvements: \$ _____

How long do you plan on retaining this as a primary residence? What are your plans for this property?

Do you rent out this secondary residence?

3. Other Real Estate Information (other than residences).

A. Other jointly owned real estate (i.e., in both client's and spouse's names).

| Location | Estimated Value | Amount of Deeds of Trust | Equity | Other Co-Owners? |
|--------------|-----------------|--------------------------|--------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

B. Other real estate owned by client only.

| Location | Estimated Value | Amount of Deeds of Trust | Equity | Other Co-Owners? |
|--------------|-----------------|--------------------------|--------|------------------|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

C. Other real estate owned by spouse only.

| Location | Estimated Value | Amount of Deeds of Trust | Equity | Other Co-Owners? |
|--------------|-----------------|--------------------------|--------|------------------|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

4. Investment Account Information (other than retirement accounts).

A. Jointly owned investment accounts, mutual funds, etc., in both client's and spouse's names.

| Location | Estimated Value | Amount of Margin Loans | Net Value | Other Co-Owners? |
|----------|-----------------|------------------------|-----------|------------------|
| | | | | |

| | | | | |
|--------------|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

B. Investment accounts owned by client only.

| Location | Estimated Value | Amount of Margin Loans | Net Value | Other Co-Owners? |
|--------------|-----------------|------------------------|-----------|------------------|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

C. Investment accounts owned by spouse only.

| Location | Estimated Value | Amount of Margin Loans | Net Value | Other Co-Owners? |
|--------------|-----------------|------------------------|-----------|------------------|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

5. Retirement Benefits (for example thrift savings plan, Individual Retirement Arrangements).

A. Client's retirement benefits.

| Description | Current Value | Beneficiary |
|--------------|---------------|-------------|
| | | |
| | | |
| | | |
| Total | | |

B. Spouse's retirement benefits.

| Description | Current Value | Beneficiary |
|--------------|---------------|-------------|
| | | |
| | | |
| | | |
| | | |
| Total | | |

C. Please provide below any other information regarding retirement accounts and other deferred compensation arrangements:

6. Liability Information.

A. Joint liabilities (i.e., those liabilities for which both client and spouse are responsible), other than those listed previously.

| Creditor | Liability Amount | Payment Amount | Payment Frequency | Secured? |
|--------------|------------------|----------------|-------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

B. Client's liabilities, other than those listed previously.

| Creditor | Liability Amount | Payment Amount | Payment Frequency | Secured? |
|----------|------------------|----------------|-------------------|----------|
| | | | | |
| | | | | |

| | | | | |
|--------------|--|--|--|--|
| | | | | |
| | | | | |
| Total | | | | |

C. Spouse's liabilities, other than those listed previously.

| Creditor | Liability Amount | Payment Amount | Payment Frequency | Secured? |
|-----------------|-------------------------|-----------------------|--------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

7. Life Insurance Information.

A. Joint life insurance policies (i.e., life insurance insuring both client's life and spouse's life). (Please indicate those policies not owned by client or spouse with "".)**

| Company | Type | Face Amount (Death Benefit) | Cash Surrender Value | Beneficiary |
|----------------|-------------|------------------------------------|-----------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

B. Client's life insurance policies; i.e., life insurance insuring client's life. (Please indicate those policies not owned by client with "".)**

| Company | Type | Face Amount (Death Benefit) | Cash Surrender Value | Beneficiary |
|----------------|-------------|------------------------------------|-----------------------------|--------------------|
| | | | | |
| | | | | |

| | | | | |
|--------------|--|--|--|--|
| | | | | |
| | | | | |
| Total | | | | |

C. Spouse's life insurance policies (i.e., life insurance insuring spouse's life). (Please indicate those policies not owned by spouse with "*".)

| Company | Type | Face Amount (Death Benefit) | Cash Surrender Value | Beneficiary |
|----------------|-------------|--|---------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

D. Please provide any other information concerning the above life insurance policies that may be helpful (i.e., outstanding policy loans, whether pledged as collateral, whether owned by a trust, whether financed under a "split dollar" arrangement, etc.).

8. Miscellaneous Information. Please provide any other information relating to your assets or liabilities that may impact your estate plan.
