

DATE \_\_\_\_\_ NAME(S) \_\_\_\_\_

# ALDRICH LEGAL SERVICES

A PROFESSIONAL LIMITED LIABILITY COMPANY

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## EXPLANATION

The purpose of this Estate Planning Questionnaire ("Questionnaire") is to record information that will be used to prepare your estate plan, including, as necessary, a Will, Trust Agreement, Financial Durable Power of Attorney, and Durable Power of Attorney-Health Care. All of the information is important and most certainly confidential. Portions of it will be helpful in the administration of the estate or trust and, in some cases, is required for the preparation of tax returns.

### SECTION A. DOCUMENTS TO BE ATTACHED:

Attached      N/A

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Existing Wills, Trusts, & Powers of Attorney   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Deeds and land contracts for property you own  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Business agreements and documents regarding interests in corporations, partnerships, limited liability companies, and sole proprietorships | <input type="checkbox"/> | <input type="checkbox"/> |

### SECTION B. GENERAL ESTATE PLANNING INFORMATION      Date of Completion: \_\_\_\_\_

#### INSTRUCTIONS:

1. Attach additional sheets if necessary.
2. Mark "N/A" by those items which are not applicable.
3. If you have any questions when filling out this form, please call or email our office and when you have completed this form call to set up an appointment to review this document.
4. When describing your assets, use "J" for assets jointly owned and state the numbers of the joint owners, use "#1" for assets owned in Client #1's name alone (normally the husband in the case of a married couple) and use "#2" for assets owned in Client #2's name alone (normally the wife in the case of a married couple).

**SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)**

	CLIENT #1	CLIENT #2
Full Legal Name: (including middle name)		
Address:		
County:		
Home Phone:		
United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home E-mail Address:		
Social Security Number:		
Date of Birth:		
Employer:		
Business Address:		
Business Telephone:		
Business E-mail Address:		
Business Facsimile:		
Marital Status:		
Date of Marriage:		

CHILDREN OF CLIENT #1 AND CLIENT #2		
Name	Address	Date of Birth

**SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)**

**CHILDREN BY PRIOR MARRIAGE**

<b>Name</b>	<b>Address</b>	<b>Children of Client #1 or Client #2</b>	<b>Date of Birth</b>

**GRANDCHILDREN**

<b>Name</b>	<b>Address</b>	<b>Name of Parents</b>	<b>Date of Birth</b>

**PARENTS**

	<b>CLIENT #1</b>	<b>CLIENT #2</b>
Father's Name		
Father's Address		
Father's Date of Birth		
Mother's Name		
Mother's Address		
Mother's Date of Birth		

**OTHER RELATIVES**

<b>Name</b>	<b>Address</b>	<b>Relationship</b>

**SECTION C. PLANNING AND DISTRIBUTION OBJECTIVES:**

1. Upon your death, how and to whom do you want your assets distributed?

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**Rights of Representation** - A distribution of property that passes such that any property that would otherwise pass to a predeceased heir or beneficiary is distributed instead to his/her then living issue, equally if in the same generation. If any of your beneficiaries predecease you, their share will transfer to their descendants.

**OR**

**Per Capita** - "Per capita" means that the beneficiaries share the distribution of the gift based upon the number of beneficiaries which are living at the time of decedent's death. If any of your beneficiaries predecease you, their share will not transfer to their descendants, but will transfer to the remaining surviving beneficiaries.

2. Are there any people who should receive particular items? If so:

Name	Item
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. If both of you die prematurely leaving minor children, should your children receive property at:

age of majority (18); or  held in trust and distributed at age \_\_\_\_\_.

4. Do you want to make gifts to any charities? If so:

Name and Address of Charities	Amount of Gift
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

5. If Client #1 dies first and none of your children are living at the time of Client #2's death, do you want your estate to go to:

Client #1's Family

Client #2's Family

Elsewhere (explain below):

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<b>SECTION D. ESTATE PLANNING DOCUMENTS</b>		
<b>WILL</b>		
<b>Personal Representative:</b> Person responsible for administering your estate and probate proceedings.		
<b>Client 1</b>		<b>Client 2</b>
<b>1<sup>st</sup> Choice</b> Name, Address and Phone #		
<b>2<sup>nd</sup> Choice</b> Name, Address and Phone #		
<b>3<sup>rd</sup> Choice</b> Name, Address and Phone #		
<b>Guardian:</b> Person responsible for the well-being and daily care of your minor children, until they attain age 18, if both parents are deceased.		
<b>Name</b>		<b>Address and Phone Number</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>Conservator:</b> Person who will manage any minor child's finances and property, until that child attains age 18, if both parents are deceased.		
<b>Name</b>		<b>Address and Phone Number</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		

## TRUST

**Trustee:** Person or bank that will manage your assets in a trust and distribute assets after your death.

	Client 1	Client 2
<b>1<sup>st</sup> Choice</b> Name, Address and Phone #		
<b>2<sup>nd</sup> Choice</b> Name, Address and Phone #		
<b>3<sup>rd</sup> Choice</b> Name, Address and Phone #		

## DURABLE POWER OF ATTORNEY

**Durable Power of Attorney Agent:** Person who will manage your financial affairs if you are unable to do so.

	Client 1	Client 2
<b>1<sup>st</sup> Choice</b> Name, Address and Phone #		
<b>2<sup>nd</sup> Choice</b> Name, Address and Phone #		
<b>3<sup>rd</sup> Choice</b> Name, Address and Phone #		

## DURABLE POWER OF ATTORNEY – HEALTH CARE

**Durable Power of Attorney – Health Care Agent:** Person who will make your health care decisions if you are unable to do so.

	Client 1	Client 2
<b>1<sup>st</sup> Choice</b>  Name, Address and Phone #		
<b>2<sup>nd</sup> Choice</b>  Name, Address and Phone #		
<b>3<sup>rd</sup> Choice</b>  Name, Address and Phone #		

### SECTION E. ASSETS

#### REAL ESTATE

##### PARCEL NO. 1

Address	
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common

##### PARCEL NO. 2

Address	
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common

##### PARCEL NO. 3

Address	
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common

**SECTION E. ASSETS (CONTINUED)****CLOSELY HELD BUSINESS INTERESTS**  
(Use separate sheet for each business interest)**ENTITY 1**

Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
Your estimate of the fair market value of your interest	
Your tax basis for your interest	
Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ENTITY 2**

Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
Your estimate of the fair market value of your interest	
Your tax basis for your interest	
Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE PROVIDE FINANCIAL STATEMENTS AND TAX RETURNS FOR THE PREVIOUS THREE YEARS, AND A COPY OF ANY BUY/SELL OR REDEMPTION AGREEMENTS FOR EACH ENTITY.**