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ESTATE PLANNING QUESTIONNAIRE

Limited Purpose of Questionnaire: Please understand this questionnaire should not be relied upon as legal advice. It is a tool designed to gather information you will need to make informed estate planning decisions. Completing this questionnaire does not establish an attorney-client relationship.

PERSONAL INFORMATION

CLIENT INFORMATION

Full Name: _____
Date of Birth: _____ U.S. Citizen? _____ County of Residence: _____
Address: _____
Employer: _____ Job Title: _____
Home phone: (_____) _____ Mobile phone: (_____) _____
Work phone: (_____) _____ Email: _____

MARITAL STATUS

- Married, Date of Marriage _____ Single
 Widow/widower Single, living with someone in a committed relationship
 Divorced Engaged
 Separated

CLIENT INFORMATION (Spouse)

Full Name: _____
Date of Birth: _____ U.S. Citizen? _____ County of Residence: _____
Address: _____
Employer: _____ Job Title: _____
Home phone: (_____) _____ Mobile phone: (_____) _____
Work phone: (_____) _____ Email: _____

CHILDREN (Names, dates of birth, phone numbers & addresses. Indicate children from prior relationships):

Name: _____, Date of Birth: _____, Phone:(_____) _____,
Address: _____
Name: _____, Date of Birth: _____, Phone:(_____) _____,
Address: _____
Name: _____, Date of Birth: _____, Phone:(_____) _____,
Address: _____
Name: _____, Date of Birth: _____, Phone:(_____) _____,
Address: _____
Name: _____, Date of Birth: _____, Phone:(_____) _____,
Address: _____

Have you signed a prenuptial agreement, postnuptial agreement, or separation agreement? _____. If so, please bring a copy to our initial meeting.

Are either you or your spouse currently in a health care facility or expected to be in such a facility in the near future ____? If "yes," is the stay expected to be lengthy/permanent _____?

Does any member of your family have special needs or receive government assistance of any kind? If so, please explain:

Do you own an interest in a closely-held business? _____. If so, please provide the name and describe type of entity (e.g. LLC or S-corporation). _____

Would you estimate the value of all of your assets, including life insurance, to be greater than \$5 million? _____

Do you have an existing Will or other estate planning documents? _____. If so, please provide them prior to our meeting or bring them to our meeting.

ASSETS

Describe any life insurance policies, retirement accounts and annuities.

<u>DESCRIPTION</u>	<u>OWNER/POLICY HOLDER</u>	<u>VALUE</u>	<u>BENEFICIARY</u>
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:

Describe any assets *other* than retirement accounts, life insurance and annuities. Indicate the value and whether it is owned by you, by your spouse or jointly. Indicate any persons you have named as transfer-on-death or pay-on-death beneficiaries. Include bank accounts, stocks, business interests, and all real estate (including your home) and indicate the balance of any mortgage.

<u>DESCRIPTION</u>	<u>OWNER(S)</u>	<u>VALUE</u>	<u>BENEFICIARY (TOD/POA Designations)</u>
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:
			Primary:
			Secondary:

ESTATE PLANNING GOALS

We will discuss your estate planning goals in detail at our meeting. To assist in preparing for the meeting, please explain in your own words who you want to benefit from your estate when you pass away. (For example, "All of my estate goes to my surviving spouse, and if I have no surviving spouse, to my children in a trust.")

NOMINATIONS

Please identify potential candidates to serve important roles in your estate plan. We will explain these roles and discuss your selections in greater detail in our meeting.

GUARDIAN OF YOUR MINOR CHILDREN

A Guardian is a person(s) you nominate to provide for the care and custody of your minor children until they become adults. Minor children will typically reside with the Guardian(s) in their home. Under its inherent authority to look after the best interests of the child, a court must approve any Guardian nominated.

If you have minor children, whom would you want to nominate as their Guardian?

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

First Choice's Address: _____

First Choice's Phone Number: (_____) _____

Second Choice's Address: _____

Second Choice's Phone Number: (_____) _____

TRUSTEE OF TRUST

A Trustee is a person(s) or other representative (including a Trust Company) who has the legal title over and responsibility to manage property for the benefit of a designated person(s). Trustee(s) are often used to manage property for minor children until they attain the age chosen by their parents.

Whom would you want to serve as Trustee?

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

NOMINATIONS (Spouse #1 – Name _____)

PERSONAL REPRESENTATIVE (also known as an executor)

Definition of an Personal Representative: A Personal Representative is a person(s) or other representative (including a Trust Company) you appoint under your Will to be responsible for administering your estate. A Personal Representative's duties include filing your Will at the Courthouse after your death, gathering your assets, paying your debts, and distributing property to your beneficiaries. They are also responsible for preparing certain tax returns after your death.

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

DURABLE POWER OF ATTORNEY

A Power of Attorney enables another person to manage your financial affairs when you are not able to do so. It can be useful if you are suddenly disabled for any reason or just need help in dealing with your financial Would you like a Power of Attorney? _____

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

ADVANCED DIRECTIVE FOR HEALTH CARE DECISIONS

Appointing a Health Care Representative enables the appointed person to make health care decisions for you when you are not able to do so. (This appointment is sometimes called a Health Care Power of Attorney.) Would you like to appoint a Health Care Representative? _____

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

First Choice's Address: _____

First Choice's Phone Number: (_____) _____

Second Choice's Address: _____

Second Choice's Phone Number: (_____) _____

In the Advanced Directive for Health Care Decisions, you have the option to express your desires concerning life-prolonging measures (for example, ventilator or artificial nutrition) in the event that you are terminally ill and unable to make your own health care decisions.

NOMINATIONS (Spouse #2 – Name _____)

PERSONAL REPRESENTATIVE (also known as an executor)

Definition of an Personal Representative: A Personal Representative is a person(s) or other representative (including a Trust Company) you appoint under your Will to be responsible for administering your estate. A Personal Representative's duties include filing your Will at the Courthouse after your death, gathering your assets, paying your debts, and distributing property to your beneficiaries. They are also responsible for preparing certain tax returns after your death.

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

DURABLE POWER OF ATTORNEY

A Power of Attorney enables another person to manage your financial affairs when you are not able to do so. It can be useful if you are suddenly disabled for any reason or just need help in dealing with your financial Would you like a Power of Attorney? _____

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

ADVANCED DIRECTIVE FOR HEALTH CARE DECISIONS

Appointing a Health Care Representative enables the appointed person to make health care decisions for you when you are not able to do so. (This appointment is sometimes called a Health Care Power of Attorney.) Would you like to appoint a Health Care Representative? _____

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

First Choice's Address: _____

First Choice's Phone Number: (_____) _____

Second Choice's Address: _____

Second Choice's Phone Number: (_____) _____

In the Advanced Directive for Health Care Decisions, you have the option to express your desires concerning life-prolonging measures (for example, ventilator or artificial nutrition) in the event that you are terminally ill and unable to make your own health care decisions.

WAIVER OF CONFLICT OF INTEREST

It is common for a husband and wife to employ the same lawyer to assist them in planning their estates. You should know that you are free to retain separate counsel if you would like to do so. You have each chosen to ask us to represent both of you in your estate planning. It is important that you understand that because we will be representing both of you, you are considered our client collectively. Accordingly, any matter that one of you might discuss with us may be disclosed to the other of you. Ethical considerations prohibit us from agreeing with either of you to withhold information from the other. Of course, anything either of you discusses with us is privileged from disclosure to third parties.

If a conflict of interest arises between you during the course of your planning or if the two of you have difference of opinion, we can point out the "pros and cons" of your respective positions or differing opinions. However, ethical considerations prohibit us, as the lawyers for both of you, from advocating one of your positions over the other. Furthermore, we would not be able to advocate one of your positions versus the other if there is a dispute at any time as to your respective property rights or interests or as to other legal issues between you. If actual conflicts of interest do arise between you of such a nature that in my judgment it is impossible for us to perform our ethical obligations to both of you, it would become necessary for us to withdraw as your joint lawyers.

Once documentation is executed to put into place the planning that you have hired us to implement, our engagement will be concluded and our attorney-client relationship will terminate. If you need our services in the future, please feel free to contact us and renew our relationship. In the meantime, we will not take any further action with reference to your affairs unless and until we hear otherwise from you.

If you have any questions about anything discussed in this Waiver, please let us know. In addition, you should feel free to consult with another lawyer about the effect of signing this Waiver.

CONSENT

By returning this questionnaire or proceeding with an appointment with BALL EGGLESTON PC, you acknowledge that (i) you have read the foregoing Waiver and understand its contents, (ii) you consent to having BALL EGGLESTON PC represent you on the terms and conditions set forth and (iii) you agree that the attorneys at BALL EGGLESTON PC may, in their discretion, share with both of you any information regarding the representation that is received from either of you or any other source.