

RANDALL A. LENZ

ATTORNEY-AT-LAW-CERTIFIED PUBLIC ACCOUNTANT
199 14TH STREET, NE SUITE 1907
ATLANTA, GEORGIA 30309-3688
(404) 815-1731, (404) 351-0123 FAX (404) 815-0717
RLENZ@ATL.MINDSPRING.COM, WWW.RLENZ.COM

ESTATE PLANNING QUESTIONNAIRE
PREPARATION OF LAST WILL AND TESTAMENT(S)

Date: _____

Full Legal Names:

Yours: _____ Spouse: _____

Social Security No. _____ Social Security No. _____

Date/Place of Birth _____ Date/Place of Birth _____

Legal Residence: Street: _____ City: _____

County: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ Email: _____

Location of Safe Deposit Box: _____

Any Previous Marriages? _____ With Children? _____

_____ Both Spouses U.S. Citizens? _____

Type of burial desired: You: _____ Spouse: _____

Donation of organs desired: You: _____ Spouse: _____

Please provide the following information as applicable:

1) The full legal names, addresses, social security numbers (optional) and birthdates of all your children and any other intended beneficiaries of your estate:

<u>NAME/RELATION TO YOU</u>	<u>SSN</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Beneficiaries with special needs: _____

2) A list of your assets (cash, investments, real and personal property, etc.), including an estimate of their fair market value, location and whether the asset is held individually or jointly with a spouse or another person (see attached **Personal Financial Statement** form):

ESTATE PLANNING QUESTIONNAIRE (CONT'D)

3) A list of policies of insurance on your life including the face amount of coverage, beneficiary designation, type of policy (ie. term, whole life, universal life, etc.) and who owns the policy (usually the insured is also the owner):

<u>NAME OF INSURER</u>	<u>OWNER</u>	<u>TYPE</u>	<u>FACE AMOUNT</u>	<u>BENEFICIARY(S)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(OR PROVIDE IN THE ATTACHED FINANCIAL STATEMENT)

4) A list of employment benefits, including pension and retirement plans, deferred compensation arrangements, IRA's, life insurance and death benefits, relative to your retirement and death. If you have a publication or other information on these benefits, send that as well:

<u>RETIREMENT PLAN</u>	<u>OWNER</u>	<u>TYPE OF PLAN</u>	<u>APPROX VALUE</u>	<u>BENEFICIARY(S)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5) Information on potential inheritances from others by you;

6) Copies of your present will and trust instruments and any other material legal agreements you are a party to (pre-nuptial or divorce agreements, business buy-sell agreements, shareholder agreements, employment agreements, partnership agreements, long term leases, investment management agreements, option agreements, etc.);

7) Copies of your most recent income tax returns (optional);

8) Whom do you want to be the primary and successor executors of your estate? (executors are responsible for administering your property after your death according to the terms of your will and are usually the surviving spouse, trusted family members or advisors):

<u>PRIMARY & SUCCESSOR EXECUTORS / RELATION TO YOU</u>	<u>ADDRESS</u>	<u>TEL NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESTATE PLANNING QUESTIONNAIRE (CONT'D)

9) Whom do you want to be the primary and successor trustees under a trust for the benefit of your heirs, if necessary? (Trustees are responsible for the investment, management and distribution of monies to intended beneficiaries, usually a financially capable individual or bank trust department):

<u>PRIMARY & SUCCESSOR TRUSTEES / RELATION TO YOU</u>	<u>ADDRESS</u>	<u>TEL NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10) Whom do you want to be the primary and successor guardians for your minor children, if necessary?

<u>PRIMARY & SUCCESSOR GUARDIANS / RELATION TO YOU</u>	<u>ADDRESS</u>	<u>TEL NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11) Describe how you want your property to be divided and distributed upon your death? (usually to spouse and children, possibly other family members, close friends, etc.):

If all of your descendants were to die before receiving their inheritance, how would you want your property distributed (ie. 50% to your family, 50% to spouse's family or another way)? _____

12) Are there specific items of property you want to leave to certain individual or organization? (provision for church or other charity?):

<u>DESCRIPTION OF ITEM</u>	<u>BENEFICIARY</u>
_____	_____
_____	_____
_____	_____

(OR ATTACH A SEPARATE LIST)

(PROVIDE CONTACT INFO HERE OR IN ITEM 1)

You may wish to consider the following documents as part of your estate plan:

13) Living Will (allows for the removal of life support/nutrition in terminal situations);

14) Durable Power of Attorney (allows a designated person to act on your behalf in the event you are incapacitated or disabled):

ESTATE PLANNING QUESTIONNAIRE (CONT'D)

PRIMARY & SUCCESSOR <u>DESIGNEE(S) / RELATION TO YOU</u>	<u>ADDRESS</u>	TEL <u>NUMBER</u>
_____	_____	_____
_____	_____	_____

15) Medical Power of Attorney (allows a designated person to make medical or health care decisions on your behalf in the event you cannot do so):

PRIMARY & SUCCESSOR <u>DESIGNEE(S) / RELATION TO YOU</u>	<u>ADDRESS</u>	TEL <u>NUMBER</u>
_____	_____	_____
_____	_____	_____

16) Revocable Living Trust (property titled in this trust will avoid probate and ancillary probate for out-of-state property, allows for immediate distribution to beneficiaries, trustee can maintain control of assets, completely private);

17) Irrevocable Life Insurance Trust (for larger estates, allows life insurance proceeds to pass to children/grandchildren or other beneficiaries free of estate taxes);

18) Minor Trusts and other Irrevocable Living Trusts, Section 529 (Educational) Plans, Educational IRA's (generally used for present gifts of cash or property to reduce your taxable estate without making the gift immediately available to the beneficiary);

19) Charitable Remainder or Lead Trusts/Private Foundation (generally used when you desire to leave property to a charity but wish to retain an income interest during your life or remainder interest after your death, income tax charitable deduction immediately available, no gain on appreciated property used to fund the trust, trust income grows tax free, donor can be named trustee, removes property from taxable estate and from the reach of potential creditors).

20) Family or Investment Limited Partnerships (generally used for income and estate tax reduction, gifting of interests at a discount to fair market value and asset protection planning).

21) Business Recapitalization, Estate Freeze Techniques, ESOP buy-outs for non-publicly traded stock.

Please complete this questionnaire and attachments and either fax or mail back to us with the additional information requested, if applicable. Thank you for your consideration of these very important matters.

RANDALL A. LENZ, ATTORNEY-AT-LAW

Personal Financial Statement

Please complete the applicable portions of this Statement.

Section 1 – Individual Information				Section 2 – Individual Information (Spouse)			
Name				Name			
Address				Address			
City, State & Zip				City, State & Zip			
Position and occupation				Position and occupation			
Business Name				Business Name			
Business Address				Business Address			
City, State & Zip				City, State & Zip			
Date Licensed		License #		Date Licensed		License #	
Res. Phone	()	Bus. Phone	()	Res. Phone	()	Bus. Phone	()

Section 3 – Statement of Financial Condition as of: / / (Insert date here.)

ASSETS	In Dollars	LIABILITIES	Mo. Pmt.	In Dollars
Cash on hand and in bank - See Schedule A	\$	Notes payable to banks - Secured		\$
Marketable Securities - See Schedule B		Notes payable to banks - Unsecured		
Non-Marketable Securities - See Schedule C		Notes payable to individuals and others		
Securities held by broker in margin accounts		Due to brokers		
Restricted or control stocks		Accounts and bills due		
Real Estate Owned - See Schedule D		Unpaid income tax		
Accounts, loans and other notes you own		Other unpaid taxes and interest		
Automobiles & other vehicles		Real estate mortgages payable – See Schedule D		
Other personal property		Life insurance loans		
Cash value of life insurance		Credit Cards		
Fair Market Value of business ventures		Other debts – See Schedule F		
Retirement Plan Assets		Other debts – <u>itemize</u>		
Other Assets - <u>itemize</u>		Other debts – <u>itemize</u>		
Other Assets - <u>itemize</u>		Total Liabilities		\$
Total Assets	\$	NETWORTH (Assets – Liabilities)		\$

Section 4 – Other Information:

Have you ever been involved in a bankruptcy? Yes No If yes, when? _____ Explain the circumstances and results: _____

Do you have any issues regarding tax liens? Yes No If yes, explain: _____

Do you have any legal actions or judgments against you? Yes No If yes, explain: _____

Are you obligated to pay child support, alimony or any other separate maintenance? Yes No If yes, explain: _____

Do you or your spouse have any contingent liabilities? Are you a guarantor for any debts of another business or party? Yes No
If yes, explain: _____

Are you a partner or officer in any other venture? Yes No If yes, describe _____

Do you carry professional liability or an umbrella casualty insurance policy? Yes No If yes, in what amount(s) _____

Do you carry a disability insurance policy and does it provide a death benefit? Yes No If yes, in what amount _____

Do you carry any accidental death benefits associated with your credit cards? Yes No If yes, specify _____

SUPPORTING SCHEDULES

Schedule A – Banks, Savings & Loans, Credit Unions (etc.) where funds are on deposit:				
Name of Institution	In Name of	Type of Account	Account Number	Amount in Account

Schedule B – Marketable Securities:				
Number of Shares or Face Value of Bonds	Description	In Name of	Are these Pledged as Security?	Market Value

Schedule C – Non-Marketable Securities:				
Number of Shares	Description	In Name of	Are these Pledged as Security?	Value

Schedule D – Real Estate Owned:					
Address and Property Type	In Name of	Market Value	Mortgage Balance	Mortgage Holder	Date Acquired

Schedule E – Life Insurance:					
Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Value

Schedule F – Banks or Finance Company Creditors:						
Name of Lender	Address of Lender	Terms	Collateral	Date Opened	High Credit	Current Balance Owing

PLEASE RETURN THE COMPLETED DOCUMENT TO:

RANDALL A. LENZ, J.D., CPA
199 14TH STREET, NE SUITE 1907
ATLANTA, GA 30309-3688
Tel. 404-815-1731 Fax 404-815-0717
Email: rlenz@atl.mindspring.com