

DAVID L. CONKLIN, P.C.

Please return this form so that we may have at least 5 business days before we contact you to set your appointment, with David L. Conklin

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please check each box below that describes the purpose of your inquiry and/or visit. Check as many as are applicable.

- | | |
|--|---|
| <input type="checkbox"/> To have my/our existing estate plan reviewed | <input type="checkbox"/> To reduce or eliminate estate taxes |
| <input type="checkbox"/> To learn about estate planning | <input type="checkbox"/> To protect my/our assets from lawsuits and future judgment creditors |
| <input type="checkbox"/> To have a Will drawn up | <input type="checkbox"/> To protect my children's inheritance from divorce and creditors |
| <input type="checkbox"/> To have a Trust drawn up | <input type="checkbox"/> To reduce or eliminate capital gains taxes |
| <input type="checkbox"/> To protect my IRA or other retirement plan from excessive taxes | <input type="checkbox"/> To reduce or eliminate the costs of Probate |
| <input type="checkbox"/> To start a gift program to children, grandchildren or others | |

Other: _____

YOU, and if married, YOUR SPOUSE

Your legal name	Name you want us to call you	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security number	Your date of birth	Your health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Spouse's legal name	Name you want us to call spouse	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Social Security number	Spouse's date of birth	Spouse's health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Your address		Date of marriage
		County
Home phone	Business phone	Other phone
Your current occupation. If retired, from what?		Spouse's current occupation. If retired, from what?

Have we done work for you previously? Yes No. If "yes", please briefly explain the services we provided.

YOUR CHILDREN, if any

Legal name	Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	Children? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?
Legal name	Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	Children? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?
Legal name	Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	Children? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?
Legal name	Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	Children? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?
Legal name	Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	Children? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?

Who referred you to us?

Name	Firm	Phone
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YOUR ADVISORS In case we need to consult with them.

Accountant	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Life Insurance Agent	Name	Firm	Phone
Attorney if other than us	Name	Firm	Phone

YOUR ASSETS

Please provide us with an estimate of the value of your estate by completing the following schedule. Use your **best estimate** of each asset's value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset, or what it was worth when you inherited it.

ASSET	VALUE IN YOUR NAME	VALUE IN SPOUSE'S NAME	VALUE IN JOINT NAMES W/ SPOUSE	AMOUNT OF DEBT ON ASSET
Real Estate				
Mortgages (money owed to you)				
Business				
Death Benefit of Life Insurance				
Annuities				
IRAs and other Retirement Plans				
Brokerage Accounts/Mutual Funds				
Individually- held Stocks & Bonds				
Checking, Savings, Money Market				
Vehicles, Boats and Planes				
Household Goods				
Other Personal Effects				
Other				
Totals				