

CONFIDENTIAL WILL AND ESTATE PLANNING QUESTIONNAIRE

Please fill out this questionnaire as completely as you can. If you need more space, please use the back.

I. FAMILY INFORMATION:

A. Your name: _____
First Middle Last
Address: _____
City, State & Zip _____
SSN: _____ DOB: _____ Email: _____
Employer: _____
Address: _____
Home Phone: _____ Work Phone: _____
E-mail Address: _____

B. Spouse's name: _____
 First Middle Last
 Social Security No: _____ Date of Birth: _____
 Employer: _____
 Address: _____
 Home Phone: _____ Work Phone: _____

C. Children:

<u>Name</u> (First, Middle, Last)	<u>Address</u>	<u>Date of Birth</u>

D. Stepchildren (indicate whether husband or wife's):

<u>Name</u> (First, Middle, Last)	<u>Address</u>	<u>Date of Birth</u>

Does anyone in your family have any serious physical or mental disabilities? _____
If yes, please explain: _____

- II. **GUARDIAN (of minors)**: A Guardian is the person who takes care of your minor children after you and the children's other parent dies. Who do you want to be guardian of your minor children?

	<u>Name</u>	<u>How Related</u>	<u>Address</u>
1st Choice			
2nd Choice			

- III. **TRUSTEE**: If you decide to put your assets in trust for your children or someone else, who would you want to be the trustee?

	<u>Name</u>	<u>How Related</u>	<u>Address</u>
1st Choice			
2nd Choice			

- IV. **ASSETS** (things of value): In order to help you avoid unnecessary costs and taxes, we need to know what assets you own.

REAL PROPERTY (home, vacant land, cottages, etc.):

<u>Location</u>	<u>Value</u>	<u>Names on Title</u>

LIFE INSURANCE:

<u>Name of Insured</u>	<u>Amount</u>	<u>Beneficiaries</u>	<u>Insurance Company</u>

BANK/CREDIT UNION ACCOUNTS:

<u>Place & Type of Account</u>	<u>Approximate Balance</u>	<u>Names on Account</u>

STOCKS/BONDS/MUTUAL FUNDS:

<u>Issuer</u>	<u>Approximate Value</u>	<u>Type of Account</u>	<u>Names on Account</u>

OTHER ASSETS (THINGS OF VALUE):

V. **DISTRIBUTION PLAN:**

After you die, who should get your assets (things of value)? Explain in detail.

Do you want to make any gifts to other people or organizations? Please explain.

VI. **PERSONAL REPRESENTATIVE:** (Executor/Administrator):

Your Personal Representative is the person who pays your bills and distributes your property according to your Will after you die.

	<u>Name</u>	<u>Relationship</u>
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

VII. **OTHER CONCERNS AND QUESTIONS:**

Please call for an appointment.

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BY SIGNING THIS QUESTIONNAIRE, I DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Dated: _____

Client

How did you hear about our firm? ____ yellow pages; ____ other attorney; ____ friend;
____ newspaper; ____ internet; ____ other