

Chris Mahre, P.C., - Estate Planning Questionnaire
(Married Couple)

(The estate planning you provide will be used in formulating your estate and long-term care planning advice. Providing this information ahead of time is not mandatory, but will save significant time at the initial consultation.)

Who referred you to the Law Office of Chris Mahre? If not referred by someone in particular, how did you find out about our services? _____

PART I - FAMILY INFORMATION

Husband's full name: _____

Preferred legal name for documents: _____

Current address: _____

Phone number: _____ E-mail address: _____

Cell number: _____ Fax number: _____

U.S. Citizen? Yes No Social Security number _____

Date of birth _____

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical illness) _____

Physician's name and address: _____

Name of Care Facility (if applicable) _____

Date of admission to Care Facility (if applicable) _____

Wife's full name: _____

Preferred legal name for documents: _____

Current address: _____

Phone number: _____ E-mail address: _____

Cell number: _____ Fax number: _____

U.S. Citizen? Yes No Social Security number _____

Date of birth _____

(Wife's information continues on next page)

(Wife's information continued)

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical condition) _____

Physician's name and address _____

Name of Care Facility (if applicable) _____

Date of admission to Care Facility (if applicable) _____

Children (and/or Relatives if applicable)

NOTE: If a child is deceased, please indicate so after the child's name.

1. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

2. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

3. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

4. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

5. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

6. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

7. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

8. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

Other intended heirs:

(Step-children and other intended heirs such as children of a deceased child, if any)

1. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

2. Full name: _____ Relationship: _____
Preferred legal name for documents _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____
Phone number: _____ E-mail address: _____

Miscellaneous Questions Regarding Family Information:

1. Have any of your children, step-children or intended heirs been diagnosed with a mental or physical illness? If so, please use this space to indicated heirs' name(s) and illness(es):

Name	Mental or Physical Condition	Temporary or Permanent	Date Diagnosed

2. Are any of your children, step-children or intended heirs recipients of any government aid, such as Medicaid, Medicare, Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)? If so, please use this space to indicated heirs' name(s) and source(s) of income:

Name	Benefits Received	Amount (if known)

3. Who do you wish to make medical decisions for you if you become disabled and cannot make medical decisions for yourself?

Name	Address	Relationship

4. Who do you wish to make financial decisions for you if you become disabled and cannot make financial decisions for yourself?

Name	Address	Relationship

Real Property (land and buildings)

Address/ Description	Owner(s)	Fair Market Value	Mortgage	Net Value	How is Property Titled? (e.g. joint tenants/ tenants in common)

Tangible Personal Property (other than vehicles) Please give general description (e.g. household goods, art work, jewelry, etc.)

Description	Owner(s)	Fair Market Value	Encumbrance	Net Value

Vehicles

Description	Owner(s)	Fair Market Value	Encumbrance	Net Value

Burial Plans

Mortuary Name and Address	General nature of plan

Insurance

Medical Insurance

Name of Insured	Type of Plan (e.g. Medicare supplement or General medical coverage)

Life Insurance (Please answer for each policy)

Company Name	Name of Insured	Policy Owner	Current Beneficiary	Death Benefit	Cash Value	Location of Policy

Disability Insurance

Company Name	Name of Insured	Policy Owner	Current Beneficiary

Long Term Care Insurance

Company Name	Name of Insured	Policy Owner	Length of Coverage	Daily Benefit

Other Assets

Description	Owner(s)	Fair Market Value	Encumbrance	Net Value

B. **Liabilities** (other than ordinary monthly expenses, mortgage on real estate and other encumbrances listed above)

Owed To	Amount	If Secured, List Collateral	Due Date

C. **Income**

Earned Income

<u>Source</u>	Gross Amount Per Month – Husband	Gross Amount Per Month - Wife
Social Security	_____	_____
Retirement	_____	_____
Other	_____	_____

Unearned Income (Per Month)

<u>Source</u>	Average Amount Per Month – Husband	Average Amount per Month - Wife
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Ave. Income per Month	\$ _____	\$ _____

D. Transfer (gifts) of Assets Within Previous 60 Months

Asset Transferred	Transfer Date	Value of Asset Transferred	To Whom

E. Family Advisors

	Name	Firm	Address	Telephone
Investment Consultant				
Accountant				
Insurance Agent				
Banker				
Business Partner				
Other				