

Estate Planning Questionnaire

BUYERS & KULKARNI, P.L.C.

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Farmington, MI 48336
(248) 471-9100
(248) 471-4292 Facsimile

The following is a brief questionnaire and Waiver of Conflict form for you to fill out and sign. Feel free to use abbreviations wherever clear and helpful to you. If you have any questions, please do not hesitate to contact us. Thank you for your cooperation.

Please note, I cannot possibly know enough to cover every possible item of interest or special situation or desire peculiar to you and your spouse's personal situation and desires. Because of this, please think your situation through and be alert to call all matters to my attention that you know about and think might be important for me to know. It is unwise to rely only upon the questions set forth herein or posed by me in meetings. Planning for you and your spouse's estate is a teamwork job and we need each other's full attention and care to do a good job.

You should be aware that although planning for you and your spouse's estates will affect and provide for your beneficiaries, my representations extend solely to you and your spouse unless we have otherwise agreed in writing.

GENERAL INFORMATION

1. FULL NAME, SOCIAL SECURITY NUMBER, BIRTH DATE, CITIZENSHIP, PARENTAL INFORMATION, PRIOR MARRIAGES AND COMMUNITY PROPERTY STATE INFORMATION OF CLIENT:

First Middle Last

Last 4 digits of Social Security Number: _____

Birth Date: _____ Citizenship: _____

Parents' Names, if living: _____

Previous Marriages: [] No [] Yes

If yes, list terminating event(s) and date(s): _____

Do you now or have you ever lived in a community property state?

No Yes

If yes, please name the state(s): _____

(ie, LA, TX, NM, AZ, CA, WA, ID, NV)

2. FULL NAME, SOCIAL SECURITY NUMBER, BIRTH DATE, CITIZENSHIP, PARENTAL INFORMATION, PRIOR MARRIAGES **OF SPOUSE** AND COMMUNITY PROPERTY STATE INFORMATION (IF APPLICABLE):

First Middle Last

Last four digits of Social Security Number: _____

Birth Date: _____ Citizenship: _____

Parents' Names, if living

Previous Marriages: No yes

If yes, list terminating event(s) and date(s): _____

Do you now or have you ever lived in a community property state?

No Yes

If yes, please name the state(s): _____

3. HOME ADDRESS AND CONTACT INFO:

Street

City County State Zip

(____) _____ - _____

Telephone

Email: _____

4. BUSINESS ADDRESS AND TELEPHONE NUMBER OF CLIENT AND SPOUSE:

Street

City	County	State	Zip
(____)	_____	_____	_____

Telephone _____

Street

City	County	State	Zip
(____)	_____	_____	_____

Telephone _____

PRELIMINARY STATEMENT OF ESTATE PLANNING OBJECTIVES

In your own words, please state what you would have wanted to happen to your assets, particularly any special gifts of particular assets, charitable wishes, etc., should you have passed away last week:

In your spouse's own words, please state what your spouse would have wanted to happen to their assets, particularly any special gifts of particular assets, charitable wishes, etc. should your spouse have passed away last week:

SCHEDULES

	YES	NO
Do you or your spouse have any children or other dependents? If yes, please complete Schedule A		
Do you or your spouse have any children under the age of 18? If yes, please review and complete Schedule B		
Do you or your spouse have a family advisor, e.g. accountant, stock broker, life insurance agent, trust officer, etc.? If yes, please complete Schedule C		
Do you or your spouse have a checking account, savings account, securities account or similar type of account that holds cash? If yes, please complete Schedule D		
Do you or your spouse own any tangible personal property, e.g. Autos, household furnishings, stamp collections, books, objects of art and other personal belongings? If yes, please complete schedule E		
Do you or your spouse own any intangible personal property, e.g. contractual rights, minority stock interests, mutual funds, bonds, notes, leases, mineral rights, patents, copyrights, mortgages receivable? If yes, please complete Schedule F		
Do you or your spouse own any interest in real estate? If yes, please complete schedule G		
Do you or your spouse own any business interests, either in the form of a sole proprietorship or a corporation, partnership or limited liability company that you and/or your family and/or other general partners control? If yes, please complete schedule H		
Do you or your spouse own an interest in any type of employee benefit, deferred compensation or retirement arrangements, e.g. profit sharing plan, pension plan, stock option agreements, stock bonus plan, etc.? If yes, please complete Schedule I		
If the answer to the above question is yes, did you or your spouse separate from service prior to 1983?		

If the answer to the above question is no, did you or your spouse separate from service prior to 1985?		
Do you or your spouse own an interest in an individual retirement account or individual retirement annuity? If yes, please complete Schedule J		
Do you or your spouse own a life insurance policy? If yes, please complete Schedule K		
During your lifetime(s), have you or your spouse ever established a trust, contributed anything to a trust or had the power to appoint or otherwise dispose of any interest in a trust? If yes, please complete Schedule L		
Are you or your spouse now or do you or your spouse expect to receive any benefit from a trust other than a trust established by an employer under a pension plan? If yes, please complete Schedule L		
During any calendar year <u>prior</u> to January 1, 1982, did you or your spouse make a gift or gifts the total of which exceeded for that year \$3,000.00 per person? If yes, please complete Schedule M		
During any year <u>after</u> December 31, 1981 did you or your spouse make a gift or gifts the total of which exceeded that year \$10,000.00 per person? If yes, please complete Schedule M		
Do you or your spouse have any charitable gifts or bequests in mind or are you or your spouse interested in discussing charitable gifting? If yes, please complete Schedule M		
Do you or your spouse have any liabilities, either in individual or joint names, that are not listed on another schedule, that exceed \$1,000.00, e.g. accounts payable? If yes, please complete Schedule N		
Are there presently any judgments, court orders, divorce, alimony or support decrees or liens entered against either you or your spouse? If yes, please complete Schedule N		
Have you or your spouse ever given a personal guaranty, surety agreement or a pledge of your assets to secure the obligations of persons other than yourself that is currently outstanding and not listed previously? If yes, please complete Schedule N		
Are you or your spouse a general partner in a partnership, a joint venturer in a joint venture, a trustee in a trust of any type or participant in any personal business transaction, which involve or could involve any personal liabilities for you that have not been listed previously? If yes, please complete Schedule N		

SIGNATURES

We acknowledge that the foregoing information is true and that the representation of us by Buyers & Kulkarni, P.L.C. is conditioned on the truthfulness of the representations contained in this questionnaire.

Furthermore, both of us acknowledge our awareness about and waive any conflict of interest that Buyers & Kulkarni, P.L.C. or any of its attorneys will have in representing both of us on our estate plans, which are related to one another. Both of us know that we are entitled to retain independent counsel of our own. Both of us authorize Buyers & Kulkarni, P.L.C. to share whatever information that it has obtained or may later obtain concerning the estate plan of the other and has no objection to it. We also agree that Buyers & Kulkarni, P.L.C. is authorized to inform the other about any subsequent change that we make in our estate plan and to discuss, explain and/or advise concerning the change with the other, but shall be under no duty to do so. In addition, anything that Buyers & Kulkarni, P.L.C. learns about one of us is subject to its disclosure to the other and may be legally imputed to the other as a matter of law, even in the absence of our personal knowledge on the subject.

Date

X _____
Print name:

Date

X _____
Print name:

SCHEDULE A

CHILDREN AND OTHER DEPENDENTS

1. NAME, ADDRESS AND BIRTH DATE OF CHILDREN OF BOTH CLIENT AND SPOUSE (PLEASE INCLUDE NAME OF CHILD'S SPOUSE, IF ANY AND ANY CHILDREN OF CHILD – ATTACH ADDITIONAL SHEETS AS NEEDED):

First Middle Last

Street

City County State Zip

Name of Spouse (if applicable)

Children of child (list name(s) and age(s)): _____

First Middle Last

Street

City County State Zip

Name of Spouse (if applicable)

Children of child (list name(s) and age(s)): _____

First Middle Last

Street

City

County

State

Zip

Name of Spouse (if applicable)

Children of child (list name(s) and age(s): _____

First

Middle

Last

Street

City

County

State

Zip

Name of Spouse (if applicable)

Children of child (list name(s) and age(s): _____

2. OTHER CHILDREN, IF ANY OF EITHER CLIENT OR SPOUSE (NOT LISTED ABOVE):

First

Middle

Last

Street

City

County

State

Zip

Name of Spouse (if applicable)

Children of child (list name(s) and age(s): _____

First Middle Last

Street

City County State Zip

Name of Spouse (if applicable)

Children of child (list name(s) and age(s): _____

3. OTHER DEPENDENTS (NOT LISTED ABOVE):

First Middle Last

Street

City County State Zip

Name of Spouse (if applicable)

Children of child (list name(s) and age(s): _____

First Middle Last

Street

City	County	State	Zip
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Name of Spouse (if applicable)

Children of child (list name(s) and age(s): _____

Note: Please include deceased children, but indicate (D) after name. Please also indicate adopted children by indicating (A) after name.

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE B

GUARDIANS AND CONSERVATORS

If a child is under the age of 18 and both parents should die, then the court will appoint a guardian of the person and a guardian or conservator of the property for that child. Often a single person or couple serves in both capacities. A parent may nominate those guardians in their will, and the court will give weight (but will not be bound) by that nomination. Please indicate your present thinking with regard to a guardian for a minor child or children as follows:

1. NAME, ADDRESS AND RELATIONSHIP TO YOU OF PROPOSED GUARDIAN(S) OF THE PERSON:

First	Middle	Last
-------	--------	------

Street

City	County	State	Zip
------	--------	-------	-----

Relationship

First	Middle	Last
-------	--------	------

Street

City	County	State	Zip
------	--------	-------	-----

Relationship

2. NAME, ADDRESS AND RELATIONSHIP TO YOU OF PROPOSED GUARDIAN(S) OR CONSERVATOR(S) OF THE PROPERTY (IF DIFFERENT FROM ITEM 1 ABOVE):

First Middle Last

Street

City County State Zip

Relationship

First Middle Last

Street

City County State Zip

Relationship

3. NAME, ADDRESS AND RELATIONSHIP TO YOU OF ALTERNATE
GUARDIAN(S) OR CONSERVATOR(S):

First Middle Last

Street

City County State Zip

Relationship

First Middle Last

Street

City County State Zip

Relationship

SCHEDULE C

FAMILY ADVISORS

Please list the names, address and telephone numbers of all your family advisors (if applicable). Add any pages if necessary.

1. ACCOUNTANT(S): _____

Street

City	County	State	Zip
------	--------	-------	-----

Telephone	Email
-----------	-------

2. LIFE INSURANCE
AGENT(S): _____

Street

City	County	State	Zip
------	--------	-------	-----

Telephone	Email
-----------	-------

3. STOCK
BROKER(S): _____

Street

City	County	State	Zip
------	--------	-------	-----

Telephone	Email
-----------	-------

4. ATTORNEY(S): _____

Street

City	County	State	Zip
Telephone		Email	

5. OTHER(S): _____

Street			
City	County	State	Zip
Telephone		Email	

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE D

CASH

On hand and in Named bank	Type of account Include CDs, IRA's And other funds Managed by Financial Institution	Names on Account	Estimated Normal Balance

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE E

TANGIBLE PERSONAL PROPERTY

Include all autos and all substantial items of household furnishings and personal belongings (estimate collective value) owned by you and your spouse that you deem important enough to single out for special consideration, e.g., your boat, special gun collection, a valuable painting or piano, etc. It may be helpful for you to establish a minimum fair market value necessary for individual items to be listed separately e.g., \$5,000. Attach additional sheets as necessary.

List of Particular Items or Classes or property and location thereof	Exact name(s) of Owner(s)	Cost when acquired, if known	Estimated present value

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE F

INTANGIBLE PERSONAL PROPERTY

This type of property includes all interests, rights, licenses, leases, contracts, insurance policies, club memberships, favorable law suits, accounts and notes receivable, patents, copyrights, trademarks, service marks, stocks, mutual funds, bonds, debentures, and mortgages receivable and any other intangible assets whether or not carried on your balance sheet at all, which are owned by you and/or your spouse and value only estimated numbers of shares, interests or dollar amounts, unless and until exact transfer documents are prepared. Attach additional sheets as necessary.

List of Particular Items or Classes or property and location thereof	Exact name(s) of Owner(s)	Cost when acquired, if known	Estimated present value

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE G

REAL ESTATE

Describe all real estate interests owned by you and your spouse, including oil and gas wells, mines, farms, etc. and the legal nature of your and your spouse's ownership.

Property description (e.g. residence, vacant land, business property) and location	Exact name(s) of title Owner(s)	Cost when acquired, if known	Estimated present value

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE H

BUSINESS AND EMPLOYMENT INTERESTS

Please describe all business interests of any consequence owned by you and your spouse, including any liabilities associated therewith. Attach a separate sheet to summarize any relevant securities, contracts, employment agreements, options, proxies, voting trusts, restrictions, plans, litigation, liens, rights, obligations, etc. that are necessary for an understanding of these economic interests.

Types of interest: Securities, Deferred compensation, Insurance rights, etc. and any special aspects, risks or limitations thereon	Description of Business (Name and Type)	Exact Owner(s)	Estimated value of Interest Owned

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE I

PENSION, PROFIT SHARING, AND OTHER EMPLOYEE BENEFITS

Please describe all of your and your spouse's employment benefits..

Company Name	Type	Other Benefits	Death Benefits

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE J

INDIVIDUAL RETIREMENT ACCOUNTS AND ANNUITIES

Please describe all of your and your spouse's individual retirement accounts and annuities.

Name	Type	Custodian	Designated Beneficiary	Balance

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE K

LIFE INSURANCE

Please describe all of the life insurance on your and your spouse's lives.

Person whose Life is Insured	Insurance Company	Policy Owner(s)	Approx. Loan against Policy, if any	Beneficiary & Contingent Beneficiary	Face Value

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE L

TRUST INTERESTS

During your and your spouse's lifetimes, have either of you ever established a trust, been a beneficiary of any trust, contributed anything to a trust or had the power to appoint or otherwise dispose of any interest in a trust? Please describe briefly.

Do you and/or your spouse now receive or do you and/or your spouse expect to receive any benefit from a trust or an estate, other than a trust established by anyone under a pension or profit-sharing plan? Please describe briefly.

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE M

GIFTING

During any calendar year prior to January 1, 1982, did you or your spouse make a gift or gifts the total of which exceeded for that year \$3,000.00 per person or make any gifts to persons other than your spouse or your own children? Please describe, including gifts to any grandchildren.

During any calendar year after December 31, 1981, did you or your spouse make a gift or gifts the total of which exceeded for that year \$10,000.00 per person or make any gifts to persons other than your spouse or your own children? Please describe, including gifts to any grandchildren.

Do you have any charitable gifts or bequests in mind or are you or your spouse interested in discussing some of the advantages of charitable gifting?

Please complete if called for by the questionnaire without excessive detail.

SCHEDULE N

LIABILITIES

Please cover all material liabilities owed by you and your spouse. If you and/or your spouse are insolvent or cannot pay all of your bills as they come due, please let us know.

Describe type, Co-Obligor(s), when Due, any Litigation, any Defenses, Counterclaims or Contingencies, etc.	Type and Approximate Value of Property Which Secures Particular Debts, if any	Name(s) of Creditor(s)	Estimated Amounts

CHECKLIST OF DOCUMENTS
TO CONSIDER IN CONNECTION WITH PREPARATION
OF YOUR AND YOUR SPOUSE'S ESTATE PLAN

1. Present and prior Wills;
2. Present and prior trust instruments, conservator, custodian, guardian, investment advisor or any other asset management or possession contract under which you, your spouse, or any child of yours is either grantor, trustee or beneficiary or holds any rights or powers;
3. Any recent financial statements;
4. Deeds to and other interests in real estate currently owned by you and your spouse in whole or in part;
5. Instruments under which you and/or your spouse have any right, title or interest or hold any power of appointment or power of attorney;
6. Last monthly or quarterly statements issued by each financial institution in which you and/or your spouse hold an account, including banks, brokerage firms, credit unions, mutual funds, savings and loan associations;
7. Securities owned by you and/or your spouse of record or beneficially, including any certificates evidencing them in your and/or your spouse's possession, including such things as stocks, mutual fund shares, warrants, debentures, promissory notes, and bonds;
8. Prenuptial or postnuptial agreements;
9. Divorce, alimony, child support or related decrees;
10. Court orders, injunctions, or agreements under which you or your spouse are obligated to provide support to another person;
11. Outstanding judgments, awards, injunctions, court orders, and/or decrees against you and your spouse;
12. Any document, contract, policy or record not within a category described above that evidences you or your spouse's ownership of any asset (regardless of location) in whole or in part or that controls the disposition at your or your spouse's death of any asset that you or your spouse own in whole or in part.