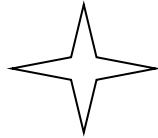


**CONFIDENTIAL  
CLIENT  
ESTATE  
INFORMATION  
FORM**



**THE LAW OFFICES OF AARON D. COX, PLLC  
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Thank you for choosing The Law Offices of Aaron D. Cox for your estate planning needs. Our goal is to provide you with exceptional legal service at an affordable price.

In order for us to completely assess your needs and provide legal counsel to reach your estate planning goals, we need some information about you and your goals.

This questionnaire consists of 3 parts in 5 sections:

Part 1: Personal Data – (Sections A & B)

Part 2: Planning Your Estate – (Sections C & D)

Part 3: Financial Data – (Section E)

For us to provide you with sound advice you must complete all applicable sections of this questionnaire, answering each question fully and accurately. Feel free to write further information on the questionnaire or attach additional pages if needed. If you have any questions about any particular item, just give us a call. We are always glad to answer any of your questions.

**Rest assured that your personal and financial information is kept strictly confidential.**

Please review the *Instructions for Completing this Questionnaire* on the next page before starting.

Again, do not hesitate to call if you have any questions.

The Law Offices of Aaron D. Cox, PLLC

### **Instructions for Completing this Questionnaire:**

1. Please PRINT Clearly.
2. If you do not currently have a spouse, skip the sections for *Spouse*.
3. Attach additional sheets if you need more space to answer a question or need to supplement a question.
4. Asset values should be your best estimate of the fair market value of the item. Use information from recent appraisals if you have them, but it is not necessary to obtain appraisals.
5. Once you have completed the questionnaire, please call to schedule your initial consultation if you do not already have an appointment scheduled. Please bring this completed questionnaire with you to your first appointment.
6. Please bring any of the following documents which you already have with you to your first appointment. Copies are sufficient:
  - Last Will & Testament
  - Trust Agreement
  - Financial Power of Attorney
  - Medical Power of Attorney / Patient Advocate Designation / Living Will
  - Deeds for Real Estate

Date of Completion: \_\_\_\_\_

## EXPLANATION

The purpose of this Estate Planning Questionnaire ("Questionnaire") is to record information that will be used to prepare your estate plan, including, as necessary, a Will, Trust Agreement, Durable Power of Attorney, and Durable Power of Attorney-Health Care. All of the information is essential. Portions of it will be helpful in the administration of the estate or trust and, in some cases, is required for the preparation of tax returns.

Your time spent in accurately completing this Questionnaire will certainly save considerable time, effort and confusion later.

### Part 1: Personal Information

#### SECTION A. DOCUMENTS TO BE ATTACHED:

	Attached	N/A
1. Existing Wills, Trusts, & Powers of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
2. Most recent income tax return	<input type="checkbox"/>	<input type="checkbox"/>
3. Business agreements and documents regarding interests in corporations, partnerships, limited liability companies, and sole proprietorships	<input type="checkbox"/>	<input type="checkbox"/>
4. Deeds and land contracts	<input type="checkbox"/>	<input type="checkbox"/>
5. Brokerage account statements	<input type="checkbox"/>	<input type="checkbox"/>
6. Life insurance policies and annuities	<input type="checkbox"/>	<input type="checkbox"/>

#### SECTION B. GENERAL ESTATE PLANNING INFORMATION      Date of Completion: \_\_\_\_\_

##### INSTRUCTIONS:

1. Attach additional sheets if necessary.
2. Mark "N/A" by those items which are not applicable.
3. Return to us at your earliest convenience.
4. When describing your assets, use "J" for assets jointly owned and state the numbers of the joint owners, use "#1" for assets owned in Client #1's name alone (normally the husband in the case of a married couple) and use "#2" for assets owned in Client #2's name alone (normally the wife in the case of a married couple).

<b>SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)</b>
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	CLIENT #1	CLIENT #2
Full Legal Name: (including middle name)		
Address:		
County:		
Home Phone:		
United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home E-mail Address:		
Social Security Number:		
Date of Birth:		
Employer:		
Business Address:		
Business Telephone:		
Business E-mail Address:		
Business Facsimile:		
Marital Status:		
Date of Marriage:		

CHILDREN OF CLIENT #1 AND CLIENT #2			
Name	Address	Date of Birth	Social Security Number

**SECTION B. GENERAL ESTATE PLANNING INFORMATION (CONTINUED)**

**CHILDREN BY PRIOR MARRIAGE**

Name	Address	Children of Client #1 or Client #2	Date of Birth	Social Security Number

**GRANDCHILDREN**

Name	Address	Name of Parents	Date of Birth	Social Security Number

**PARENTS**

	CLIENT #1	CLIENT #2
Father's Name		
Father's Address		
Father's Date of Birth		
Mother's Name		
Mother's Address		
Mother's Date of Birth		

**OTHER RELATIVES**

Name	Address	Relationship

## Part 2: Planning Your Estate

### SECTION C. PLANNING AND DISTRIBUTION OBJECTIVES:

1. Upon your death, how and to whom do you want your assets distributed?

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2. Are there any people who should receive particular items? If so:

Name	Item
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. If both of you die prematurely leaving minor children, should your children receive property at:

age of majority (18); or  held in trust and distributed at age \_\_\_\_\_.

4. Do you want to make gifts to any charities? If so:

Name and Address of Charities	Amount of Gift
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

5. If Client #1 dies first and none of your children is living at the time of Client #2's death, do you want your estate to go to:

Client #1's Family  Client #2's Family  Elsewhere (explain below):

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<b>SECTION D. ESTATE PLANNING DOCUMENTS</b>		
<b>WILL</b>		
<b>Personal Representative:</b> Person responsible for administering your estate and probate proceedings.		
	<b>Name</b>	<b>Address</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>3<sup>rd</sup> Choice</b>		
<b>Guardian:</b> Person responsible for the well-being and daily care of your minor children, until they attain age 18, if both parents are deceased.		
	<b>Name</b>	<b>Address</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>Conservator:</b> Person who will manage any minor child's finances and property, until that child attains age 18, if both parents are deceased.		
	<b>Name</b>	<b>Address</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>TRUST</b>		
<b>Trustee:</b> Person or bank that will manage your assets in a trust and distribute assets after your death.		
	<b>Name</b>	<b>Address</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>3<sup>rd</sup> Choice</b>		
<b>DURABLE POWER OF ATTORNEY</b>		
<b>Durable Power of Attorney Agent:</b> Person who will manage your financial affairs if you are unable to do so.		
	<b>Name</b>	<b>Address</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>DURABLE POWER OF ATTORNEY – HEALTH CARE</b>		
<b>Durable Power of Attorney – Health Care Agent:</b> Person who will make your health care decisions if you are unable to do so.		
	<b>Name</b>	<b>Address</b>
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		



## Part 3: Financial Data

<b>SECTION E. ASSETS</b>		
<b>BANK ACCOUNTS</b>		
<b>CHECKING</b>		
<b>Financial Institution</b>	<b>Ownership</b>	<b>Amount</b>
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>SAVINGS</b>		
<b>Financial Institution</b>	<b>Ownership</b>	<b>Amount</b>
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>CERTIFICATES OF DEPOSIT</b>		
<b>Financial Institution</b>	<b>Ownership</b>	<b>Amount</b>
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>TOTAL OF CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT:</b>		
<b>SAFETY DEPOSIT BOX</b>		
<b>Number</b>	<b>Location</b>	
<b>PERSONAL PROPERTY</b>		
<b>AUTOMOBILES</b>		
<b>Make &amp; Year</b>	<b>Ownership</b>	<b>Fair Market Value</b>
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>HOUSEHOLD FURNISHINGS</b>		
<b>Description</b>	<b>Ownership</b>	<b>Fair Market Value</b>
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>JEWELRY</b>		
<b>Description</b>	<b>Ownership</b>	<b>Fair Market Value</b>
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>COLLECTIONS (ART, ETC.)</b>		
<b>Description</b>	<b>Ownership</b>	<b>Fair Market Value</b>
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>OTHER (DESCRIBE)</b>		
<b>Description</b>	<b>Ownership</b>	<b>Fair Market Value</b>
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	

	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>TOTAL OF PERSONAL PROPERTY:</b>		

**SECTION E. ASSETS (CONTINUED)**

**REAL ESTATE**

**PARCEL No. 1**

Address					
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>				
Ownership	<input type="checkbox"/> Joint	<input type="checkbox"/> Client #1	<input type="checkbox"/> Client #2	<input type="checkbox"/> Tenants in Common	
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____				

**PARCEL No. 2**

Address					
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>				
Ownership	<input type="checkbox"/> Joint	<input type="checkbox"/> Client #1	<input type="checkbox"/> Client #2	<input type="checkbox"/> Tenants in Common	
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____				

**PARCEL No. 3**

Address					
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>				
Ownership	<input type="checkbox"/> Joint	<input type="checkbox"/> Client #1	<input type="checkbox"/> Client #2	<input type="checkbox"/> Tenants in Common	
Date of Acquisition			Cost		
Current Market Value		Amount of Debt		Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____				

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**SECTION E. ASSETS (CONTINUED)**

**INVESTMENTS**

**STOCKS AND MUTUAL FUNDS**  
 Attach a copy of the most recent statement for each brokerage account.

Company or Brokerage Firm	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
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	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				

**TOTAL OF STOCKS AND MUTUAL FUNDS:**

**BONDS AND TREASURY NOTES**

Type	Ownership	Face Amount	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				

**TOTAL OF BONDS AND TREASURY NOTES:**

**SECTION E. ASSETS (CONTINUED)****RETIREMENT, DISABILITY, AND DEATH BENEFITS**

If you have any interest in a pension, profit-sharing, stock bonus, self-employed retirement plan, individual retirement account or deferred compensation plan, or any other similar type of benefit, complete the following:

		<b>CLIENT #1</b>	<b>CLIENT #2</b>
<b>RETIREMENT PLAN NO. 1</b>			
Company			
Type of Plan			
Person(s) Covered			
Value			
Beneficiary(ies)			
<b>RETIREMENT PLAN NO. 2</b>			
Company			
Type of Plan			
Person(s) Covered			
Value			
Beneficiary(ies)			
<b>RETIREMENT PLAN NO. 3</b>			
Company			
Type of Plan			
Person(s) Covered			
Value			
Beneficiary(ies)			

**SECTION E. ASSETS (CONTINUED)****CLOSELY HELD BUSINESS INTERESTS**  
(Use separate sheet for each business interest)**ENTITY 1**

Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
Your estimate of the fair market value of your interest	
Your tax basis for your interest	
Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ENTITY 2**

Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
Your estimate of the fair market value of your interest	
Your tax basis for your interest	
Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE PROVIDE FINANCIAL STATEMENTS AND TAX RETURNS FOR THE PREVIOUS THREE YEARS, AND A COPY OF ANY BUY/SELL OR REDEMPTION AGREEMENTS FOR EACH ENTITY.**

<b>SECTION E. ASSETS (CONTINUED)</b>		
<b>LIFE INSURANCE</b>		
<b>PROVIDED BY EMPLOYER</b>		
	<b>Policy No. 1</b>	<b>Policy No. 2</b>
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Face Value		
Amount of Loan		
Employee's Contribution		
<b>OWNED BY CLIENT #1 OR CLIENT #2</b>		
	<b>Policy No. 1</b>	<b>Policy No. 2</b>
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Face Value		
Amount of Loan		

**OTHER ASSETS**

Please provide information on any other assets, including description, value, etc.

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Do you expect to receive an inheritance? If so, from whom and estimate the amount.

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**SECTION F. LIABILITIES (NOT PREVIOUSLY LISTED):**

<b>Creditor</b>	<b>Secured by</b>	<b>Due Date</b>	<b>Current Balance Owed</b>