

Estate Planning Questionnaire

for

The Bradley Law Firm, PLLC
The Bradley Law Building
At Corporate Gardens
3107 East Corporate Edge Drive
Germantown, TN 38138
Phone 901.682.2030
Fax 901.624.2684

Date _____

ESTATE PLANNING QUESTIONNAIRE

Client's Telephone _____

Date _____

Residence _____

Business _____

Personal Data

CLIENT

Full Name _____

Known by Any
Other Names _____

Address _____

Domicile _____

Vote Where _____

Date of Birth _____

Place of Birth _____

U.S. Citizen _____

If Not, Country of Citizenship _____

Social Security Number _____

Occupation _____

Annual Income _____

Previous Marriages (give details) _____

State of Health _____

Insurable? _____

CLIENT'S SPOUSE

Full Name _____

Known by Any
Other Names _____

Date of Birth _____

Place of Birth _____

U.S. Citizen _____

If Not, Country of Citizenship _____

Social Security Number _____

Date of Marriage _____

Place of Marriage _____

Occupation _____

Annual Income _____

Previous Marriages (give details) _____

State of Health _____

Insurable? _____

CLIENT'S CHILDREN

Is there a physical possibility of more children? _____

Are any children adopted? _____

Are any children handicapped or in poor health? _____

1. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

Occupation _____

Child's Spouse's Name _____

Occupation _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

Occupation _____

Child's Spouse's Name _____

Occupation _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

3. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

Occupation _____

Child's Spouse's Name _____

Occupation _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

4. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

Occupation _____

Child's Spouse's Name _____

Occupation _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

5. Child's Name _____ Date of Birth _____

Address _____

Education Completed _____

Occupation _____

Child's Spouse's Name _____

Occupation _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Comments: _____

CLIENT'S PARENTS

Father

Mother

Name _____

Address _____

Age _____

State of Health _____

Financially
Dependent? _____

CLIENT'S SPOUSE'S PARENTS

Father

Mother

Name _____

Address _____

Age _____

State of Health _____

Financially
Dependent? _____

ANY EXPECTED INHERITANCES?

Client

Client's Spouse

From Whom? _____

Approximate Value _____

From Whom? _____

Approximate Value _____

CLIENT'S BROTHERS AND SISTERS

Name _____ Living _____

Age _____ Married _____ Children _____

City, State _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

City, State _____

Comments: _____

Name _____ Living _____

Age _____ Married _____ Children _____

City, State _____

Comments: _____

Name _____ Living _____
Age _____ Married _____ Children _____
City, State _____
Comments: _____

Name _____ Living _____
Age _____ Married _____ Children _____
City, State _____
Comments: _____

CLIENT'S SPOUSE'S BROTHERS AND SISTERS

Name _____ Living _____
Age _____ Married _____ Children _____
City, State _____
Comments: _____

Name _____ Living _____
Age _____ Married _____ Children _____
City, State _____
Comments: _____

Name _____ Living _____
Age _____ Married _____ Children _____
City, State _____
Comments: _____

Name _____ Living _____
Age _____ Married _____ Children _____
City, State _____
Comments: _____

Name _____ Living _____
Age _____ Married _____ Children _____

City, State _____

Comments: _____

Other Relatives or Friends of Client and Spouse who would be immediate beneficiaries or ultimate beneficiaries if Client, his Spouse, all issue and parents are dead:

Name _____

Residence _____

Age _____ Relation _____

Name _____

Residence _____

Age _____ Relation _____

Charities as immediate beneficiaries or ultimate beneficiaries if all individual beneficiaries are dead:

Correct Corporate Name _____

Address _____

Special Purpose (If Any) _____

Name of Broker _____

Address of Broker _____

Phone Number _____ Fax Number _____

Name of Accountant _____

Address of Accountant _____

Phone Number _____ Fax Number _____

Name of Life Insurance Agent _____

Address of Agent _____

Phone Number _____ Fax Number _____

Name of Casualty Insurance Agent _____

Address of Agent _____

Phone Number _____ Fax Number _____

Preference as to Bank _____

Address of Bank _____

ASSETS SUMMARY

Use current market values; insert brief description as appropriate; if joint assets are substantial, indicate source of funds; indicate which assets, if any, are held by either spouse for the other; indicate each spouses' spouse's property assets under appropriate column:

	CLIENT	SPOUSE	JOINT
A. Cash Funds:	\$	\$	\$
B. Checking Accounts:	\$	\$	\$
C. Savings Accounts:	\$	\$	\$
1. Own name:	\$	\$	\$
2. In trust for others:	\$	\$	\$
D. Time Deposits:	\$	\$	\$
E. Marketable Securities:	\$	\$	\$
1. Stocks:	\$	\$	\$
2. Bonds:	\$	\$	\$
3. Mutual Fund Shares:	\$	\$	\$
4. Investment Club Interest:	\$	\$	\$
F. Business Interests:	\$	\$	\$
G. Employee Benefits:	\$	\$	\$
H. Tangibles:	\$	\$	\$
1. Cars, Trailers, and Other Motor Vehicles:	\$	\$	\$
2. Boats and Aircraft:	\$	\$	\$
3. Personal Effects, Jewelry, Furs:	\$	\$	\$
4. Collections, Works of Art:	\$	\$	\$
5. Household Effects:	\$	\$	\$
6. Office Contents:	\$	\$	\$
7. Guns, Pets, and Other Hobby Equipment:	\$	\$	\$
8. Farm Machinery and Livestock:	\$	\$	\$
I. Real Estate (show value less Mortgage):	\$	\$	\$
J. Co-op or condominium (show value less Mortgage):	\$	\$	\$
K. Real Estate Syndicate Investments (obtain papers):	\$	\$	\$
L. Life Insurance:	\$	\$	\$
1. Estate tax value of policies on self, excluding group:	\$	\$	\$
2. Cash Value of Policies On Others:	\$	\$	\$
3. Face Amount of Policies on others:	\$	\$	\$
M. Other Death Benefits:	\$	\$	\$
N. Other Assets (e.g., annuities, insurance settlement proceeds, private annuities, charitable annuities, installment sale contracts, crops, receivables, claims, etc.):	\$	\$	\$
TOTAL ASSETS:	\$	\$	\$

DETAILED LIABILITY AND ASSET INFORMATION

Debt Amounts	Owed to Whom	Due Date	Secured by What Asset

Have you made any substantial gifts in the past or placed property in joint names? _____

Details: _____

Are you or your spouse the beneficiary under any trust? _____

Details: _____

BANK ACCOUNTS AND SAVINGS ACCOUNTS

1. Name of Bank, Savings and Loan or Credit Union _____
 Average Balance _____ Type of Account _____
 (checking / savings)
 In Whose Name _____

2. Name of Bank, Savings and Loan or Credit Union _____
 Average Balance _____ Type of Account _____
 (checking / savings)
 In Whose Name _____

3. Name of Bank, Savings and Loan or Credit Union _____
 Average Balance _____ Type of Account _____
 (checking / savings)
 In Whose Name _____

4. Name of Bank, Savings and Loan or Credit Union _____
 Average Balance _____ Type of Account _____
 (checking / savings)
 In Whose Name _____

STOCK AND BONDS

Number of Shares or Amount	Name of Company	Description of Security	In Whose Name	Fair Market Value

RETIREMENT PLANS AND ACCOUNTS

If you have a retirement pension, deferred compensation, or other plan participant, or if you have an Individual Retirement Account, please provide details as to nature, custodian or sponsor, amount of assets and when and how much in benefits are anticipated:

1. _____

2. _____

3. _____

4. _____

5. _____

REAL ESTATE

1. Property Address _____
 Brief Description _____
 Fair Market Value _____ Assessed Value _____
 Legal Title in Whose Name _____
 Mortgage: Amount _____ Mortgage _____
 If property was a gift or is in joint names - details _____

2. Property Address _____
 Brief Description _____
 Fair Market Value _____ Assessed Value _____
 Legal Title in Whose Name _____
 Mortgage: Amount _____ Mortgage _____
 If property was a gift or is in joint names - details _____
3. Property Address _____
 Brief Description _____
 Fair Market Value _____ Assessed Value _____
 Legal Title in Whose Name _____
 Mortgage: Amount _____ Mortgage _____
 If property was a gift or is in joint names - details _____

LIFE AND ACCIDENTAL DEATH INSURANCE

Face Amount	Type	Policy No.	Name of Company	Beneficiaries	Loan on Policy	Amount of Cash Value

Comments on Life Insurance: _____

Is the Insured the Owner of the Policies? If Not, Get Details: _____

BUSINESS INTERESTS

(If the client has an interest in a partnership, limited liability company, limited partnership, joint venture, closely held corporation, or other entity, please provide complete information about its assets and liabilities, buy-sell agreements and all other related information including carryover basis).

COMMUNITY PROPERTY

Have you ever lived in a state which has a community property law (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, and Idaho)? If so, please list assets purchased in community property state or from proceeds of community property assets.

OTHER ASSETS

Automobile (State: Model, Make, Fair Market Value, in Whose Name and Mortgage)

Boats, Trailers, etc.

Mortgages Owned, Land Contracts or Other Receivables

Coin Collections, Guns, Family Heirlooms

Other Assets

LIABILITIES SUMMARY

Indicate amounts, creditors, and repayment provisions where appropriate. Do not include amounts already deducted in presenting net asset amounts above.

	CLIENT	SPOUSE	JOINT
A. Fixed Liabilities:	\$	\$	\$
1. Taxes Accrued:	\$	\$	\$
2. Margin Accounts:	\$	\$	\$
3. Bank Loans:	\$	\$	\$
4. Installment Contracts:	\$	\$	\$
5. Other secured (indicated desired source of payment of insurance loans):	\$	\$	\$
6. Accounts Payable:	\$	\$	\$
7. Other Unsecured:	\$	\$	\$
8. Leases:	\$	\$	\$
9. Charitable Pledges:	\$	\$	\$
10. Notes Endorsed:	\$	\$	\$
11. Lawsuits:	\$	\$	\$
12. Guarantees:	\$	\$	\$
13. Judgments Against:	\$	\$	\$
14. Total Liability:	\$	\$	\$
B. Contingent Liabilities:	\$	\$	\$
C. Present Fiduciary Positions which may impose liability or accountability (obtain documents):	\$	\$	\$

FIDUCIARIES

NOTE: THIS PAGE IS EXTREMELY IMPORTANT TO COMPLETE:

Executor(s): (Provide Name and Address in Order of Preference)

Client: _____ Client Spouse: _____

(1) _____ (1) _____

(2) _____ (2) _____

(3) _____ (3) _____

Trustee(s): (Name and Address)

Client: _____ Client Spouse: _____

(1) _____ (1) _____

(2) _____ (2) _____

(3) _____ (3) _____

Childrens' Guardian(s): (Name and Address)

Client: _____ Client Spouse: _____

(1) _____ (1) _____

(2) _____ (2) _____

(3) _____ (3) _____