

Pregenzer Baysinger Wideman & Sale, PC

2424 Louisiana Blvd. NE, Suite 200

Albuquerque, NM 87110

505-872-0505

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

CLIENT

Legal Name: _____

Home Address: _____

Birth Date: _____ SS# _____

Citizenship: _____ Phone: _____

Employment Information:

Position: _____

Employer: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Financial Advisor/Accountant: _____

ESTATE PLANNING APPOINTMENTS OR CHOOSERS

WILL:

PERSONAL
REPRESENTATIVE:

Spouse _____ 1st Choice/ Alternate _____
Name Relation/Location
2nd Choice/Alternate _____
Name Relation/Location

TRUST:

TRUSTEE:

Spouse _____ 1st Choice Alternate _____
Relation/Location
2nd Choice/Alternate _____
Name Relation/Location

GUARDIAN & CONSERVATOR
OF MINOR CHILDREN:

Spouse _____ 1st Choice/Alternate _____
Name Relation/Location
2nd Choice/Alternate _____
Name Relation/Location

DURABLE POWER OF ATTORNEY:

ATTORNEY IN FACT:

Spouse _____ 1st Choice/Alternate _____
Name Relation/Location
2nd Choice/Alternate _____
Name Relation/Location

DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND

ADVANCE HEALTH-CARE DIRECTIVE:

AGENT: Spouse _____ 1st Choice/Alternate _____
Name Relation/Location Phone
2nd Choice/Alternate _____
Name Relation/Location Phone

FINANCIAL STATEMENT

Estimated Current Values

	Client (# 1) Separate	Client (#2) Separate	Community	Debts
1. Residence				
2. Other Real Estate—Indicate location: (a) _____ (b) _____				
3. Cash equivalents (bank accounts, CD's and treasury notes, etc.)				
4. Stock, Bonds and Securities				
5. Life Insurance Death Benefits (<i>Complete Schedule 1</i>)				
6. Valuable Personal Property (jewelry, boats, antiques, collections, etc.)				
7. Personal Effects and Household Furnishings				
8. Automobiles, Recreational Vehicles				
9. Vested Pension and Profit Sharing Plans, IRA's Thrift Plan, KEOGH, 401(k) Plans				
10. Miscellaneous Interests (notes, mortgages, patents, trusts, powers of appointment, etc.)				
11. Closely-held (not publicly traded) Business Interests (<i>Complete Schedule 2</i>)				
12. Loans, Credit Cards and Other Debt Owed (<i>Insert in Debts Column</i>)				

NET TAXABLE ESTATE \$ _____ = _____ + _____ + _____ - (_____)

SCHEDULE 1 – LIFE INSURANCE

I. LIFE INSURANCE POLICIES

Indicate type of insurance by the following codes: GT-Group Term, IT – Individual Term, W-Whole Life, U-Universal, A-Accidental Death, O-Other.

<u>Company</u> <u>(Address)</u>	<u>Policy No. – Type</u>	<u>(a) Insured</u> <u>(b) Owner*</u>	<u>Beneficiary:</u> <u>(a) Primary (b) Contingent</u>	<u>Cash</u> <u>Value</u>	<u>Loan</u> <u>Amt.</u>	<u>Face</u> <u>Amt.</u>
1. _____	_____	(a) _____	(a) _____	_____	_____	_____
_____	_____	(b) _____	(b) _____	_____	_____	_____
2. _____	_____	(a) _____	(a) _____	_____	_____	_____
_____	_____	(b) _____	(b) _____	_____	_____	_____
3. _____	_____	(a) _____	(a) _____	_____	_____	_____
_____	_____	(b) _____	(b) _____	_____	_____	_____
4. _____	_____	(a) _____	(a) _____	_____	_____	_____
_____	_____	(b) _____	(b) _____	_____	_____	_____
5. _____	_____	(a) _____	(a) _____	_____	_____	_____
_____	_____	(b) _____	(b) _____	_____	_____	_____

II. AGENT/EMPLOYER BENEFIT DEPARTMENT INFORMATION

<u>Name</u>	<u>Policies by Item Nos.</u> <u>Listed Above</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

* Owner of insurance may be Insured, Insured's spouse, revocable trust, irrevocable trust, business partners, family corporation, etc.

SCHEDULE 2 – CLOSELY HELD BUSINESS INTERESTS

Indicate type of closely held business interest by use of the following codes:

SC - S Corporation
 CC - Regular C Corporation
 P - Sole Proprietorship
 LLC - Limited Liability Company

GP – General Partnership
 LP-L – Limited Partnership – Limited Partner Interest
 LP-G – Limited Partnership – General Partner Interest

Please provide us with copies of articles of incorporation, partnership agreements, stockholders agreements, operating agreements or other restrictive agreements which govern transfers of these business interests during life or at death.

	<u>Legal Name of Business</u>	<u>Type</u>	<u>Nature Of Business</u>	<u>Value of Entire Business</u>	<u>Percentage Owner</u>			<u>Number of Other Owners</u>	<u>Other Family Owners? Yes/No</u>
					<u>H</u>	<u>W</u>	<u>Jt</u>		
a.	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Comments: _____								
b.	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Comments: _____								
c.	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Comments: _____								
d.	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Comments: _____								