

ESTATE PLANNING INFORMATION FORM

(Please print all information clearly)

Date: _____

1) **Name:** _____
First Middle Last

Date of birth: _____ Birthplace: _____
City State

Social Security No. ____ - ____ - ____ Maiden name: _____
If applicable

Marital status: Single/Married/Divorced/Widowed Date married: _____
(circle one)

Any previous marriages? Yes/No If so, how was it terminated? Death/Divorce

Date of marriage termination: _____ Where terminated: _____
County and State

Children by prior marriages:

A) _____ D.O.B _____
Address _____
Phone _____

B) _____ D.O.B _____
Address _____
Phone _____

C) _____ D.O.B _____
Address _____
Phone _____

2) **Spouse:** _____
First Middle Last

Date of birth: _____ Birthplace: _____
City State

Social Security No. ____ - ____ - ____ Maiden name: _____
If applicable

Marital status: Single/Married/Divorced/Widowed Date married: _____
(circle one)

Any previous marriages? Yes/No If so, how was it terminated? Death/Divorce

Date of marriage termination: _____ Where terminated: _____
County and State

Children by prior marriages:

A) _____ D.O.B. _____
Address _____
Phone _____

B) _____ D.O.B. _____
Address _____
Phone _____

C) _____ D.O.B. _____
Address _____
Phone _____

3) **If your spouse is living**, do you desire wills with identical provisions? Yes ___ No ___

4) **Residence address:** _____

Home Telephone: () _____ Business Telephone: () _____
Cell Phone No. _____ e-mail _____

5) **Children by present marriage:**

A) Name: _____ D.O.B. _____
Address: _____ Son/Daughter
Phone _____

B) Name: _____ D.O.B. _____
Address: _____ Son/Daughter
Phone _____

C) Name: _____ D.O.B. _____
Address: _____ Son/Daughter
Phone _____

D) Name: _____ D.O.B. _____
Address: _____ Son/Daughter
Phone _____

6) **Disposition of estate:** All to spouse if spouse survives? Yes ___ No ___

Do you want to leave a written list disposing of certain household items? Yes ___ No ___

In the event the spouse dies first or if you are not married identify who and what percentage you want to receive your estate.

A) _____ % to _____

B) _____ % to _____

C) _____ % to _____

D) _____ % to _____

If your beneficiaries are your children - do you want to include children that may be born after this date and/or adopted? Yes _____ No _____.

If your children should predecease you or fail to survive - do you want to have that child's share distributed to the child's issue? Yes _____ No _____.

(Optional) In the event you would have no spouse, children or lineal descendants who would receive your estate?

A) _____ % to _____

B) _____ % to _____

C) _____ % to _____

7. **Executor/Trustee:** (should be a resident of your state)

Spouse to serve: yes _____ no _____ Bond: yes _____ no _____

If no or not spouse, then: _____ Bond: yes/no

Address _____

Street City State Zip Relationship

Alternate _____ Bond: yes/no

Address _____

Street City State Zip Relationship

(Optional - if you have minor children)

8. **Guardian for care of minor children:** (need not be resident of your state)

Name _____ Relationship _____

Address _____

ALTERNATE:

Name _____ Relationship _____

Address _____

9. **Guardian for management of estate of children:** (preferably a resident of your state)

Name _____ Relationship _____

Address _____

ALTERNATE:

Name _____ Relationship _____

Address _____

10. I AM INTERESTED IN THE FOLLOWING DOCUMENTS:

YES ___ NO ___ LIVING TRUST AGREEMENT/WITH WILL*
(my desire is to avoid probate to the extent possible)

YES ___ NO ___ LAST WILL AND TESTAMENT

YES ___ NO ___ DURABLE POWER OF ATTORNEY *
(to handle affairs such as check writing and finances in the event you are not able) OR

YES ___ NO ___ HEALTH CARE POWER OF ATTORNEY/LIVING WILL*
(to designate an individual to make health care choices for you in the event you are not able)

* ADDITIONAL FEES APPLY TO THE PREPARATION OF THESE DOCUMENTS

11. DO YOU HOLD TITLE TO REAL ESTATE WITH A SPOUSE? YES ___ NO ___
IF SO, DO YOU HAVE 'SURVIVORSHIP DEED'? YES ___ NO ___

12. PLEASE PREPARE MY/OUR ESTATE PLAN AS INDICATED ABOVE. I/WE UNDERSTAND THAT THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

I HEREBY SPECIFY ATTORNEY (Lee Skidmore, Rob Skidmore or Mark Stasitis) to prepare these documents on my behalf. (Choose only if you have a preference)

Signature Date

Signature Date

Estate Planning Questionnaire
 To be held in strict confidence by SKIDMORE & HALL

Your names: _____

Assets:	VALUE Fair Market value	(check whose name the asset is held)		
		Husband	Wife	Joint
Residence: Address	\$ _____	_____	_____	_____

Other Real Estate Ohio	\$ _____	_____	_____	_____

_____	\$ _____	_____	_____	_____

Outside Ohio,	\$ _____	_____	_____	_____

_____	\$ _____	_____	_____	_____

Cash Checking (bank) account#	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Savings (bank) account#	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Investments CD/MF/Mutual Funds/ Stocks/Bonds	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Life Insurance
Company

Company	Face Amount (cash value)	Owner	Beneficiary
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Business Interests
Partnerships
Limited Liability Company
Corporations/non public

	Value of Business	Ownership Interest	H/W
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Retirement Plans
Pension/profit sharing
401-K, IRA, SEP, other
(list plan)

	Current Value	Owner	Beneficiary
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Personal Property
vehicles/recreational/boats
trailers/motorhomes

	current value	debt amount	owner (H/W)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

TOTAL ASSETS \$ _____

Liabilities

Notes secured by First Mortgage	_____
Notes secured by Second Mortgage	_____
Unsecured Notes	_____
Personal Loans	_____
Family Loans	_____
Credit Card Balances	_____
Other debts	_____
TOTAL LIABILITIES	\$ _____

Net Worth (total assets-total liabilities) \$ _____

Questions.

1. List any special needs or health care needs for family members or children

2. List any prenuptial agreement between you and your spouse.

3. List any gifts you or your spouse have made over \$10,000.00.

4. List any inheritance that you or your spouse has or expects to receive.

