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Reply to: Fort Myers

## **CONFIDENTIAL COMPREHENSIVE ESTATE PLANNING QUESTIONNAIRE**

### **I. PEOPLE**

#### **A. YOU**

Full Legal Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_.  
How long at this address? \_\_\_\_\_; How many days per calendar year do you stay at this address? \_\_\_\_\_.

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ (Active or Retired?)

Citizenship: \_\_\_\_\_

#### **B. YOUR SPOUSE**

Full Legal Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_.  
How long at this address? \_\_\_\_\_; How many days per calendar year do you stay at this address? \_\_\_\_\_.

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ (Active or Retired?)

Citizenship: \_\_\_\_\_

- Do you and/or your spouse have a will, trust, power of attorney, advance directives (i.e. Designation of Health Care Surrogate, Living Will) or other estate planning documents in place now?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If so, please provide a copy.)

- Please list all states in which you have lived since your marriage.

\_\_\_\_\_

- Do you and your spouse have a prenuptial or postnuptial agreement between you?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If so, please provide a copy.)

- Have you or your spouse ever been married or divorced before?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If so, please provide a copy of any documentation which provides for continuing alimony or child support obligations.)

- Do you or your spouse have children from a previous marriage or relationship?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you or your spouse have any deceased children?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you have any family members or other persons, other than minor children listed below, who are dependent upon you or your spouse for support?

- How would you characterize your current health?

**You** – \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor  
**Spouse** – \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

**C. YOUR CHILDREN AND GRANDCHILDREN**

**Child #1** Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

**Child # 2** Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_

**Child # 3** Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_

**For additional children, please use a separate sheet of paper.**

**Please list any grandchildren:**

Name            Names of Parents            Date of Birth            Permanent Address if Different than Parent

**II. INCOME AND ASSETS**

	<u>YOU</u>	<u>SPOUSE</u>	<u>JOINT</u>
<b><u>Annual Income</u></b>			
Salaries	\$ _____	\$ _____	\$ <u>XXX</u>
Pensions	\$ _____	\$ _____	\$ <u>XXX</u>
Social Security	\$ _____	\$ _____	\$ <u>XXX</u>
Interest	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Net Rents	\$ _____	\$ _____	\$ _____
Royalties	\$ _____	\$ _____	\$ _____
Trusts	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b><u>Assets</u></b>			
Cash/ Checking/Savings/CDs (See Attachment A)	\$ _____	\$ _____	\$ _____
Stocks/Bonds/ETFs/ Mutual Funds (See Attachment A)	\$ _____	\$ _____	\$ _____
Notes, Receivables (See Attachment A)	\$ _____	\$ _____	\$ _____
Employee Benefits/ Retirement Accounts (IRA, 401k, etc.) (See Attachment A)	\$ _____	\$ _____	\$ <u>XXX</u>
Primary Residence (Homestead) (See Attachment B)	\$ _____	\$ _____	\$ _____

	<u><b>YOU</b></u>	<u><b>SPOUSE</b></u>	<u><b>JOINT</b></u>
Other Real Estate (See Attachment B)	\$ _____	\$ _____	\$ _____
Automobiles/Motor Vehicles (See Attachment C)	\$ _____	\$ _____	\$ _____
Collectibles (See Attachment C)	\$ _____	\$ _____	\$ _____
Patents, Trademarks, Copyrights, Royalties (See Attachment C)	\$ _____	\$ _____	\$ _____
Expected Inheritance, Gifts, or Uncollected Judgments (See Attachment C)	\$ _____	\$ _____	\$ _____
Life Insurance -Death Benefit	\$ _____	\$ _____	\$ _____
-Cash Value, if any (See Attachment D)	\$ _____	\$ _____	\$ _____
Business Interests/Ownership (See Attachment E)	\$ _____	\$ _____	\$ _____
Miscellaneous/Other (See Attachment C)	\$ _____	\$ _____	\$ _____

\*Do you own a safe deposit box?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please see Attachment A to provide the location and ownership.

\*Do you currently own/maintain any insurance policies (other than life insurance which is referenced above), including but not limited to auto, home, personal property (i.e. art, collectibles, jewelry) umbrella liability, accidental death, disability, long term care, or are you the insured on any insurance policies owned/maintained by others?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please see Attachment D.

\*Do you use/own/maintain online accounts or other digital assets, including but not limited to, online banking and brokerage services, Facebook, Google, LinkedIn, Twitter, iTunes, Spotify, Pinterest, store photos or documents in “the Cloud”, etc.).  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please see Attachment F.

**III. LIABILITIES**

Mortgage on Primary Residence (See Attachment B)	\$ _____	\$ _____	\$ _____
Mortgage on Other Real Estate (See Attachment B)	\$ _____	\$ _____	\$ _____
Bank Loans/Auto Loans (See Attachment C)	\$ _____	\$ _____	\$ _____
Business Loans (See Attachment E)	\$ _____	\$ _____	\$ _____
Charitable Pledges	\$ _____	\$ _____	\$ _____
Other Liabilities	\$ _____	\$ _____	\$ _____

**IV. ESTATE PLAN / DISTRIBUTION OF ESTATE / BURIAL INSTRUCTIONS**

Based upon your current understanding and wishes about your estate, please answer the following questions to the best of your ability.

A. On a scale of 1-6, with 1 being the most important, and 6 being the least important, please rank these 6 estate planning goals:

- \_\_\_ - Provide for your spouse
- \_\_\_ - Provide for your children
- \_\_\_ - Avoid or minimize estate taxes
- \_\_\_ - Avoid probate
- \_\_\_ - Ensure a comfortable retirement
- \_\_\_ - Make charitable donations

B. Upon the death of you or your spouse, do you wish for the survivor of the two of you to receive each other's entire estate?

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Do you wish for the survivor of you and your spouse to receive the their bequest outright, or in trust for one or more of the purposes of (i) seeking protection from creditors, and/or (ii) minimizing or avoiding estate tax, and/or (iii) allowing the first spouse to die to control the ultimate distribution of any remaining property after the surviving spouse's death?

Outright \_\_\_\_\_ In Trust \_\_\_\_\_

**D.** Upon the last death of you and your spouse, do you wish for your estate to be distributed equally to your child(ren)?

Yes \_\_\_\_\_ No \_\_\_\_\_

When/how do you want your estate distributed to your children?

Outright, immediately \_\_\_\_\_ In trust, to be distributed over time \_\_\_\_\_

**E.** If any of your children dies before you and your spouse, to whom do you want that deceased child's inheritance to be distributed?

- \_\_\_\_\_ To their children, in equal shares.
- \_\_\_\_\_ To their living brothers and/or sisters, in equal shares.
- \_\_\_\_\_ To their spouse.
- \_\_\_\_\_ Other

**F.** If you or your spouse wish for any property of your estate(s) to be distributed to person(s) other than each other at the time the first spouse dies, or other than to your child(ren) at the death of the second spouse (or as stated in section "D." immediately above in the event of the prior death of any of your children), please identify that property, the recipient, and describe such bequest(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G.** Do you wish to distribute a portion of your estate directly to grandchildren?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when/how do you want your estate distributed to your grandchildren?

Outright, immediately \_\_\_\_\_ In trust, to be distributed over time \_\_\_\_\_

**H.** Do any of your children or grandchildren have special needs due to disability or otherwise, for whom you would like to make special provisions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe your desired special provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. Have you previously made any gifts that required the filing of a gift tax return?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If so, please provide a copy of the gift tax return(s))

**J. Do you and/or your spouse wish to make any charitable donations as part of your estate plan(s)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe the property, recipient charity, and details of when (during life or at death), and in what manner you wish to make such donations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K. Personal Representative, Trustee, Guardian, Agent, Health Care Advocate, Living Will**

**(i) In the event a probate of your estate is required, who do you want to serve as your Personal Representative(s)?**

Name: _____	_____
Address: _____	_____
Phone: _____	_____

**Alternate/Successor Personal Representative**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**(ii) In the event your estate plan includes a trust(s), who do you want to serve as the Trustee(s)?**

Name: _____	_____
Address: _____	_____
Phone: _____	_____

**Alternate/Successor Trustee**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_



(iii) If you have minor children, who do you want to appoint as guardian, if needed?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate/Successor Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(iv) Who do you want to serve as your attorney-in-fact under a durable power of attorney (in case of your incapacity or disability)?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate/Successor Attorney-in-Fact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(v) Do you wish to designate a Health Care Surrogate to make health care decisions for you in the event you are unable to do so for yourself?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please provide the name, address, and telephone number of your designated surrogate, and an alternative/backup surrogate, if any.

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(vi) Do you wish to prepare a Living Will in order to provide guidance to doctors and family whether to withhold, withdraw, or continue life prolonging care in the event that you have a terminal condition, an end-stage condition, or are in a persistent vegetative state?

Yes \_\_\_\_\_ No \_\_\_\_\_

**L. Burial Instructions**

- (i) Do you wish to have your remains cremated?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Unsure\_\_\_\_\_ If yes, what are your wishes, if any, for interment or “scattering” of your ashes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (ii) Do you own a burial plot, or wish to be buried in a particular cemetery?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. GENERAL INFORMATION AND ADVISORS**

**A. Contact Information**

- o Your preferred mailing address, if different than home address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- o Email Address(es), if any, at which you would like to receive communications from your attorney regarding your estate planning:

\_\_\_\_\_

- o Telephone Number(s): \_\_\_\_\_

**B. Other Advisors and Consultants**

- o **Accountant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

○ **Financial Planner / Investment Advisor / Wealth Manager**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

○ **Insurance Agent**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

We affirm that the information stated above and in the related attachments is correct and complete to the best of our knowledge. We understand that in representing us, Hewson & Van Hellemont, P.C. is relying upon the accuracy and completeness of the information we have provided, and that inaccuracies and/or omissions can possibly result in adverse legal and tax consequences for each or both of us, and for our heirs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT A**

**LIQUID ASSETS AND RETIREMENT ACCOUNTS / EMPLOYEE BENEFITS**

**A. Cash and Bank Accounts**

**Amount**

	Bank	Husband	Wife	Joint
Cash		_____	_____	_____
Checking Account(s)	_____	_____	_____	_____
	_____	_____	_____	_____
Savings Account(s)	_____	_____	_____	_____
	_____	_____	_____	_____
Certificate(s) of Deposit	_____	_____	_____	_____
	_____	_____	_____	_____

**B. Investments** – (In lieu of specifically identifying and listing precise values for each individual stock, bond, ETF, and mutual fund, aggregate amounts may be entered together with a good faith estimate of the cost basis, and identification of the broker/custodian, if any, that holds the investment. Potential capital gains and losses are important considerations in creating a tax efficient estate plan, and therefore accuracy, even if only approximate, is necessary to avoid unplanned tax liability).

**(i) Stocks**

Description/Custodian	Owner(Husband/ Wife/Joint)	Cost Basis	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**(ii) Bonds**

Description/Custodian	Ownership (H/W/J)	Face Value	Cost	Current Value	Current Yield
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**(iii) Mutual Fund Shares & Exchange Traded Funds (ETFs)**

Description/Custodian	Ownership (H/W/J)	Cost	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**(iv) Limited Partnership Interests**

Description	Ownership (H/W/J)	Cost	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(v) **Accounts Receivable, Notes & Mortgages**

Debtor	Nature of Debt	Security	Maturity	Face Amount	Present Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**C. Retirement Accounts and Employee Benefits**

**You**

Employer's name and address \_\_\_\_\_

A. Type of Plan	Retirement Benefit	Amount Vested	Death Benefit(if any)
1. Pension	_____	_____	_____
2. Profit-sharing	_____	_____	_____
3. Deferred Compensation	_____	_____	_____
4. IRA	_____	_____	_____
5. Roth IRA	_____	_____	_____
6. Other	_____	_____	_____

  

B. Stock Option Plan	Option Price	Current Value	Summary of Terms
1. Incentive stock plan	_____	_____	_____
2. Nonqualified stock option plan	_____	_____	_____

  

C. Other Benefits	Company	Benefits	Beneficiary
1. Group term life insurance	_____	_____	_____
2. Disability income	_____	_____	_____
3. Health and medical insurance	_____	_____	_____
4. Other	_____	_____	_____

**YOUR SPOUSE**

Employer's name and address \_\_\_\_\_

A. Type of Plan	Retirement Benefit	Amount Vested	Death Benefits
1. Pension	_____	_____	_____
2. Profit-sharing	_____	_____	_____
3. Deferred Compensation	_____	_____	_____
4. IRA	_____	_____	_____
5. Roth IRA	_____	_____	_____

6. Other	_____	_____	_____
	<b>Option</b>	<b>Current</b>	<b>Summary</b>
<b>B. Stock Option Plan</b>	<b>Price</b>	<b>Value</b>	<b>of Terms</b>
1. Incentive stock plan	_____	_____	_____
2. Nonqualified stock option plan	_____	_____	_____
<b>C. Other Benefits</b>	<b>Company</b>	<b>Benefits</b>	<b>Beneficiary</b>
1. Group term life insurance	_____	_____	_____
2. Disability income	_____	_____	_____
3. Health and medical insurance	_____	_____	_____
4. Other	_____	_____	_____

**ATTACHMENT B**

**REAL ESTATE AND RELATED LIABILITIES**  
(including cooperative apartments and condominiums)

	Parcel One	Parcel Two*
<b>A. Basic Information (*for additional parcels, please use a separate sheet of paper).</b>		
1. Location	_____	_____
2. Type of property (e.g., residential, commercial, unimproved land)	_____	_____
3. Form of property ownership	_____	_____
4. If joint property, contribution amount by each joint tenant	_____	_____
5. Date property acquired	_____	_____
6. Income tax basis (and any accumulated tax depreciation)	_____	_____
7. Present fair market value	_____	_____
<b>B. Mortgage Obligations</b>		
1. Original mortgage amount	_____	_____
2. Current principal amount of mortgage	_____	_____
3. Maturity Date	_____	_____
<b>C. Cash Flow Analysis for Income Producing Properties</b>		
1. Annual gross income	_____	_____
2. Annual maintenance costs	_____	_____
3. Annual real estate taxes	_____	_____
4. Annual tax depreciation	_____	_____
5. Annual mortgage payments (principal and interest)	_____	_____
6. Net positive (or negative) cash flow	_____	_____
<b>D. [This question is for your attorney and you to answer together]</b>		
Estate Tax Special Use Valuation & Tax Payment Deferral Eligibility		
1. Does real estate qualify for estate tax special use valuation? _____		
2. Is eligibility anticipated for estate tax deferral for farming and other closely held business activities? _____		



**ATTACHMENT C****MISCELLANEOUS ASSETS**

(at current fair market value)

	Husband	Wife	Joint
A. Personal Effects			
1. Clothing	_____	_____	_____
2. Jewelry			
(Appraised? Yes___ No___)	_____	_____	_____
3. Home furnishings	_____	_____	_____
4. Other	_____	_____	_____
B. Other Tangible Personal Property			
1. Collection			
(e.g., art, book, stamp, coin)			
(Appraised? Yes___ No___)	_____	_____	_____
2. Automobiles	_____	_____	_____
3. Other (e.g., boats, aircraft, office contents)	_____	_____	_____
C. Patent, Trademark, Copyright Ownership & Royalty Arrangements	_____	_____	_____
D. Mineral Interests			
1. Oil and gas	_____	_____	_____
2. Coal	_____	_____	_____
3. Other	_____	_____	_____
E. Estates & Trusts			
1. Anticipated benefits/expected inheritance under estates and trusts	_____	_____	_____
2. Powers of appointment (general or limited?)	_____	_____	_____
F. Social/Golf Club Memberships, Bonds & Stock	_____	_____	_____
G. Uncollected Judgments in your favor	_____	_____	_____
H. Cemetery Plot	_____	_____	_____
TOTAL VALUES	_____	_____	_____

**ATTACHMENT D**

**INSURANCE**

**A. LIFE INSURANCE**

	<u>Death Benefit</u>	<u>Type of Policy</u>	<u>Annual Premium</u>	<u>Cash Surrender Value</u>	<u>Designated Beneficiary</u>	<u>Settlement Option</u>
(i) Policies owned by <b>Husband</b> on <b>own life</b>						
(Company & Policy Number)						
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

“Incidents of ownership” held by client in these policies? \_\_\_\_\_

	<u>Death Benefit</u>	<u>Type of Policy</u>	<u>Annual Premium</u>	<u>Cash Surrender Value</u>	<u>Designated Beneficiary</u>	<u>Settlement Option</u>
(ii) Policies owned by others On <b>Husband ‘s</b> life						
(Company & Policy Number)						
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

“Incidents of ownership” held by client in these policies? \_\_\_\_\_

<u>Death Benefit</u>	<u>Type of Policy</u>	<u>Annual Premium</u>	<u>Cash Surrender Value</u>	<u>Designated Beneficiary</u>	<u>Settlement Option</u>
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**(iii) Policies owned by Husband on life of others**

(Company & Policy Number)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

“Incidents of ownership” held by client in these policies? \_\_\_\_\_

<u>Death Benefit</u>	<u>Type of Policy</u>	<u>Annual Premium</u>	<u>Cash Surrender Value</u>	<u>Designated Beneficiary</u>	<u>Settlement Option</u>
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**(iv) Policies owned by Wife on own life**

(Company & Policy Number)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

“Incidents of ownership” held by client in these policies? \_\_\_\_\_

<u>Death Benefit</u>	<u>Type of Policy</u>	<u>Annual Premium</u>	<u>Surrender Value</u>	<u>Designated Beneficiary</u>	<u>Settlement Option</u>
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**(v) Policies owned  
by others  
On Wife's  
life**

(Company &  
Policy Number)


“Incidents of ownership” held by client in these policies? \_\_\_\_\_

<u>Death Benefit</u>	<u>Type of Policy</u>	<u>Annual Premium</u>	<u>Cash Surrender Value</u>	<u>Designated Beneficiary</u>	<u>Settlement Option</u>
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**(vi) Policies owned  
by Wife on  
life of others**

(Company &  
Policy Number)


“Incidents of ownership” held by client in these policies? \_\_\_\_\_

**B. Other Insurance**

	<u>Company/Provider</u>	<u>Policy Limits/Coverage</u>
1. Automobile		
2. Homeowners/Renters		
3. Mortgage Insurance		
4. “Umbrella” liability		
5. Professional liability		
6. Accidental death		
7. Disability		
8. Long-term care		

**ATTACHMENT E**

**CLOSELY HELD BUSINESS OWNERSHIP / INTERESTS**

A. Basic Information

- 1. Name of business \_\_\_\_\_
- 2. Business address \_\_\_\_\_
- 3. Type of business organization \_\_\_\_\_  
(e.g., regular corporation, S corporation, partnership, limited liability company, sole proprietorship)
- 4. Business advisors, accountants \_\_\_\_\_

B. Capitalization (if corporation) (adapt to partnership use, if a partnership or limited liability company)

	Common	Preferred	Debentures
Outstanding	_____	_____	_____
Authorized	_____	_____	_____
Dividend Rate	_____	_____	_____

C. Distribution of Entity Ownership

	Common	Preferred	Debentures
Client	_____	_____	_____
Spouse	_____	_____	_____
Children	_____	_____	_____
Unrelated Parties	_____	_____	_____

D. Buy-Sell Agreement

- 1. Does buy-sell agreement exist? \_\_\_\_\_
- 2. If so, what type? \_\_\_\_\_  
(e.g., cross-purchase, stock redemption, combination)
- 3. Is buy-sell obligation to be funded and, if so, how and amount?  
\_\_\_\_\_
- 4. Method for determining value of business entity (e.g., book value, earnings multiple, appraisal, agreed value) \_\_\_\_\_

E. Other Commitments of Business

- 1. Stock option agreements \_\_\_\_\_
- 2. Deferred compensation agreements \_\_\_\_\_
- 3. Other employee benefit plans \_\_\_\_\_
- 4. Key-man insurance policies \_\_\_\_\_

F. Anticipated Disposition of Stock (assuming no buy-sell agreement)

G. Anticipated Eligibility for Deferred Estate Tax Payments Attributable to Interest in Closely Held Business

\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT F**

**DIGITAL ASSETS**

Many digital assets have financial or personal value. Florida’s new (effective July 1, 2016) Fiduciary Access to Digital Assets Act the ability of an owner (“user” in the Act) to authorize an agent to access digital records in the event of the owner’s disability or death. Please list any digital assets / accounts that you own or maintain **including but not limited to:**

- |  |  |
|--|--|
| -Online banking and brokerage services | -Snapchat                                |
| -Bitcoin                               | -Spotify                                 |
| -PayPal                                | - iTunes                                 |
| -Facebook                              | -Pinterest                               |
| -Google                                | -Cloud-based storage of photos/documents |
| -Yahoo                                 | -Instagram                               |
| -LinkedIn                              | -Gaming accounts/characters              |
| -Twitter                               | -Amazon/Ebay                             |

<b><u>Custodian</u></b> (i.e. website/acct.)	<b><u>User Name</u></b>	<b>Authorize Access to Asset(s) and Contents of Communications for:</b>		
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		<b><u>Power of Attorney</u></b> <b><u>Holder</u></b>	<b><u>Personal</u></b> <b><u>Representative</u></b>	<b><u>Trustee</u></b>
1.	_____	Yes___ No___	Yes___ No___	Yes__ No___
2.	_____	Yes___ No___	Yes___ No___	Yes__ No___
3.	_____	Yes___ No___	Yes___ No___	Yes__ No___
4.	_____	Yes___ No___	Yes___ No___	Yes__ No___
5.	_____	Yes___ No___	Yes___ No___	Yes__ No___
6.	_____	Yes___ No___	Yes___ No___	Yes__ No___
7.	_____	Yes___ No___	Yes___ No___	Yes__ No___
8.	_____	Yes___ No___	Yes___ No___	Yes__ No___
9.	_____	Yes___ No___	Yes___ No___	Yes__ No___
10.	_____	Yes___ No___	Yes___ No___	Yes__ No___