

DuBois Law Group, PLLC

CONFIDENTIAL
TRUST & ESTATE ADMINISTRATION QUESTIONNAIRE

This questionnaire is designed to help us gather the information necessary to properly plan to protect your assets (or the assets of a family member or friend) during a time when there may be a need for Long-Term Care. Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

DATE: _____

SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form: _____
(first) (middle) (last)

Home Address: _____

Relationship to Decedent: _____

Decedent's Full Name: _____
(first) (middle) (last)

Home Address: _____

Date of Death: _____

SURVIVING SPOUSE

Telephone Numbers: _____
(home) (cell)

Date of Birth: _____

Former/Maiden Names: _____

Social Security Number: _____ US Citizen?: [] Yes [] No

SECTION 2. MARITAL INFORMATION

A. Date of Marriage: _____

B. Place of Marriage: _____
(city) (state or province) (country)

SECTION 3. CHILDREN

List all children. Copy and attach additional pages, if needed. Total number of children: _____
If no children, please list any grandchildren. If no grandchildren, list nearest blood relatives (parents, siblings, nieces/nephews, etc.)

1. _____ (name of child) _____ (date of birth) _____ (social security number)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) **Yes** **No** (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)

2. _____ (name of child) _____ (date of birth) _____ (social security number)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) **Yes** **No** (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)

3. _____

(name of child)

(date of birth)

(social security number)

Parent: Client Spouse Both

(current address)

(phone number)

Adopted

(date of adoption)

(court granting adoption)

Deceased

(date of death)

Yes **No**

(child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)

4.

(name of child)

(date of birth)

(social security number)

Parent: Client Spouse Both

(current address)

(phone number)

Adopted

(date of adoption)

(court granting adoption)

Deceased

(date of death)

Yes **No**

(child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)

5.

(name of child)

(date of birth)

(social security number)

Parent: Client Spouse Both

(current address)

(phone number)

Adopted

(date of adoption)

(court granting adoption)

Deceased

(date of death)

Yes **No**

(child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)

6. _____ (name of child) _____ (date of birth) _____ (social security number)

Parent: Client Spouse Both

_____ (current address) _____ (phone number)

Adopted _____ (date of adoption) _____ (court granting adoption)

Deceased _____ (date of death) Yes No (child has surviving children?)

(Describe this child -- does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

(Use additional pages, if needed)

SECTION 5. DEBT

Enter the outstanding balance of debt. For a married couple, be sure to include both spouses' debt.

<u>Description/Type of Debt</u>	<u>Whose debt?</u>	<u>Creditor</u>	<u>Balance</u>
Credit card (sample)	John and Jane's	US Bank	\$ xx,xxx.xx
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

SECTION 6. ASSETS AND RESOURCES

A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)
(Please provide copies of statements)

<u>Name of Bank/Branch</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Balance/Value</u>	<u>How Title Held</u>
Big Bank/Main St. (sample)	xxx-xxxx	Savings	\$ xx,xxx.xx	Jointly w/ son
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

_____ \$ _____
 _____ \$ _____

B. SECURITIES (Bonds, Marketable Securities, etc.)
(Please provide copies of statements)

<u>Name of Company</u>	<u>Type of Sec.</u>	<u># Shares/Face Val.</u>	<u>Cost</u>	<u>Current Val.</u>	<u>How Title Held</u>
Acme Corp. (sample)	Common (or Preferred)	xx Shares	\$ x,xxx.xx	\$ x,xxx.xx	Sole owner
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

C. RETIREMENT ACCOUNTS (IRAs, Keoghs, etc.)
(Please provide copies of statements and beneficiary designations)

<u>Name of Institution</u>	<u>Account No.</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Date Est.</u>	<u>Current Value</u>
Big Broker (sample)	xxx-xxxx	Client	Spouse	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

D. REAL ESTATE
(Please provide copies of deeds and most recent tax bills)

<u>Description (Location)</u>	<u>Cost (Basis)</u>	<u>Market Value</u>	<u>Mortgage Bal.</u>	<u>How Title Held</u>
123 Know Way (sample)	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xx,xxx.xx	Joint tenant
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

E. PERSONAL PROPERTY

	<u>Market Value</u>	<u>How Title Held</u>
Home Furnishings:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Jewels, Furs, etc.:	\$ _____	_____
_____:	\$ _____	_____
(other: collectibles, etc.)		
_____:	\$ _____	_____
_____:	\$ _____	_____

F. BUSINESS INTERESTS

If the person needing long-term care has any business interests, please provide a short description giving the name, location, percentage owned, names and relationship of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.). Please bring a copy of any agreements, financial statements, etc.

G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of the Trust in which the person needing long-term care has an interest, or the person who is the source of the inheritance. Please provide a copy of the instrument which creates the interest, if available. If not, please advise how we may obtain a copy.

H. MISCELLANEOUS

If the Decedent had any property interests not described above, please explain the nature of the interests and the estimated value of each (but not life insurance—see Section 20).

SECTION 7. LIFE INSURANCE

If the person needing care has life insurance, please provide the following information:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>	<u>Cash Surrender Value</u>
Acme Insurance (sample)	123-45-6789	Whole Life	\$ 1,000	\$ 10,000
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

SECTION 8. PLANNING AND OTHER DOCUMENTS

Please provide a copy of each document.

	<u>Client</u>	<u>Spouse</u>
Will:	[] Yes [] No	[] Yes [] No
Revocable Living Trust:	[] Yes [] No	[] Yes [] No
Pour-Over Will:	[] Yes [] No	[] Yes [] No
Irrevocable Trust:	[] Yes [] No	[] Yes [] No
_____:	[] Yes [] No	[] Yes [] No
_____:	[] Yes [] No	[] Yes [] No
_____:	[] Yes [] No	[] Yes [] No

(specify)

SECTION 9. CLIENT'S GOALS

What are your goals?
