

ESTATE QUESTIONNAIRE
RUDNICK AND RUDNICK, LLC

135 Pendleton St. NW

Aiken, SC 29801

Tel: (803) 648-2565

Telephone Numbers:

E-Mail Addresses:

Residence: _____

Client 1: _____

Client 2: _____

PART I - PERSONAL DATA

Client 1 Information

Full Name: _____

U.S. citizen (Y/N) _____

Known by Any Other Names? _____

Address _____

County of Residence _____

Date of Birth _____

Place of Birth _____

Occupation _____

Annual Income _____

Previous Marriages (add details below). Name(s), date(s) and how marriage(s) terminated.

Client 2 Information (Spouse – complete if applicable)

Full Name _____

U.S. citizen (Y/N)? _____

Known by Any Other Names? _____

Address _____

County of Residence _____

Date of Birth _____

Place of Birth _____

Occupation _____ Annual Income _____

Previous Marriages (add details below). Name(s), date(s) and how marriage(s) terminated.

Children (Client 1 or Client 2)

Are any children/grandchildren adopted? If yes, please specify. _____

Do any children/grandchildren have a disability? _____

1. **Child's Name** _____ **Date of Birth** _____

Child's Parents (If From a Prior Marriage): _____

Address _____

Education Completed _____ Occupation _____

Business Ability _____

Child's Spouse's Name _____

Child's Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Comments: _____

2. **Child's Name** _____ **Date of Birth** _____

Child's Parents (If From a Prior Marriage): _____

Address _____

Education Completed _____ Occupation _____

Business Ability _____

Child's Spouse's Name _____

Child's Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Comments: _____

3. Child's Name _____ Date of Birth _____

Child's Parents (If From a Prior Marriage): _____

Address _____

Education Completed _____ Occupation _____

Business Ability _____

Child's Spouse's Name _____

Child's Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Comments: _____

4. Child's Name _____ Date of Birth _____

Child's Parents (If From a Prior Marriage): _____

Address _____

Education Completed _____ Occupation _____

Business Ability _____

Child's Spouse's Name _____

Child's Children: _____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Comments: _____

Any Inheritances (Expected or received within last 10 years)?

	Client 1	Client 2
From Whom?	_____	_____
Approximate Value	_____	_____
Date Received	_____	_____
Were any estate taxes paid?	_____	_____

Have you received any Federal Estate/Gift Tax Credit from a deceased spouse? _____

Other Information:

Location of Lock Box _____
In Whose Name(s) _____
Any Property of Others in the Box? _____
Where are Other Valuable Papers Kept? _____
Name of Broker _____
Name of Accountant _____
Name of Life Insurance Agent _____

PART II - MISCELLANEOUS PERSONAL INFORMATION.

1. Have you or your spouse made any substantial gifts (in excess of \$10,000.00 to any one person during any calendar year) in the past or placed property in joint names with someone other than your spouse?

Did you or your spouse file a gift tax return for the above gift(s)? _____

2. Do you or your spouse have any powers of appointment granted under someone else's will or trust? _____

3. Are you or your spouse the beneficiary under any trust? _____

4. Do you and your spouse have a pre-nuptial or post-nuptial agreement of any kind concerning the disposition of assets in the event of death or divorce? YES _____ NO _____

** Please attach a copy if any.

5. Are there any existing conflicts in your marriage or family that will affect your estate planning?

If yes, please describe: _____

PART II - FINANCIAL DATA

A. **ASSETS** (Not Including Life Insurance) - Use additional sheets if necessary.

	<u>Estimated Market Value</u>		
	(Client 1)	(Client 2)	(Joint)
Cash.....	\$ _____	\$ _____	\$ _____
Checking Accounts.....	\$ _____	\$ _____	\$ _____
Savings Accounts.....	\$ _____	\$ _____	\$ _____
Tangible Personal Property.....	\$ _____	\$ _____	\$ _____
Investment/Brokerage Accounts.....	\$ _____	\$ _____	\$ _____
Stocks (outside of brokerage accts).....	\$ _____	\$ _____	\$ _____
Bonds (outside of brokerage accts).....	\$ _____	\$ _____	\$ _____
Notes & Mortgages Receivable.....	\$ _____	\$ _____	\$ _____
Residence.....	\$ _____	\$ _____	\$ _____
Real Estate in This State.....	\$ _____	\$ _____	\$ _____
Real Estate in Other States.....	\$ _____	\$ _____	\$ _____
Business Interests.....	\$ _____	\$ _____	\$ _____

Pension, Profit Sharing, IRA, Etc.....	\$ _____	\$ _____	\$ _____
Other Property.....	\$ _____	\$ _____	\$ _____
TOTAL ASSETS (less life insurance)	\$ _____	\$ _____	\$ _____

B. LIFE INSURANCE: (Include Face Value of Policy in Policy Owner's Assets)

Company	Insured	Beneficiary	Owner	Cash Value	Face Amount
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

C. LIABILITIES:

	(Client 1)	(Client 2)	(Joint)
Notes and Mortgages Payable.....	\$ _____	\$ _____	\$ _____
Life Insurance Loans.....	\$ _____	\$ _____	\$ _____
Other Debts.....	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____

Please provide copies of bank/brokerage statements, IRA statements, insurance policies, etc.

REAL ESTATE (Please provide copies of deeds if you have them)

Primary Residence

1. Residence Address _____

Legal Title (Whose Name on Deed) _____

Fair Market Value _____ Assessed Value _____

Mortgage Amount: _____ Mortgagee _____

Basis Information (cost, date of acquisition, cost and date of improvements)

Other Property

2. Address _____

Legal Title (Whose Name on Deed) _____

Fair Market Value _____ Assessed Value _____

Mortgage Amount _____ Mortgagee _____

Basis Information (cost, date of acquisition, cost and date of improvements)

3. Address _____

Legal Title (Whose Name on Deed) _____

Fair Market Value _____ Assessed Value _____

Mortgage Amount _____ Mortgagee _____

Basis Information (cost, date of acquisition, cost and date of improvements)

PART III - TESTAMENTARY INSTRUCTIONS

1. **Testamentary wishes for Client 1:**

Desired disposition of assets if you are survived by your spouse:

Desired disposition if you are **not** survived by your spouse:

Desired disposition if no immediate family survive you:

Any specific bequests to individuals or charities (please provide detail):

2. **Testamentary Wishes for Client 2:**

Desired disposition of assets if survived by your spouse:

Desired disposition if you are not survived by your spouse:

Desired disposition if no immediate family survive you:

Any specific bequests to individuals or charities (please provide detail):

3. **PERSONAL REPRESENTATIVE (also known as “Executor”)**

List below the person(s) or corporation whom you wish to serve as personal representative(s).

Name of Primary Personal Representative(s)	Address
---	----------------

(Client 1) _____

(Client 2) _____

List below alternate personal representative(s) in order of priority

Name of Alternate Personal Representative(s)	Address
---	----------------

(Client 1) _____

(Client 2) _____

4. Guardians for Minor Children

Please list the name(s) of the individuals you would want to serve as guardians for your children if both parents were deceased or unable to properly care for the children.

	Name	Address
Primary Guardian	_____	_____
	_____	_____
Alternate Guardian	_____	_____
	_____	_____

5. Trusts for Minor Children

- a. Do you wish to establish a trust for minor children to hold and manage their assets until they reach an age designated by you? Yes No
- b. When should the trust terminate? When the child reaches the age of _____ years.

Please list the name(s) of the individuals you would want to serve as Trustee:

Primary Trustee: _____

Alternate Trustee: _____

6. Durable Powers of Attorney:

This document appoints an agent who can manage your **financial affairs** in the event you are incapacitated or otherwise unable to do so yourself.

Do you wish to have a durable power of attorney? Client 1 Yes No

Client 2 Yes No

Primary Agent (Name & Address)	(Client 1) _____
	(Client 2) _____
Alternate Agent (Name & Address)	(Client 1) _____
	(Client 2) _____

7. Healthcare Powers of Attorney:

This document appoints an agent who can manage your **healthcare** in the event you are incapacitated or otherwise unable to do so yourself.

Do you wish to have a healthcare power of attorney? Client 1 Yes No

Client 2 Yes No

Primary Agent (Name & Address) (Client 1) _____

(Client 2) _____

Alternate Agent (Name & Address) (Client 1) _____

(Client 2) _____

8. Living Wills (“Declaration of Desire for Natural Death”)

This document instructs physicians concerning your health care desires if you have a terminal illness or are permanently unconscious.

Do you wish to sign a “Living Will” Client 1 Yes No

Client 2 Yes No

**** If you need additional space to answer any questions, please include the information on a separate sheet of paper and attach it to this checklist.**

ONCE THIS QUESTIONNAIRE HAS BEEN COMPLETED,

PLEASE RETURN IT TO:

Rudnick and Rudnick, LLC

135 Pendleton St. NW

Aiken, SC 29801

Email: rudnickc@rudnicklaw.org