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**PRELIMINARY ESTATE PLANNING QUESTIONNAIRE
CONFIDENTIAL**

Estate planning recommendations are based on your present asset and family information. Therefore, we would appreciate you providing us with the enclosed confidential information. Furthermore, in the event of a significant change should occur after your estate plan has been prepared, you should contact this office for a review of the impact of any change to your existing estate plan.

FAMILY DATA

1. Basic Information

Client/Husband 1: _____ **DOB** _____

Social Security Number: _____ **U.S. Citizen?** Yes ☐ No ☐

Client/Wife 2: _____ **DOB** _____

Social Security Number: _____ **U.S. Citizen?** Yes ☐ No ☐

Home Address: _____

County: _____

City, State, Zip: _____ **Home Phone:** _____

Client 1's Employer: _____ **Business Phone:** _____

Client 2's Employer: _____ **Business Phone:** _____

Email Address: (1) _____ (2) _____

Date of Marriage: _____

Has Client 1 ever been married to someone else? Yes ☐ No ☐

Has Client 2 ever been married to someone else? Yes ☐ No ☐

Children: (attach an additional sheet for additional children)

1. Name: _____ **SSN:** _____ **DOB:** _____

Address: _____ **Phone:** _____

Marital Status: _____ **# of Children** _____ **Spouse's First Name** _____

Who is parent of this child? Client 1 ☐ Client 2 ☐ Both ☐

2. Name: _____ SSN: _____ DOB: _____
Address: _____ Phone: _____
Marital Status: _____ # of Children _____ Spouse's First Name _____
Child of this marriage? Client 1 ☐ Client 2 ☐ Both ☐

3. Name: _____ SSN: _____ DOB: _____
Address: _____ Phone: _____
Marital Status: _____ # of Children _____ Spouse's First Name _____
Who is parent of this child? Client 1 ☐ Client 2 ☐ Both ☐

Do any members of your family have any special physical or mental challenges? Yes ☐ No ☐

If so, please state name and any special physical or mental challenges: _____

If you now assist your parents/grandparents or other relatives, or wish to make provisions for them in your estate plan, or discuss long term care for them, please list below:

1. Personal Representative of Will and Trustees (of any trust) and Attorney-in-Fact for Durable Power of Attorney (Names and Addresses)

For Client 1:

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

For Client 2:

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

2. Proposed Guardian of Any Minor Children (Names and Addresses)

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

3. Patient Advocate for Patient Advocate Designation

For Client 1:

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

For Client 2:

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Please list the name and address of those who are to be the primary beneficiaries of your estate.

Please provide the name, address and relationship of those to whom you would leave your estate (final takers) and the percentages for each in case all of your primary beneficiaries predecease you or perish with you.

If you wish to make any charitable or other special gifts, please indicate the charity and the amount you wish to donate.

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|--|
| SUMMARY OF ASSETS & LIABILITIES |
|--|

| 1. Assets | Client/Husband 1 | Client/Wife 2 | Joint |
|--|-------------------------|----------------------|--------------|
| (FEEL FREE TO ATTACH MORE DETAILED STATEMENTS/SUMMARIES) | | | |
| A. Non-Retirement Securities, Mutual Funds, Cash Related Accounts and similar Intangible Property | \$ | \$ | \$ |
| B. Real Estate | | | |
| C. Retirement Benefits – IRA’s & 401k’s | | | |
| D. Insurance | | | |
| Face Value on the Life of: | | | |
| Named Beneficiary: | | | |
| E. Monies owed you From whom: | | | |
| F. Government Bonds | | | |
| G. Additional Assets (personal effects, collections, patents, trademarks, etc.) | | | |
| Total | \$ | \$ | \$ |
| 2. Liabilities | \$ | \$ | \$ |
| A. Real Estate Mortgages | | | |
| B. Notes to Financial Institutions | | | |
| C. Loans on Insurance Policies | | | |
| D. Other Obligations | | | |
| E. Charitable Pledges | | | |
| F. Tax Liabilities | | | |
| Total | \$ | \$ | \$ |
| 3. Net Worth | \$ | \$ | \$ |
| 4. Potential Inheritance | \$ | \$ | \$ |

5. Do you have long term care insurance?

Yes _____

No _____

| |
|---|
| CHECKLIST OF DOCUMENTS & FAMILY ADVISORS |
|---|

1. Safe Deposit Box – Location: _____
2. Present Documents (if any)
 - A. Will: dated _____
 - B. Trusts:
 - i) created by client _____
 - ii) created for client by others _____
 - C. Gift Tax Returns filed? _____ location? _____
3. Advisors (Names and Addresses)
 - Accountant _____
 - Trust Officer _____
 - Commercial Banker _____
 - Investment Advisor _____
 - Stockbroker _____
 - Life Insurance Agent _____
 - Casualty Insurance Agent _____

| |
|---|
| DOCUMENTATION FOR ESTATE PLAN ANALYSIS - Please bring this documentation to your meeting - |
|---|

1. **Copies of Last Will and Testaments, Revocable Trust Agreements, Durable Powers of Attorney for Health Care and General Durable Powers of Attorneys for Finances and/or any additional estate planning documentation which may currently be in effect.**
2. **Copies of deeds for all real estate holdings wherever situated.**
3. **Copies of Partnership Agreements and Operating Agreements for any partnerships, limited liability companies or other entities in which the client is a member of other participant.**
4. **Current personal balance sheet, if available.**
5. **Copies of life insurance policies and current statements regarding the same.**

March 30, 2006