

BERTOLINI, SCHROEDER & BLOUNT

*ATTORNEYS AT LAW
1620 WILSHIRE DRIVE, SUITE 250
BELLEVUE, NEBRASKA 68005
(402) 292-6200
FAX (402) 292-9817*

MARK S. BERTOLINI / VAN A. SCHROEDER

ESTATE PLANNING QUESTIONNAIRE

Date: _____

IT IS EXTREMELY IMPORTANT THAT THE FAMILY DATA AND ASSETS LISTED ON THE INVENTORY CHECKLIST ARE FULLY DISCLOSED AND ACCURATE IN ORDER FOR OUR LAW FIRM TO BE INFORMED IN ORDER TO PROVIDE YOU WITH OUR PROPER ADVICE.

Family Data

1. Name, Birth Date, SSN: _____

Occupation: _____

Citizenship: _____ USA _____ Other

Spouse's Name, Birth Date, SSN: _____

Occupation: _____

Citizenship: _____ USA _____ Other

2. Home Address: _____

Telephone No: _____ Cell No. _____

3. Business Address (if any): _____

4. Spouse's Business Address (if any): _____

5. Email Address: _____

Any other state which may be considered a domicile, such as an apartment or house maintained elsewhere (including summer home) or voting address in other state?

_____ Yes _____ No.

6. Do you have:
- a. A previous Will? _____ Yes _____ No
Please provide a copy.
 - b. A general financial Power of Attorney? _____ Yes _____ No
Please provide a copy.
 - c. A Durable Power of Attorney for Health Care? _____ Yes _____ No
Please provide a copy.
 - d. A Declaration Concerning Life-Sustaining Procedures (a Living Will)?
_____ Yes _____ No
Please provide a copy.

PARENTS

NAME, BIRTH DATE (H, W, J)

- A. _____
- B. _____
- C. _____
- D. _____

8. Advisors:

- A. Attorney: _____ Telephone: _____
Address: _____
- B. Accountant: _____ Telephone: _____
Address: _____
- C. Insurance Agent: _____ Telephone: _____
Address: _____
- D. Bank: _____ Telephone: _____
Address: _____
Safe Deposit Box: _____ Yes _____ No

9. Special Family Information:

- A. Previous marriages and commitments therefrom (attach a copy of decree and settlement papers, if applicable)

10. Life Insurance:

A. Company Name and Policy No. _____

Address: _____

Owner (H or W) _____ Insured (H or W) _____

Death benefit \$ _____ Cash Value \$ _____

Beneficiaries: _____

B. Company Name and Policy No. _____

Address: _____

Owner (H or W) _____ Insured (H or W) _____

Death benefit \$ _____ Cash Value \$ _____

Beneficiaries: _____

C. Company Name and Policy No. _____

Address: _____

Owner (H or W) _____ Insured (H or W) _____

Death benefit \$ _____ Cash Value \$ _____

Beneficiaries: _____

D. Company Name and Policy No. _____

Address: _____

Owner (H or W) _____ Insured (H or W) _____

Death benefit \$ _____ Cash Value \$ _____

Beneficiaries: _____

Inventory Checklist

(Use fair-market value of assets – round to the nearest \$100 or \$1,000)

Please designate if such asset is his, hers or joint

REAL ESTATE

- A. Homestead (address) _____
Value \$ _____ Indebtedness \$ _____
- B. Ag Land (location/acres) _____
County _____
Value \$ _____ Indebtedness \$ _____
- C. Commercial Property (address) _____
Value \$ _____ Indebtedness \$ _____
- D. Rental Property (address) _____
Value \$ _____ Indebtedness \$ _____
- E. Vacant Lot(s) _____
Value \$ _____ Indebtedness \$ _____
- F. Other (out-of-state) _____
Value \$ _____ Indebtedness \$ _____

PERSONAL PROPERTY

- A. Cash \$ _____
- B. Checking Accounts - List bank name(s) and account number, and present value
(Use back of sheet for space)
- C. Savings Accounts - List bank name(s) and account number, and present value
(Use back of sheet for space)
- D. Certificates of Deposit - List bank name(s) and account number, and present
value (Use back of sheet for space)
- E. Bonds/Notes (face amount) – List issuer and Denomination of each
 - (1) Government _____
 - (2) Municipal _____
 - (3) Corporate _____

- F. Stocks – List Company and number of shares
 - (1) Held in certificate form
 - (2) Held in brokerage fund (attach copy of recent statement)
- G. Mutual Funds – List Company (attach copy of recent statement)
- H. Non-Qualified Annuities (not part of retirement account) – List Company name, policy number and beneficiaries
- I. Retirement Funds (attach current statement, if any)
 - (1) Traditional IRA
 - (2) Roth IRA
 - (3) 401(k)
 - (4) Pension(s)
 - (5) Profit-sharing plan
 - (6) Qualified annuities
 - (7) Other retirements

List beneficiaries of each, if any

- J. Business Interests (i.e., Corp, LLP, LLC, Partnership, Sole Proprietor)
 - (1) Cash Assets \$ _____
 - (2) Accounts Receivable \$ _____
 - (3) Inventory (value) \$ _____
 - (4) Equipment (value) \$ _____
 - (5) Fixtures \$ _____
 - (6) Goodwill \$ _____
- K. Promissory Notes/Contract receivables – List name of debtor and value owed
- L. Farm Personal Property
 - (1) Machinery & Equipment \$ _____
 - (2) Livestock & Poultry \$ _____
 - (3) Growing Crops \$ _____
 - (4) Grain in storage \$ _____
- M. Miscellaneous
 - (1) Jewelry, art objects, collectibles, furs, heirlooms, etc. \$ _____
 - (2) Cars, boats, etc. \$ _____
 - (3) Furniture, appliances, etc. \$ _____
- N. Anticipated inheritance within one year: \$ _____

O. Other Assets – list

(list additional on back, if needed)

P. Liabilities – list

(list additional on back, if needed)