

FAMILY FINANCIAL QUESTIONNAIRE

This Questionnaire should help your family with transferring assets and coping with financial matters after your death.

I. Estate Plan Information

A. Wills and Trusts

1. Location of Original Will (and Codicils), Personal Effects

Memo, and Trust Agreements:

2. Fiduciaries named in Will or revocable trust:

a. Personal Representative (name, address and phone):

b. Guardian of children (name, address and phone):

c. Trustee (name, address and phone):

B. Financial Power of Attorney: Agent (name, address and phone):

Location of original:

C. Medical Power of Attorney: Agent (name, address and phone):

Location of original:

D. Living Will:

Location of original:

E. Organ Donor Card:

F. Wishes for burial/Disposition of Last Remains form:

Location of original:

G. Are you a Trustee of any trusts? Describe and give name and address of Successor Trustee:

II. Personal Information

A. Family Members

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Birth Date</u>	<u>SS#</u>
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B. Are you a veteran? Yes No

If yes, list branch of service and date of discharge:

C. E-mail accounts with passwords:

III. Advisors (name, address, e-mail and phone)

- A. Accountant:
- B. Attorney:
- C. Insurance Agent:
- D. Financial Planner:
- E. Investment Advisor:

IV. Asset Information

A. Attach a list of assets and liabilities, or fill out the following schedules. Indicate where original policies and other information is kept. Also indicate electronic billing, banking and investment accounts with usernames and passwords.

- B. Insurance/Annuities
 - 1. Location of policies:
 - 2. List of policies:

Insured Owner Beneficiary Company Face Amount

- C. Real Property, Oil and Gas Interests
 - 1. Location of Deeds, Leases, Division Orders:

 - 2. List of Properties:

Owner Address of Property Mortgage Company

3. Tenants of the above properties:

Name Address Lease End Rental

D. Partnership Interests/Limited Liability Companies

1. Location of Agreements:

2. List of Interests:

Name of

Partnership/Company % Interest Person to Contact at Your Death

E. Securities

1. Investment accounts (company and account numbers):

2. Closely held companies:

Name of

Company No. of Shares Person to Contact at Your Death

F. Bank Accounts

1. Location of bank books, original certificates of deposit:

2. List of Accounts:

Bank Owner Number Amount

G. Employee Benefits

1. Person to contact at place of employment:

2. Benefits at company:

Life Insurance

Salary Benefit

Pension

Profit Sharing

Stock account

H. Individual Retirement Accounts

<u>Bank or Company</u>	<u>Beneficiary</u>	<u>Amount</u>
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I. Miscellaneous

1. Collections: art, coin, etc. (Describe and list person to contact for valuation/sale):

2. Vehicles: Location of titles:

3. Jewelry, furs, silver: Location of appraisals, if any; person to contact for valuation:

4. Are you a beneficiary of any trusts: (Describe and give name and address of Trustee):

5. Safe Deposit Box (Name of Bank, box number, location of key):

6. Persons with access to Safe Deposit Box: (Include name, address & phone number):

7. E-bills usually received (list companies):

8. E-statements usually received (list banks, investment companies, others):