

***HILL ALLISON & DEWEESE, LLC***  
***ESTATE PLANNING QUESTIONNAIRE***

The single most important item in estate planning is accurate and complete information. An estate plan can only be as good as the information upon which it is based. This includes both personal and financial information. To this end, we ask you to please complete the confidential questionnaire on the following pages and bring it with you, together with the listed documents, to your office appointment. Please complete the enclosed questionnaire as fully as possible and gather as many of the following requested documents as practical which pertain to your personal situation:

1. Copies of current estate planning documents, if any;
2. Life insurance policies;
3. Summary of employee benefits;
4. Deeds to all real estate;
5. Divorce decrees and/or Separation Agreements, Antenuptial Agreements, or any other similar documents.
6. Family business documents, including minutes, buy/sell or cross-purchase agreements, stock restrictions, etc. (if we do not already have these documents).

If you cannot provide all the requested information, do not put off your appointment, it is better to begin the process and complete gathering the information along the way.

The attorneys at Hill Allison & DeWeese, LLC look forward to assisting you with your Estate Planning needs. Thank you for allowing us to serve you. If you have any questions, please feel free to contact your attorney at (614) 848-6500.

**HILL ALLISON & DEWEESE, LLC**  
**ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE**

FAMILY INFORMATION

Self \_\_\_\_\_  
(Name) (Soc.Sec.No.) (Date of Birth) (U.S. Citizen?)

Spouse \_\_\_\_\_  
(Name) (Soc.Sec.No.) (Date of Birth) (U.S. Citizen?)

Home Address \_\_\_\_\_

Your Business Name and Address \_\_\_\_\_

Spouse's Business Name and Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Your Business \_\_\_\_\_ Spouse's business \_\_\_\_\_

Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_

How long have you lived in Ohio? \_\_\_\_\_ What other states have you lived in? \_\_\_\_\_

List other residences (if any) you now own by type (i.e., apartment, condominium, cottage, time-share, etc) and addresses: \_\_\_\_\_  
\_\_\_\_\_

Children and Other Dependents: (If additional dependents, please attach information to this form.)

(Name)	(Relationship)	(Date of Birth)	(Married?)	(No. of Children)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of your and your spouse's wills: Self \_\_\_\_\_ Spouse \_\_\_\_\_

Have you or your spouse created any trusts which you or your spouse has the right to amend \_\_\_\_\_ ; which you or your spouse do not have the right to amend? \_\_\_\_\_

Are you or your spouse (if applicable) the current or potential beneficiary of any will or trust? \_\_\_\_\_

If the answer to any of these questions is yes, state the name of the creator of the will or trust, the relationship of the creator to you, the name of the trustee, and the date of the will or trust:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTATE PLAN INFORMATION**

**Executors** (must be resident of Ohio or coupled with a resident of Ohio as a Co-Executor)

**Primary:**

(Generally spouse  
if available)

\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**1<sup>st</sup> Alternate:**

\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**2<sup>nd</sup> Alternate:**

\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

***For Spouse*** (if applicable and different from you)

**Primary:**

(Generally spouse  
if available)

\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**1<sup>st</sup> Alternate:**

\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**2<sup>nd</sup> Alternate:**

\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**Trustees** (this can be a corporate entity or an individual)

**Primary:**

(Generally Spouse  
if available)

\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**1<sup>st</sup> Alternate:** \_\_\_\_\_  
 (Name) (Relationship to you)

\_\_\_\_\_

(Address) (Telephone Number)

**2<sup>nd</sup> Alternate:** \_\_\_\_\_  
 (Name) (Relationship to you)

\_\_\_\_\_

(Address) (Telephone Number)

*For Spouse* (if applicable and different from you)

**Primary:** \_\_\_\_\_  
 (Generally spouse (Name) (Relationship to you)  
 if available)

\_\_\_\_\_

(Address) (Telephone Number)

**1<sup>st</sup> Alternate:** \_\_\_\_\_  
 (Name) (Relationship to you)

\_\_\_\_\_

(Address) (Telephone Number)

**2<sup>nd</sup> Alternate:** \_\_\_\_\_  
 (Name) (Relationship to you)

\_\_\_\_\_

(Address) (Telephone Number)

**Guardians** (individuals who will have custody of your minor children)

**Primary:** \_\_\_\_\_  
 (Name) (Relationship to you)

\_\_\_\_\_

(Address) (Telephone Number)

**Alternate:** \_\_\_\_\_  
 (Name) (Relationship to you)

\_\_\_\_\_

(Address) (Telephone Number)

*For Spouse* (if applicable and different from you)

**Primary:** \_\_\_\_\_  
 (Name) (Relationship to you)

\_\_\_\_\_

(Address) (Telephone Number)

**Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**Health Care Power of Attorney**

**Primary:**

(Generally Spouse  
if available)

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**1<sup>st</sup> Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**2<sup>nd</sup> Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

***For Spouse*** (if applicable and different from you)

**Primary:**

(Generally spouse  
if available)

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**1<sup>st</sup> Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**2<sup>nd</sup> Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**Living Will** (individuals who would be notified)

**Primary:**

(Generally Spouse  
if available)

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

***For Spouse*** (if applicable and different from you)

**Primary:**

(Generally spouse  
if available)

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**General Power of Attorney** (if other than spouse)

**Primary:**

(Generally Spouse  
if available)

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**1<sup>st</sup> Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

**2<sup>nd</sup> Alternate:**

_____	_____
(Name)	(Relationship to you)
_____	_____
(Address)	(Telephone Number)

*For Spouse* (if applicable and different from you)

**Primary:**  
(Generally spouse if available) \_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**1<sup>st</sup> Alternate:**  
\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**2<sup>nd</sup> Alternate:**  
\_\_\_\_\_  
(Name) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**Beneficiary Information** (add additional page with beneficiary information if you have more beneficiaries)

1. \_\_\_\_\_  
(Name) (Birth Date) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)
2. \_\_\_\_\_  
(Name) (Birth Date) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)
3. \_\_\_\_\_  
(Name) (Birth Date) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)
4. \_\_\_\_\_  
(Name) (Birth Date) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)
5. \_\_\_\_\_  
(Name) (Birth Date) (Relationship to you)  
\_\_\_\_\_  
(Address) (Telephone Number)

**Specific Bequests** (add additional page if you have more beneficiaries with specific bequests).

<b>Beneficiary</b>	<b>Property or Dollar Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

**SUMMARY OF ASSETS AND LIABILITIES**

As of \_\_\_\_\_  
(Date)

<b>ASSETS</b>	<b>Self</b>	<b>Spouse</b>	<b>Joint</b>
Cash on Hand	\$	\$	\$
Checking and Savings Accounts	\$	\$	\$
Money Market Funds	\$	\$	\$
Certificates of Deposit	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
Mutual Funds	\$	\$	\$
Annuities	\$	\$	\$
IRA's (Traditional, Roth)	\$	\$	\$
Retirement Plan Account (e.g., 401(k), 403(b), 457 Plans)	\$	\$	\$
Pension Plan	\$	\$	\$
College 529 Plan			
Notes and Mortgages Payable to You	\$	\$	\$
Residence	\$	\$	\$
Other Real Estate In Ohio	\$	\$	\$
Other Real Estate Outside Ohio	\$	\$	\$
Automobiles	\$	\$	\$
Recreational Vehicle/Boat	\$	\$	\$
Jewelry, Furs, Collections	\$	\$	\$
Furniture, Household Effects	\$	\$	\$
Expected Inheritance	\$	\$	\$
Miscellaneous Assets			
Do you have any interest in any business, professional practice, patents, copyrights, oil, gas, or mineral rights, or other contract rights? If so, state current value of interest( s).	\$	\$	\$
<b>TOTAL ASSETS:</b>	\$	\$	\$

<b>LIABILITIES</b>	<b>Self</b>	<b>Spouse</b>	<b>Joint</b>
Mortgages on Residences	\$	\$	\$
Mortgages on Land	\$	\$	\$
Bank/Finance Loan(s)	\$	\$	\$
Automobile Loan(s)	\$	\$	\$
Recreational Vehicle/Boat	\$	\$	\$
Education Loan(s)	\$	\$	\$
Life Insurance	\$	\$	\$
Household	\$	\$	\$
Medical	\$	\$	\$
Credit Cards	\$	\$	\$
Department Store Cards	\$	\$	\$
Back Taxes	\$	\$	\$
Legal Debts/Liens	\$	\$	\$
Miscellaneous	\$	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$	\$

**CALCULATE TOTAL COMBINED NET WORTH:**

1. Add Total Assets from the Columns for Self, Spouse, and Joint to Determine *Total Combined Assets* \_\_\_\_\_
2. Add Total Liabilities from the Columns for Self, Spouse, and Joint to determine *Total Combined Liabilities* \_\_\_\_\_
3. Subtract Total Combined Liabilities from Total Combined Assets = \_\_\_\_\_  
*(Total Combined Net Worth)*

**Taxable Income Last Year:** Self \_\_\_\_\_ Spouse \_\_\_\_\_

**Gifts Made During Your or Your Spouses Lifetime that Exceeded \$5,000.00:**

Description of Gift	To Whom?	Date Gift Made	Value of Gift	Was a Gift Tax Return Filed?

**ASSET WORKSHEET**

Complete this worksheet with current information that you have where relevant. For the beneficiary entries, place only beneficiaries that you currently have named, not ones that you wish to name.

***LIFE INSURANCE POLICIES***

Do you or your spouse have any interest in a life-insurance policy? \_\_\_\_\_ If so, complete the following:

<b>Description (company and policy)</b>	<b>Account Number</b>	<b>Face Amount</b>	<b>Cash Value (if any)</b>	<b>Insured</b>	<b>Owner (self or spouse)</b>	<b>Primary Beneficiary</b>	<b>Contingent Beneficiary</b>

***RETIREMENT PLAN INFORMATION***

Do you or your spouse have any interest in a pension plan, profit-sharing plan, Keogh plan, individual retirement account, annuity, or other retirement plan? \_\_\_\_\_ If so, complete the following:

<b>Description (company and policy)</b>	<b>Account Number</b>	<b>Current Value</b>	<b>Value of Death Benefit</b>	<b>Owner (self or spouse)</b>	<b>Primary Beneficiary</b>	<b>Contingent Beneficiary</b>

***TRANSFER ON DEATH (TOD) OR PAYABLE ON DEATH (POD) ACCOUNTS:*** (such as checking, annuity, or deposit accounts):

<b>Company</b>	<b>Account Number</b>	<b>Current Value</b>	<b>Owner</b>	<b>Primary Beneficiary</b>	<b>Contingent Beneficiary</b>

***STOCK PORTFOLIO***

<b>Description</b>	<b>Number of Shares</b>	<b>Price Per Share</b>	<b>Owner (self, spouse, jointly)</b>	<b>Beneficiary</b>

***BOND PORTFOLIO***

<b>Description</b>	<b>Face Amount</b>	<b>Unit Price</b>	<b>Owner (self or spouse)</b>	<b>Beneficiary</b>

***MUTUAL FUNDS***

<b>Description</b>	<b>Account Number</b>	<b>Number of Shares</b>	<b>Unit Price</b>	<b>Owner (self or spouse)</b>	<b>Beneficiary</b>

***BUSINESS OR PROFESSIONAL PRACTICE***

Name of Business \_\_\_\_\_

Form of Ownership (sole proprietorship, LLC, partnership, corporation) \_\_\_\_\_

% owned by you \_\_\_\_\_ % owned by your spouse \_\_\_\_\_ % jointly with your spouse \_\_\_\_\_

Is there any sort of market for all or part of your equity in the business? \_\_\_\_\_

Is anyone obligated to buy your business at your death? \_\_\_\_\_

Long term, do you prefer to dispose of your interest or retain it for members of your family? \_\_\_\_\_

What do you estimate the fair market value of your holding to be?

Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Joint \$ \_\_\_\_\_

***ADVISORS***

	<b>Name</b>	<b>Address</b>	<b>Phone No.</b>
Accountant			
Bank Officer			
Insurance Agent			
Broker			
Financial Planner			
Other			