

Longstreet Elder Law & Estate Planning, PC
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**ESTATE PLANNING QUESTIONNAIRE AND INFORMATION SHEET
(PLEASE PRINT CLEARLY)**

Name, phone number(s) and email address of person filling out questionnaire:

Name: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Who referred you to our office? _____

Is the person who is the subject of this questionnaire: ☐ Married
☐ Not Married
☐ Widowed

*NOTICE: The purpose of this Questionnaire is to obtain information that will be used to prepare your estate plan. All of the requested information is ESSENTIAL for the proper preparation of a plan. **IMPORTANT: Failure to provide information will result in additional expense and seriously compromise estate planning.***

Please attach the following documents and indicate that they are being attached, by checking the appropriate box.

- ☐ Bank (checking/savings/CDs), Brokerage and Retirement account statements
- ☐ Pension, profit sharing or deferred compensation plan
- ☐ Business agreements and documents
- ☐ Deeds, land contracts and latest real estate tax assessment
- ☐ Life Insurance policies and annuities

Please provide the following information about you, and if applicable, about your spouse:

	You	Your Spouse
First Name	_____	_____
Middle Name	_____	_____
Last Name	_____	_____
Address	_____	_____
	(Street)	(Street)
Address	_____	_____
	(City, State, Zip)	(City, State, Zip)
Phones	_____	_____
County	_____	_____
Birth Date	_____	_____
SSN	_____	_____
Date of Marriage	_____	

Please indicate which, if any, of the following estate planning documents YOU HAVE ALREADY EXECUTED.

PLEASE BRING THESE DOCUMENTS WITH YOU TO
APPOINTMENT

- ☐ Will
- ☐ Revocable Trust (and any Amendments)
- ☐ Durable Power of Attorney for Finance
- ☐ Durable Power of Attorney for Health Care (Patient Advocate Designation)
- ☐ Other _____

**Please identify your children and grandchildren, using full names
(attach additional pages as needed):**

(1) Name: **(F)**_____ **(M)**_____ **(L)**_____

Address: _____

Home #: _____ Work #: _____ Email: _____

Date of Birth: _____

Children (Name(s)/DOB) _____

(2) Name: **(F)**_____ **(M)**_____ **(L)**_____

Address: _____

Home #: _____ Work #: _____ Email: _____

Date of Birth: _____

Children (Name(s)/DOB) _____

(3) Name: **(F)**_____ **(M)**_____ **(L)**_____

Address: _____

Home #: _____ Work #: _____ Email: _____

Date of Birth: _____

Children (Name(s)/DOB) _____

(4) Name: **(F)**_____ **(M)**_____ **(L)**_____

Address: _____

Home #: _____ Work #: _____ Email: _____

Date of Birth: _____

Children (Name(s)/DOB) _____

(5) Name: **(F)**_____ **(M)**_____ **(L)**_____

Address: _____

Home #: _____ Work #: _____ Email: _____

Date of Birth: _____

Children (Name(s)/DOB) _____

(6) Name: **(F)**_____ **(M)**_____ **(L)**_____

Address: _____

Home #: _____ Work #: _____ Email: _____

Date of Birth: _____

Children (Name(s)/DOB) _____

IDENTIFY ALL REAL ESTATE IN WHICH YOU OWN AN INTEREST
(Please bring deed and latest property tax statement. If you do not
know how to locate deed, please let us know and we can help!)

Parcel 1

Address _____

What type of property is this? ☐ Home ☐ Vacation
☐ Farm ☐ Rental ☐ Other _____

Do you now live, or have you ever lived on this property: ☐ Yes ☐ No

How is the property OWNED? _____

What is the State Equalized Value (assessed value)? \$ _____

What do you believe to be the current value of this property? \$ _____

When did you purchase this property and what did you pay for it?

Date of purchase: _____ **Purchase price:** _____

Has a portion of this property been sold or transferred: ☐ Yes ☐ No

Parcel 2

Address _____

What type of property is this? ☐ Home ☐ Vacation
☐ Farm ☐ Rental ☐ Other _____

Do you now live, or have you ever lived on this property: ☐ Yes ☐ No

How is the property OWNED? _____

What is the State Equalized Value (assessed value)? \$ _____

What do you believe to be the current value of this property? \$ _____

When did you purchase this property and what did you pay for it?

Date of purchase: _____ **Purchase price:** _____

Has a portion of this property been sold or transferred: ☐ Yes ☐ No

Parcel 3**Address** _____**What type of property is this?**☐ Home☐ Vacation☐ Farm☐ Rental☐ Other _____**Do you now live, or have you ever lived on this property:** ☐ Yes ☐ No**How is the property OWNED?** _____**What is the State Equalized Value (assessed value)?** \$ _____**What do you believe to be the current value of this property?** \$ _____**When did you purchase this property and what did you pay for it?****Date of purchase:** _____ **Purchase price:** _____**Has a portion of this property been sold or transferred:** ☐ Yes ☐ No**Parcel 4****Address** _____**What type of property is this?**☐ Home☐ Vacation☐ Farm☐ Rental☐ Other _____**Do you now live, or have you ever lived on this property:** ☐ Yes ☐ No**How is the property OWNED?** _____**What is the State Equalized Value (assessed value)?** \$ _____**What do you believe to be the current value of this property?** \$ _____**When did you purchase this property and what did you pay for it?****Date of purchase:** _____ **Purchase price:** _____**Has a portion of this property been sold or transferred:** ☐ Yes ☐ No

BANK ACCOUNTS
(Please bring current statements)

[illegible]

STOCKS, BONDS, AND INVESTMENTS
(Please bring current statements)

[illegible]

RETIREMENT ACCOUNTS
(Please bring current statements)

Type of Account (I.R.A., 401k, etc.)	Name of Owner	Institution where Account is held	Approximate current balance

LIFE INSURANCE
(Please bring current statements)

Name of Company	Policy Number	Name of Owner	Name of Insured	Face Value	Current Cash Surrender Value

ANNUITIES
(Please bring current statements)

Name of Company	Policy Number	Name of Owner	Type of Annuity	In Pay Status?	Current Cash Surrender Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CARS, BOATS, & OTHER TITLED VEHICLES or EQUIPMENT

Type of Vehicle (year and make)	Name of Owner(s)	Mileage	Approximate current value

OTHER ASSETS

(Identify all other assets not previously identified in this questionnaire.
Attach copies of relevant documents)

Type of Asset	Name of Owner(s)	Approximate current value
Promissory Note		
Land Contract (Seller's Interest)		
Collection (Art, Coins, etc.)		
Funeral Arrangements (contracts/services)		
Burial Space/Plot		

EXISTING DEBT

Type of Debt	Name of Creditor	Name of Debtor	Approximate current balance
Credit Card #1			
Credit Card #2			
Credit Card #3			
Mortgage			
Car Loan			
Land Contract (Seller's Interest)			
Promissory Note			

TRANSFERRED ASSETS

During the past five (5) years have you transferred any asset to someone other than your spouse for less than the fair market value? If so, please complete the following grid. (Including; Gifts of cash, loans to individuals)

Asset Transferred	Name of Person(s) receiving asset	Date of transfer	Approximate value at time of transfer

During the past five (5) years have you added the name of someone other than your spouse as an owner to any asset? If so, please complete the following grid.

Asset	Name of Person(s) added as owner(s)	Date of Change	Approximate value at time of change

During the past five (5) years have you transferred any asset into a trust, or “trust-like” arrangement? If so, please complete the following grid. Attach copies of the corresponding transfer)

Asset	Name of Trust (attach copy)	Date of transfer	Approximate value at time of transfer

Please note, the information we are requesting is important, so please fill in all applicable items thoroughly and honestly.

Bring copies of documents that are requested, especially the deed to any properties you own. It should say Warranty Deed or Quit Claim Deed at the top. It will also have a stamp or sticker from the county's Register of Deeds office indicating the date it was recorded. If you cannot locate your deed, contact your Register of Deeds office and they can print off a copy.

Having this information helps the attorney recommend the best possible options for your situation. Lack of documentation will directly affect the success of your meeting and estate plan.

If you have any questions regarding how to fill in this questionnaire, please do not hesitate to contact our office.