

ESTATE PLANNING QUESTIONNAIRE

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This questionnaire is meant to assemble some of the more common information needed to prepare your estate plan. Please complete it as accurately and completely as possible. All Information will be kept strictly confidential. Couples, please fill out both Client 1 and Client 2's information. Single persons need only complete Client 1's section. Please let me know if you have any questions when completing the Questionnaire.

CLIENT 1

CLIENT 2

Legal Name:

(first name) (full middle name)

(first name) (full middle name)

(last name)

(last name)

Address:

Name client

goes by:

Email address:

Home Phone:

(____) _____

(____) _____

Cellphone No.:

(____) _____

(____) _____

Date of Birth:

Social Sec. No.:

_____ - _____ - _____

_____ - _____ - _____

Occupation:

Business Name:

Address:

Business Phone:

(____) _____

(____) _____

Business Fax:

(____) _____

(____) _____

CLIENT 1

CLIENT 2

Are you a U.S. citizen?	Yes	No	Yes	No
Were you previously married?	Yes	No	Yes	No
Do you have children from a previous marriage?	Yes	No	Yes	No
Were you adopted?	Yes	No	Yes	No
Have you created or are you the beneficiary of any trusts?	Yes	No	Yes	No
Are any of your children adopted?	Yes	No	Yes	No
Are you expecting a substantial inheritance from another person or persons?	Yes	No	Yes	No
Do you have step-children?	Yes	No	Yes	No
Do you have long-term care insurance?	Yes	No	Yes	No
Do you or your family have any medical conditions which may require nursing care in the future?	Yes	No	Yes	No
Were any of your children conceived through or born by medical or artificial means?	Yes	No	Yes	No

CHILDREN/BENEFICIARIES

Name	Address and Phone No.	Date of Birth	Married?	No. of Children	Ages
_____	_____	_____	Yes No	_____	_____
	() _____				
_____	_____	_____	Yes No	_____	_____
	() _____				
_____	_____	_____	Yes No	_____	_____
	() _____				
_____	_____	_____	Yes No	_____	_____
	() _____				

(If there are additional children, please list the above information on a separate page and attach that page.)

ADVISORS

Investment _____

Phone No. (____)_____

Accountant _____

Phone No. (____)_____

Life Insurance _____

Phone No. (____)_____

Please describe briefly any special goals and/or concerns for yourselves and your family members such as health concerns, potential conflicts, or the ability to handle finances.

SUMMARY OF ASSETS AND LIABILITIES

INCOME

Client 1 salary \$_____	Client 2 salary \$_____	Pension \$_____
Social Security \$_____	Dividend/Interest \$_____	Other \$_____

CLIENT 1***CLIENT 2******JOINT*****CASH**

Checking, savings, CD's & Money Market accounts:

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____

INVESTMENT ACCOUNTS

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____

OTHER INVESTMENTS (STOCK ACCOUNT/CERTIFICATES, SAVINGS/TREASURY BONDS, ETC.)

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____

RETIREMENT ASSETS/ANNUITIES

	PLAN 1	PLAN 2	PLAN 3
Type _____	_____	_____	_____
Participant/Annuitant _____	_____	_____	_____
Current value \$ _____	\$ _____	\$ _____	\$ _____
Designated beneficiary(ies) _____	_____	_____	_____
Annual contribution \$ _____	\$ _____	\$ _____	\$ _____
Annual withdrawal \$ _____	\$ _____	\$ _____	\$ _____

	PLAN 4	PLAN 5	PLAN 6
Type _____	_____	_____	_____
Participant/Annuitant _____	_____	_____	_____
Current value \$ _____	\$ _____	\$ _____	\$ _____
Designated beneficiary(ies) _____	_____	_____	_____
Annual contribution \$ _____	\$ _____	\$ _____	\$ _____
Annual withdrawal \$ _____	\$ _____	\$ _____	\$ _____

REAL ESTATE

	CLIENT 1	CLIENT 2	JOINT
1. Principal Residence	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____

(If there is additional real estate, please list the above information on a separate page and attach that page.)

Is any of the real estate listed above rental property? ☐ yes ☐ no. **If yes, which property(ies) do you rent and how much income is earned each year?** _____

NOTES AND ACCOUNTS RECEIVABLES (include loans to family members)

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

BUSINESS OR PROFESSIONAL PRACTICE

Type and name of business: _____

☐ S Corporation ☐ C Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC

Ownership percentages: Client 1 _____% Client 2 _____% Joint _____% Other _____%

Estimated fair market value of business (If sold today what would be price?) \$ _____

Face value of life insurance owned by business \$ _____

At what rate is the value of your business growing each year? _____%

Is there a buy/sell agreement in place? ☐ yes ☐ no. If yes, what is date of agreement?

Long term, do you wish to ☐ sell your interest or ☐ pass it on to other family members?

CLIENT 1 *CLIENT 2* *JOINT*

Miscellaneous Assets:

Tangible personal property \$ _____ \$ _____ \$ _____

Please describe any tangible personal property of significant value (such as an art collection):

Motor vehicles and/or boats \$ _____ \$ _____ \$ _____

Estimated future inheritance \$ _____ \$ _____ \$ _____

Other \$ _____ \$ _____ \$ _____

Please describe anticipated future inheritance(s): _____

LIFE INSURANCE

	<i>POLICY 1</i>	<i>POLICY 2</i>	<i>POLICY 3</i>
Insurance company	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary(ies)	_____	_____	_____
Face value	\$ _____	\$ _____	\$ _____
Cash value	\$ _____	\$ _____	\$ _____

	<i>POLICY 4</i>	<i>POLICY 5</i>	<i>POLICY 6</i>
Insurance company	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary(ies)	_____	_____	_____
Face value	\$ _____	\$ _____	\$ _____
Cash value	\$ _____	\$ _____	\$ _____

OTHER INSURANCE

Please indicate whether you have any of the following types of insurance and provide details:

Umbrella insurance? ☐ yes ☐ no. If yes, details: _____

Long-term health care insurance? ☐ yes ☐ no. If yes, details: _____

Disability insurance? ☐ yes ☐ no. If yes, details: _____

Liabilities

Personal debts:

Primary mortgage	\$ _____	Personal loans	\$ _____
Second mortgage	\$ _____	Auto loan #1	\$ _____
Student loans	\$ _____	Auto loan #2	\$ _____
Other mortgages	\$ _____	Other debts	\$ _____

Business debts:

Business loans	\$ _____	Account Payable	\$ _____
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The information provided in this Questionnaire is as complete as possible to the best of my/our ability. I/We understand that if it is missing any significant information, it will impact the ability of Stark & Knoll to provide the best estate planning advice for me or us and may result in additional estate or income tax liability if significant information is missing.

Signed: _____
Client 1

Date

Signed: _____
Client 2

Date