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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

EXPLANATION

The purpose of this Confidential Estate Planning Questionnaire ("Questionnaire") is to record information that will be used to prepare your estate plan, including, as necessary, a Will, Trust Agreement, Durable Power of Attorney, and Durable Power of Attorney-Health Care. All of the information is essential. 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.

Your time spent in accurately completing this Questionnaire will certainly save considerable time, effort and confusion later. **After you have completed this form, please return it to us as soon as possible.**

SECTION A. DOCUMENTS TO BE ATTACHED:

	Attached	N/A
1. Existing Wills, Trusts, & Powers of Attorney	_____	_____
2. Business agreements and documents regarding interests in corporations, partnerships, limited liability companies, and sole proprietorships	_____	_____
3. Deeds and land contracts	_____	_____
4. Brokerage account statements	_____	_____
5. Life insurance policies, retirement, and annuities	_____	_____

SECTION B. GENERAL ESTATE PLANNING INFORMATION Date of Completion: _____

INSTRUCTIONS:

- A Attach additional sheets if necessary. If you are single, please use the "Husband" Section.
- B Mark "N/A" by those items which are not applicable.
- C Return to THE PARNELL FIRM when you have completed this form.
- D When describing your assets, use "J" for assets jointly owned and state the name of the joint owners; use "H" for assets owned in the Husband's name alone; and "W" for assets owned in the Wife's name alone. If you are single, please use the Husband column when inserting your information.
[Addresses of reoccurring individuals do not need to be repeated once initially stated]

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)

	HUSBAND	WIFE
Full Legal Name: (*including middle name)		
Address:		
County:		
Home Phone:		
Cell Phone		
United States Citizen?	Yes No	Yes No
E-mail Address:		
Social Security Number:		
Date of Birth:		
Employer:		
Marital Status:		
Date of Marriage:		

CHILDREN			
Full Name (*including middle name)	Address	Date of Birth	Social Security Number

SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)

CHILDREN BY PRIOR MARRIAGE

Full Name (*including middle name)	Address	Children of Husband or Wife?	Date of Birth	Social Security Number

GRANDCHILDREN

Full Name (including middle name)	Address	Name of Parents	Date of Birth	Social Security Number

PARENTS		
	HUSBAND	WIFE
Father's Name		
Father's Address		
Father's Date of Birth		
Mother's Name		
Mother's Address		
Mother's Date of Birth		
OTHER RELATIVES (siblings)		
Name	Address	Relationship

SECTION C. PLANNING AND DISTRIBUTION OBJECTIVES:

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

2. Do you have any special wishes for the treatment or placement of your body after your death?

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

Name	Item

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
_____	_____
_____	_____
_____	_____
_____	_____

5. If the Husband dies first and none of your children are living at the time of the Wife’s death, do you want your estate to go to:

Husband’s Family Wife’s Family Elsewhere (explain below):

SECTION D. ESTATE PLANNING DOCUMENTS

THE WILL

Personal Representative: Person responsible for administering your estate and probate proceedings.

	Husband	Wife
1 st Choice		
2 nd Choice		
3 rd Choice		

Guardian: Person responsible for the well-being and daily care of your minor children, until they attain age 18, if both parents are deceased.

	Husband	Wife
1 st Choice		
2 nd Choice		

Conservator: Person who will manage any minor child's finances and property, until that child attains age 18, if both parents are deceased.

	Husband	Wife
1 st Choice		
2 nd Choice		

THE TRUST

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

	Husband	Wife
1 st Choice		
2 nd Choice		
3 rd Choice		

DURABLE POWER OF ATTORNEY

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

	Husband	Wife
1 st Choice		
2 nd Choice		
3 rd Choice		

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.

	Husband	Wife
1 st Choice		
2 nd Choice		
3 rd Choice		

FUNERAL REPRESENTATIVE NOMINATION

Funeral Representative: Person who will make your last arrangements, including burial, cremation, and placement of your remains.

	Husband	Wife
1 st Choice		
2 nd Choice		
3 rd Choice		

DIGITAL ASSET FIDUCIARY

Digital Asset Fiduciary – Individual responsible for controlling digital assets, i.e. electronic accounts, media, pictures, videos, files, and social media.

	Husband	Wife
1 st Choice		

2 nd Choice		
3 rd Choice		

SECTION E. ASSETS

BANK ACCOUNTS

CHECKING

Bank Name/Account Number	Ownership	Amount
	J H W	
	J H W	

SAVINGS

Bank Name/Account Number	Ownership	Amount
	J H W	
	J H W	

CERTIFICATES OF DEPOSIT

Bank Name/Account Number	Ownership	Amount
	J H W	
	J H W	

TOTAL OF CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT:

SAFETY DEPOSIT

Number	Location

PERSONAL PROPERTY			
AUTOMOBILES			
Make & Year	Ownership		Fair Market Value
	J	H	W
	J	H	W
HOUSEHOLD FURNISHINGS			
Description	Ownership		Fair Market Value
	J	H	W
	J	H	W
JEWELRY			
Description	Ownership		Fair Market Value
	J	H	W
	J	H	W
COLLECTIONS (ART, ETC.)			
Description	Ownership		Fair Market Value
	J	H	W
	J	H	W
OTHER (DESCRIBE)			
Description	Ownership		Fair Market Value
	J	H	W
	J	H	W
TOTAL OF PERSONAL PROPERTY:			

SECTION E. ASSETS (CONTINUED)					
<u>REAL ESTATE</u>					
<u>PARCEL NO. 1</u>					
Address					
Legal Description	*Please attach a copy of deed and other instrument of title				
Ownership	Joint	Husband	Wife		
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.)				
<u>PARCEL NO. 2</u>					
Address					
Legal Description	*Please attach a copy of deed and other instrument of title				
Ownership	Joint	Husband	Wife		
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.)				
<u>PARCEL NO. 3</u>					
Address					
Legal Description	*Please attach a copy of deed and other instrument of title				
Ownership	Joint	Husband	Wife		
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.)				

SECTION E. ASSETS (CONTINUED)

INVESTMENTS

STOCKS AND MUTUAL FUNDS

Company	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	J H W				
	J H W				
	J H W				
	J H W				
	J H W				
	J H W				
	J H W				
	J H W				
	J H W				
	J H W				

TOTAL OF STOCKS AND MUTUAL FUNDS:

BONDS AND TREASURY NOTES

Type	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	J H W				
	J H W				
	J H W				

TOTAL OF BONDS AND TREASURY NOTES:

SECTION E. ASSETS (CONTINUED)

RETIREMENT, DISABILITY, AND DEATH BENEFITS

If you have any interest in a pension, profit sharing, stock bonus, self-employed retirement plan, individual retirement account or deferred compensation plan, or any other similar type of benefit, complete the following:

HUSBAND

WIFE

RETIREMENT PLAN NO. 1

Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		

RETIREMENT PLAN NO. 2

Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		

RETIREMENT PLAN NO. 3

Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		

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	Corporation Partnership	Limited Liability Company 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		
What are your wishes as to disposition of ownership after	Transfer to Family Sale to Co-Owner of Business	Sale to Key-Employee Other
Is there a buy/sell or redemption agreement	Yes	No

ENTITY 2

Name of Entity		
Percentage Owned		
Type of Entity	Corporation Partnership	Limited Liability Company 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	Transfer to Family Sale to Co-Owner of Business	Sale to Key-Employee Other
Is there a buy/sell or redemption agreement	Yes	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.

SECTION E. ASSETS (CONTINUED)

LIFE INSURANCE

PROVIDED BY EMPLOYER

	Policy No. 1	Policy No. 2
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Cash Value		
Death Benefit		
Amount of Loan		
Employee's Contribution		

OWNED BY CLIENTS

	Policy No. 1	Policy No. 2
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Face Value		
Amount of Loan		
Employee's Contribution		

OTHER ASSETS

Please provide information on any other assets, including description, value, etc.

Do you expect to receive an inheritance? If so, from whom and estimate the amount.

SECTION F. <u>LIABILITIES</u> (NOT PREVIOUSLY LISTED):			
Creditor	Secured by	Due Date	Current Balance Owed