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Confidential Estate Planning Questionnaire

The information provided is protected by the attorney-client privilege and will be held strictly confidential. It will be used only in formulating recommendations for your estate plan and will not be revealed by us to any person or entity without your specific authorization. The time you spend completing this form will greatly increase our efficiency and our ability to deliver appropriate quality service to you.

Options for completing and returning this Questionnaire:

- 1. Complete the questionnaire on your computer and email it to fitzlaw@fitzlaw.com provided you are willing to incur the risk of using the Internet to communicate personal information.
 - 2. Complete the questionnaire on your computer, print out the completed form (which will include automatic totals), and mail it to our office at the above address.
 - 3. Print out this form, complete and sign it, and then return the completed form to our office by mail to the above address or fax it to 402-342-1025.
- Note: You must use option #3 if you do not have Excel on your computer.

| | | | |
|--|-------------|-------------------------|--|
| Background Information: | Self | Date: | |
| Name: (last, first, middle) | | Date of Birth: | |
| Address: | | Social Security Number: | |
| | County: | Residence Phone Number: | |
| Employer: | | Work Phone Number: | |
| Citizenship: | | Cell Phone Number: | |
| Previous Divorce(s): provide copy of each divorce decree | | | |
| Name: | | Date of Divorce: | |
| Name: | | Date of Divorce: | |
| Preferred Email: | | | |

| | | | |
|--|--|-----------------------------|--|
| Spouse | | | |
| Name: (last, first, middle) | | Date of Birth: | |
| Address: | | Social Security Number: | |
| | | Residence Telephone Number: | |
| Employer: | | Work Telephone Number: | |
| Citizenship: | | Cell Phone Number: | |
| Previous Divorce(s): provide copy of each divorce decree | | | |
| Name: | | Date of Divorce: | |
| Name: | | Date of Divorce: | |
| Preferred Email: | | | |

| | | |
|---|----------------|--------------------------------|
| CPA Name: | CPA Phone No.: | Year(s) Gift Tax Return Filed: |
| Safe Deposit Box Location: | | Names on Box: |
| Key Financial, Insurance or other Advisors: | | |

| Children: (including children of any deceased child of yours) | | | | | |
|---|---------------|----------|------------|------------------|--------------------|
| Name: | Relationship: | Address: | Birthdate: | Telephone Number | Disability, if any |
| | | | | | |
| | | | | | |
| | | | | | |

Are you currently expecting any children? Yes or No _____

Assets:

Cash: (Checking, Savings, Certificates, Etc.)

| <i>Bank:</i> | <i>Account Type:</i> | <i>Owner(s):</i> | <i>Balance</i> |
|--------------|----------------------|------------------|----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TOTAL: \$0.00

Brokerage Accounts: (not incl. retirement accounts)

| <i>Brokerage Firm:</i> | <i>Owner(s):</i> | <i>Value:</i> |
|------------------------|------------------|---------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

TOTAL: \$0.00

Individually-Held Stocks & Bonds: (not included in above brokerage accounts)

| <i>Entity:</i> | <i>No. of Shares:</i> | <i>Cost</i> | <i>Owner(s):</i> | <i>Value:</i> |
|----------------|-----------------------|-------------|------------------|---------------|
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

TOTAL: \$0.00

Life Insurance:

| <i>Company:</i> | <i>Type of Policy:*</i> | <i>Policy Number:</i> | <i>Insured (Owner, if different):</i> | <i>Beneficiaries:</i> | <i>Cash Surrender Value (if appl.)</i> | <i>Face Value:</i> |
|-----------------|-------------------------|-----------------------|---------------------------------------|-----------------------|--|--------------------|
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |

* Whole life, variable, universal, term

TOTAL: \$0.00

Real Estate:

| <i>Type:</i> | <i>Address-Location:</i> | <i>Owners:</i> | <i>Cost:</i> | <i>Market Value:</i> |
|--------------|--------------------------|----------------|--------------|----------------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

TOTAL: \$0.00

Business Interests:

| <i>Form:*</i> | <i>Name & Nature of Business:</i> | <i>% Ownership:</i> | <i>Value of Your Interest:</i> |
|---------------|---------------------------------------|---------------------|--------------------------------|
| | | % | \$ |
| | | % | \$ |
| | | % | \$ |
| | | % | \$ |

* Corporation, partnership, limited liability company

TOTAL: \$0.00

Household/Personal Properties:

In addition to general household items, only list very significant items or collectibles.

| <i>Description:</i> | <i>Owner(s):</i> | <i>Value:</i> |
|--------------------------|------------------|---------------|
| General Household Items: | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

TOTAL: \$0.00**Retirement Plans, IRAs, and Employee Death Benefits:**

| <i>Description:</i> | <i>Owner:</i> | <i>Beneficiaries:</i> | <i>Value:</i> |
|---------------------|---------------|-----------------------|---------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TOTAL: \$0.00**Expected Inheritances:**

| <i>Description:</i> | <i>Expected By:*</i> | | <i>From:</i> | <i>Amount:</i> |
|---------------------|----------------------|----------------|--------------|----------------|
| | <i>Self:</i> | <i>Spouse:</i> | | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

* Check each that applies.

TOTAL: \$0.00**Other Assets:**

| <i>Description:</i> | <i>Owner:</i> | <i>Value:</i> |
|---------------------|---------------|---------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

TOTAL: \$0.00**Liabilities:****Mortgages:**

| <i>Description of Property:</i> | <i>Name of Lender:</i> | <i>Amount:</i> |
|---------------------------------|------------------------|----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

TOTAL: \$0.00**Other Debts:**

| <i>Type:</i> | <i>Name of Lender:</i> | <i>Amount:</i> |
|--------------|------------------------|----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

TOTAL: \$0.00**Summary of Assets and Liabilities:**

| | |
|---------------------|---------------|
| Assets: | \$0.00 |
| Liabilities: | \$0.00 |
| Net Estate: | \$0.00 |

Income Information:

| | <i>Self:</i> | <i>Spouse:</i> | <i>Amount:</i> |
|---------------------------|--------------|----------------|----------------|
| <i>Annual Salary:</i> | \$ | \$ | \$0.00 |
| <i>Investment Income:</i> | \$ | \$ | \$0.00 |
| <i>Other Income:</i> | \$ | \$ | \$0.00 |
| | \$ | \$ | \$0.00 |
| | \$ | \$ | \$0.00 |

TOTAL: \$0.00**PERSONAL REPRESENTATIVE:**

A personal representative is a person appointed by you to manage your estate and to carry out the terms of your Will. The Court will appoint a personal representative if you do not name one. It is desirable to name a personal representative and a substitute personal representative. Spouses often, but not always, name each other as first choice.

Name of Personal Representative(s):

Name: _____ Address: _____ Phone Number: _____

Successor Personal Representative(s):

1st Backup Name: _____ Address: _____ Phone Number: _____

2nd Backup Name: _____ Address: _____ Phone Number: _____

GUARDIAN:

You should name a guardian if you have minor children. This person will have charge of the children, subject to Court approval. You may appoint the same or different person as trustee to hold your property and make your property available for your children according to your Will.

Guardian(s):

Name of Individual or Couple: _____ Phone Number: _____

Address: _____

Successor Guardian(s):

Name of Individual or Couple: _____ Phone Number: _____

Address: _____

TRUSTEE:

The Trustee named in your Will manages any estate assets to be held for the benefit of a beneficiary. For example, a trust should be used where assets pass to minor children or grandchildren.

Name of Trustee or Co-Trustee(s):

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone Number: _____

Successor Trustee(s):

1st Backup Name: _____ Address: _____ Phone Number: _____

2nd Backup Name: _____ Address: _____ Phone Number: _____

ESTATE DISTRIBUTION:

You do not need to describe every item of your personal and real property. However, if there is anything specific that you want to go to a particular beneficiary, list it below. Also, list any specific sum of money you want to give to a particular beneficiary.

| <i>Item:</i> | <i>Name and Address of Beneficiary:</i> | <i>Phone Number:</i> |
|--------------|---|----------------------|
| | | |
| | | |
| | | |
| | | |

BALANCE OF ESTATE:

For a general idea of how you would like your estate distributed at your death, complete the items below. This will be used as a starting point for further discussion. Indicate one of the following if you are married.

- All of balance to surviving spouse
- Part of estate outright to surviving spouse and part in trust for spouse if it minimizes estate taxes
- Other amount to surviving spouse: \$ _____

If you are not married, indicate who is to receive the remainder of your estate and what percentage of the remainder each beneficiary is to receive. If you are married, indicate who is to receive your estate if your spouse does not survive you.

| Percentage: | Individual or Organization: | Address: |
|-------------|-----------------------------|----------|
| % | | |
| % | | |
| % | | |
| % | | |

For amounts which would go to your children, indicate and complete one of the following:

- Trustee shall divide into separate shares when youngest child reaches age _____ and shall distribute all amounts then to children.
- Trustee shall divide into separate shares when youngest child reaches age _____ and income from each share shall be paid out annually but the principal shall not be distributed until the child reaches age(s) _____
- Other: _____

ADDITIONAL INFORMATION:

Use the space below to list any additional information that may be important in your estate planning such as the following:

- Divorce Obligations: _____
- Adopted Children: _____
- Insurance Agents: _____
- Investment Advisors: _____
- Premarital Agreement: _____
- Medical Concerns: _____

List any questions you have concerning your estate planning below:

Current Estate Planning Documents:

Self:*

Spouse:*

- Last Will & Testaments
- Revocable Trusts
- Lifetime Gifting
- Power of Attorney
- Health Care Power of Attorney
- Living Wills

| | <i>Already Have</i> | <i>Wish to Discuss</i> | <i>Already Have</i> | <i>Wish to Discuss</i> |
|--|---------------------|------------------------|---------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please provide a copy of the following documents:

- Current Wills/Trusts and all other estate planning documents
- Gift tax returns for each gift
- Divorce Decrees
- Premarital Agreements

CERTIFICATION

We rely on the information you furnish us in making recommendations for the formulation and/or revision of your estate plan. If the information supplied is either inaccurate or incomplete, our recommendations may be inappropriate, or worse, harmful. We therefore rely upon you to take the necessary time and diligence to place in our hands data that can be used by us with confidence in helping you meet your objectives. We cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of inaccurate or incomplete data or personal information.

By signing below and/or by submitting this questionnaire to us by mail, by fax or electronically, the person(s) identified below certify that the information supplied in this questionnaire is, to the best of his and/or her knowledge, accurate and complete.

By:

By:

(signature)

(signature)