

ACCETTURA & HURWITZ

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MARK ACCETTURA



SAMUEL HURWITZ

ELDER LAW
INSTITUTE
OF MICHIGAN
PLLC

ESTATE PLANNING QUESTIONNAIRE

GENERAL INFORMATION

Name _____

Other name known by (if any) _____

Address _____

Home Phone # _____

Work Phone # _____

SS# _____

Occupation _____

Date of Birth _____

Citizen of U.S.? _____

Other states or
Countries previously resided in _____

Have you entered into any
Pre-or Post-nuptial Agreements
(if so, attach copies) _____

Any prior marriages
(if divorced, year divorced;
if widowed, attach a copy of
Form 706 (tax return) for predeceased
Spouse's estate _____

Spouse's Name _____

Other name known by (if any) _____

Work Phone # _____

SS# _____

Occupation _____

Date of Birth _____

Citizen of U.S.? _____

Other states or
Countries previously resided in _____

Have you entered into any
Pre-or Post-nuptial Agreements
(if so, attach copies) _____

Any prior marriages
(if divorced, year divorced;
if widowed, attach a copy of
Form 706 (tax return) for predeceased
Spouse's estate _____

CHILDREN

Rank the health, emotional and financial maturity of adult children (1 to 5, 1=greatest, 5=least)

Name	Age	Physical Health	Emotional Maturity	Financial Acumen	Married (M) Single (S) Divorced (D)	# of Children	City and State of residence
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

WILLS & TRUSTS

Do you currently have a will? If so, when was it last updated? _____

A trust? If so, when was it created? _____

A Durable Power of Attorney? If so, when was it created? _____

An Irrevocable Trust (circle one) Y N; A Family Limited Partnership or LLC? Y N;
A Charitable Remainder Trust? Y N

ASSETS AND LIABILITIES

Please list all of your assets and liabilities by category. Estimates are sufficient. Your figures need not be exact.

ASSETS	YOURS	SPOUSE'S	JOINT
Personal residence	\$	\$	\$
Other Real Estate			
Life Insurance: (Total value of all policies)			
401(k)s, Pension, Profit Sharing			
IRAs			
Family Business (provide detail)			
Stocks/Stock Funds/Stock Options			
Other Marketable Securities			
Money Mark Funds			
Checking & Savings			
Annuities			
Collectible/Other Personal Assets			
TOTAL ASSETS	\$	\$	\$

FAMILY BUSINESS

Name of Business: _____

Nature of Business: _____

Address: _____

Indicated form of ownership (e.g., corporation, partnership, LLC, sole proprietorship): _____

Approximate value of business: _____

% of ownership: H: _____ W: _____ Children: _____

Original investment: H: _____ W: _____ Children: _____

Attach copies of buy-sell agreement relating to transfer of interests during lifetime or at death, employment agreements and financial statements.

LIABILITIES	YOURS	SPOUSE'S	JOINT
Personal debt (credit cards, lines of credit, etc.)	\$	\$	\$
Home Mortgage			
Loans for Business & Partnership			
Auto Loans			
Other Short-Term Debt			
Real Estate Mortgage			
Other Long-Term Debt			
TOTAL LIABILITIES	\$	\$	\$
NET ESTATE	\$	\$	\$

CHARITABLE BEQUESTS

Are there any Charitable entities you wish to remember upon your death? (circle one) Y N

If so, please list:

COMMENTS: _____
