

Will Questionnaire

The attached form has been designed to give us some essential information to enable us to serve you more effectively and, in the process, save you expense by eliminating some of the time-consuming consultation which is often necessary to assemble important information. Some of the questions and data may not apply to you. Simply ignore these items. Please ensure, however, that the information which does apply is completed fully and accurately.

A few of the questions may seem too personal. The answers to these, however, may have an important impact on how you dispose of your property. For example, the New Hampshire statutes give rights of inheritance to a child or descendants of a deceased child unless they are referred to in a will as not getting such rights.

If you would please take the time to complete this form carefully, it will be of great assistance to us and, we believe, to you also.

Date: _____

1. Your Name: _____

2. Date of Birth: _____

3. Citizen of: _____

4. Address: _____

5. Employer: _____

6. Business Address: _____

7. Telephone No.: Home: _____ Business: _____

8. Occupation: _____

9. Social Security No.: _____

10. Name of Spouse: _____

11. Spouse Date of Birth: _____

12. Spouse Citizen of: _____

13. Spouse Employer: _____

14. Spouse Business Address: _____

15. Spouse Occupation: _____

16. Spouse Social Security No.: _____

17. Names of Children: _____ Date of Birth: _____
(Please note is any are by adoption).
(Please indicate if married, single and/or student)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. Names of Grandchildren/Great Grandchildren: Date of Birth:
 (Please note is any are by adoption).

19. Names of Brothers, Sisters, Stepbrothers, etc...: Date of Birth:

20. Are you or your spouse the parent of any child not listed in #17 above? If so, please give names and dates of birth.

21. Do you or your spouse have any deceased child who has descendants now living? If so, please give names and dates of birth of descendants.

22. Is there anyone other than your children dependent upon you for their support?

23. a) Have you been previously married Yes_____ No_____

If so, please furnish a copy of your divorce decree or property settlement or provide date of death of former spouse(s).

b) Are there any children by previous marriage(s)? If yes, please give names and dates of birth. Yes_____ No_____

Have you and your spouse entered into a Prenuptial Agreement? Yes___ No_____

If yes, please furnish a copy of the Agreement.

The following is information concerning assets owned by you, your spouse and children.

25.

Real Estate Name of Owner as shown on deed (supply copy of deed if available)	Location and deed reference	Fair Market Value
---	-----------------------------	-------------------

(a)

(b)

(c)

26. Are there any mortgages on the above real estate? If so, please give name of mortgagee, mortgage account number and present balance. If you have any other substantial loans or debts, please list them, e.g., car or student loans.

(a)

(b)

(c)

27. Cash and Bank Accounts

Checking,

<u>Bank</u>	<u>Name on Account</u>	<u>Savings, CD, Etc.</u>	<u>Balance in Account</u>
-------------	------------------------	--------------------------	---------------------------

(a)

(b)

(c)

(d)

(e)

28. Name of Owner as shown on Stock Certificate, bond, account or other document

<u>Securities</u>	<u>Value</u>	<u>Cost</u>	<u>Present</u>
-------------------	--------------	-------------	----------------

(a)

(b)

(c)

(d)

(e)

If you deal with a particular stock broker or investment counselor please give his name and the address of his firm. _____

29. Personal Property, e.g., autos, furniture, etc. Please combine in groupings

	Outstanding Debt	
	<u>(if any)</u>	<u>Value</u>
(a)		
(b)		
(c)		
(d)		

30. Collections, etc. Do you have any especially valuable items or collections, e.g., antiques, art work, jewelry, coin, stamp, or book collections, silver etc. If so, please give details, including ownership and value. Life Insurance

31. Please complete attached table with respect to life insurance information.

31. Life Insurance.

	<u>Name of Insured,</u>	<u>Name of Owner</u>	<u>Beneficiary</u>	<u>Face Amount of Policy</u>	<u>Insurance Company</u>	<u>Policy #</u>	<u>Type of* Policy</u>
(a)							
(b)							
(c)							
(d)							
(e)							
(f)							
(g)							
(h)							
(i)							
(j)							

*Type of policy, e.g., ordinary life, group term, term, endowment, etc.

Are there loans against any of the policies? If so, please indicate which policy and amount of loan, e.g. (a) \$5,000. (f) \$12,000.

If you deal with a particular insurance agency or agent, please list the name and address of such agency or person.

32. Money Owed You. If anyone owes you money, please list the person or entity who owes the money, the amount due and the date the obligation arose.
33. Safety Deposit Boxes or Vaults. If you have a safety deposit box please list the bank, location, and any assets which you may own contained in such box, if not listed elsewhere. Is this where your valuable papers and records are kept? If not, where?
34. Tax Returns. Do you prepare your own tax returns? If not, who does?
35. Closely held business, professional, or other interests.
- (a) Do you have an ownership interest in any closely held business or partnership? Yes
No
 - (b) If yes, please indicate the correct legal name of the entity, the owner, value, type of business (corporation, LLCM, partnership) etc.
 - (c) Do you own any stock options? If yes, please describe the exercise terms, price and value.
 - (d) Are there any stockholder, partnership or other types of agreements which affect your rights in the business or your power to dispose of them? If so, please furnish copy of agreement(s), e.g., buy-sell agreements.

36.	<u>Current Income</u>	<u>Salary</u>	<u>Interest</u>	<u>Dividends</u>	<u>Other</u>
Husband	_____	_____	_____	_____	_____
Wife	_____	_____	_____	_____	_____

37. Military Service. If you have served in the military, please give the dates and the branch of the service. Is any pension receivable?
38. Tax Shelters. Do you have any tax shelters? If so, please describe briefly, indicating name of owner, value, and any continuing funding obligations you may have.

39. Retirement Plans.
- (a) Are you a participant in any employer sponsored profit sharing, pension or other type of retirement plan? Keough plan? Other?
 - (b) If yes, please describe briefly, type of plan and present and potential benefits and list the beneficiaries. If you have a copy of a recent statement from the Plan or description of the plan, please furnish a copy.
 - (c) Do you have your own IRA accounts? If so, please list institution, account number, amount and beneficiaries.
40. Other Assets. Are there any other assets not covered by the above? If so, please describe, indicating owner, type of assets, and value. For example, are you the beneficiary of any trust; or do you expect to inherit from someone else? Do you possess any general or specific power of appointment over any assets in trust or otherwise? Please provide copies of any trust instruments under which you are a beneficiary, contingent beneficiary or have any power of appointment.
41. Are any of your assets located in another state?
42. Have you ever lived in a community property state?
43. Do you or your spouse currently have wills? If so, please provide a copy.
44. Have you created any trusts? If so, please describe and provide copies.
45. If you did not have to give any consideration to federal or state estate and inheritance taxes, how would you want your property to be disposed of upon your death, i.e., to whom and how much?
46. How would your spouse answer #45?
47. At what age or ages do you think your children or grand-children should receive any inheritance they might receive from you?

48. Are there any special family situations which are of particular concern such as medical or other special needs?
49. In brief, what are your overall personal and financial objectives?
50. Have you made any cash or property gifts to friends or relatives in excess of \$10,000 during any one year? If so, to whom, in what year, and how much? If you have ever filed any gift tax returns (Forms 709) please attach copies.
51. If none of your immediate family (spouse, children, grandchildren) were alive at your death, to whom (parents, other relatives, friends) or to what charitable organization(s) would you want your property to go?
52. What other considerations, objectives, etc. do you think should be taken into account in formulating your planning for the future of you and your family?
53. Do you have any other charitable giving objectives?

54. Please list your choices for:

WILL

Beneficiaries:

Name & Address -

Name & Address -

Name & Address -

If the above do not survive you, name any alternate beneficiaries:

Name & Address -

Name & Address -

Name & Address -

Executor:

Name & Address -

Alternate Executor:
Name & Address -

Guardian or Guardians of minor children:
Name & Address -

Alternate Guardian:
Name & Address -

If any trust is to be established, please list your choice for trustee whether it be a person or an institution, e.g. bank.

Trustee and/or Co-Trustee: Alternate
Name & Address -

DURABLE POWER OF ATTORNEY (person to handle your assets should you become incompetent)
Name & Address -

DURABLE POWER OF ATTORNEY FOR HEALTH CARE (person to make health care decisions when you are unable)
Name & Address -

Alternate Person:
Name & Address -

55. Are you interested in having a **LIVING WILL** (terminal care document) prepared?
56. Please indicate whether you would prefer your original documents be kept at Law Offices of David C. Wing, PLLC's safe deposit box or in you own safe deposit box.