

CHRISTIAN P. EDMONDS, P.C.

ATTORNEYS AT LAW

52 HARRISON AVENUE
POST OFFICE BOX 807
BRANFORD, CONNECTICUT 06405

CHRISTIAN P. EDMONDS *
* ALSO A MEMBER OF THE FLORIDA BAR

TELEPHONE (203)488-1000
FACSIMILE (203)488-1200

ESTATE PLANNING QUESTIONNAIRE

Date: _____

A. PERSONAL AND FAMILY DATA

1. Name _____

Date of Birth: _____

Citizenship: _____

Year Connecticut Residence Established: _____

Ever live in a community property state? Yes [] No []

If yes, in which state during what period. _____

Children (Including those legally adopted):

Name	Birthday	Marital Status	Spouse's Name

Other Dependents:

Name	Birthday	Marital Status	Spouse's Name

2. Prior Marriages (If Applicable):

Prior Spouse		
Children of Prior Marriage		
Name		
Address		
Date of Marriage		
Place		
Date of Dissolution		

3. Deceased Children and Their Issue:

Name of Deceased Child	Name of Child's Son/Daughter

4. Business/Residence: Address/Telephone/Fax/E-Mail

	Business	Residence
Address:		
Telephone:		
Fax:		
E-Mail		

5. Grandchildren:

Name of Grandchild	Name of Parent	Date of Birth

6. Living Parents: _____

7. Brothers and Sisters: _____

8. Social Security Number: _____

9. Profession/Business: _____

10. Any Disability? _____

11. Location of Safe Deposit Box: _____

12. Who has access to the Safe Deposit Box? _____

13. Do you now have a will? Yes [] No []

14. Annual Income:

Salary	\$	
Other		

B. ASSET INFORMATION

1. Do you: _____

- (a) Expect to inherit something from parents or others? Yes [] No []
- (b) Expect to receive benefits from a retirement plan? Yes [] No []
- (c) Have powers of appointment? Yes [] No []
- (d) Expect to receive gifts from parents or others? Yes [] No []
- (e) Have beneficial interests in trusts? Yes [] No []
- (f) Have an interest in a Buy-Sell Agreement? Yes [] No []

2. Real Estate:

Location and Type	Approximate Market Value of Equity	Cost Basis	How Is Title Held?

3. Life Insurance:

Company and Policy Number	Death Benefit	Approximate Cash Value	Person Insured	Owner	Beneficiary

4. Cash Accounts:

Institution	Approximate Balance	In Whose Name(s)?

5. Securities:

Company	No. of Shares	Original Cost	Approximate Market Value	Date of Purchase	In Whose Name?

6. **Personal Property (vehicles, jewelry, art, collections, other household goods):**

Description	Original Cost	Fair Market Value

7. **Trust Deeds, Notes, Retirement Plans, and Other Assets:**

Description	Value

8. **Debts:**

Type and To Whom Owed	Approximate Amount

9. **Important Documents to Be Examined:**

- Existing Wills and Trust Agreements
- Real Property Deeds
- Deeds of Trust and Notes
- Partnership and Corporate Agreements and Tax Returns
- Retirement and Deferred Compensation Agreements
- Life Insurance Policies
- Powers of Attorney
- Most Recently Filed Individual Income Tax Returns

C. **WILL PROVISIONS DESIRED BY CLIENT**

1. **General Disposition Intentions:**

- a. Specific Bequests: _____
- b. Disposition of Residue: _____
- c. Ultimate Beneficiary: _____

2. **Executor:**

Initial Executor(s):	Relationship to Testator: (you)

Alternate Executor(s):	Relationship to Testator: (you)

3. Trustee for Inter vivos Trust (if any):

The grantor may serve as the initial Trustee of the Trust during his or her lifetime. (Where he or she is the shareholder of professional corporation stock which is to be transferred to the Trust, it is essential that he or she alone be the Trustee since an unlicensed professional is not legally authorized to own or hold title to such stock.) A disinterested successor Trustee should also be named. We suggest that this disinterested Trustee should be a close relative, a bank, or an attorney who is familiar with the affairs of the grantor.

Initial Trustee(s): Names and Addresses	Relationship to Grantor (you):

Successor Trustee(s): Names and Addresses	Relationship to Grantor (you):

D. POWERS OF ATTORNEY

Powers of Attorney are often used to authorize someone to act for you under certain legal conditions, especially legal incapacitation. We will recommend that you consider executing such power. Whom would you like to name as your agent (and successor agent) under such power? There are two types of such power — a “Durable General Power of Attorney” and a Designation of Health Care Agent” The General Power appoints an agent to act for you in connection with financial matters and to manage assets while the Health Care Power appoints an agent to make health care decisions for you in the event of incapacity. At our meeting, we will discuss with you if you would like an Advance Directive (Living Will) as a part of your Health Care Power.

1. General Power of Attorney:

Name:	Relationship/Address/Telephone:
Initial:	
Alternate:	

2. Health Care Power of Attorney:

Name:	Relationship/Address/Telephone:
Initial:	
Alternate:	