

Date: _____

Re: Estate Planning

Dear: _____ ,

Thank you for calling our office for your Long Term Care and Estate Planning needs.

Attached you will find a Planning Questionnaire. It is important for you to answer this questionnaire accurately and completely. We request you to have returned this questionnaire as least two days before your scheduled appointment.

After our initial consultation and if you decide to retain us, our office will give you an analysis of the Legal issues involved and make recommendations on the proper steps to achieve your goals.

If for any reason you are unable to keep your appointment or have questions regarding the check list of documents, please call our office.

We hope to provide you with directions to help you through the Estate and Long Term Care Planning maze. We know the way and will help your family find it as well.

Very truly yours,

Robert H. Lugg

Enclosure
RHL/ap

Estate Planning Questionnaire

1. Who will be attending your initial consultation? _____

2. What are your 3 main goals for this consultation?

2.1. _____

2.2. _____

2.3. _____

3. How were you referred to Lugg & Lugg Law Office? _____

4. CLIENTS' PERSONAL INFORMATION:

Husband's Full Name

Wife's Full Name

Husband's Date of Birth

Wife's Date of Birth

Husband's Date of Death (if applicable)

Wife's Date of Death (if applicable)

Husband's Social Security Number

Wife's Social Security Number

HUSBAND:

A U.S. Citizen? Yes No

A Veteran? Yes No

Number of Times Married _____

E-Mail: _____

Employer: _____

Work Phone: _____

Medical Concerns: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Home Phone: _____

WIFE:

A U.S. Citizen? Yes No

A Veteran? Yes No

Number of Times Married _____

E-Mail: _____

Employer: _____

Work Phone: _____

Medical Concerns: _____

5. CHILDREN'S INFORMATION

Does anyone in your family have a physical, intellectual, or developmental disability? Yes No

Is anyone in your family receiving Supplemental Income? (SSI) or Social Security Disability (SSD) Yes No

5.A. Child's Full name: _____

Street Address: _____ City: _____

5.B. Child's Full name: _____

Street Address: _____ City: _____

5.C. Child's Full name: _____

Street Address: _____ City: _____

5.D. Child's Full name: _____

Street Address: _____ City: _____

6. CLIENTS' ADVISORS

	<i>NAME</i>	<i>PHONE NUMBER</i>
FINANCIAL PLANNER		
ACCOUNTANT		
INSURANCE AGENT		
OTHER ADVISOR		

7. FINANCIAL DATA

<i>PERSONAL PROPERTY</i>	<i>AMOUNT OWED</i>	<i>JOINT</i>	<i>HUSBAND</i>	<i>WIFE</i>
Primary Residence (Assesses Value) Please obtain from Tax Bill: <i>Land# _____ Acres _____</i> <i>Building & Improvements # _____</i>	\$	\$	\$	\$
Additional Real Estate #1 <i>(Condos, Hunting Clubs, Rentals)</i>	\$	\$	\$	\$
Automobile <i>(most valuable)</i>	\$	\$	\$	\$
Additional Automobiles	\$	\$	\$	\$
Personal Effects, Household Items, Collections	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL				

7. FINANCIAL DATA (Continued)

ACCOUNTS & POLICIES	TOTAL NUMBER OF ACCOUNTS OR POLICIES	JOINT	HUSBAND	WIFE
Savings Accounts		\$	\$	\$
Checking Accounts		\$	\$	\$
Money Market Accounts		\$	\$	\$
Certificates of Deposit		\$	\$	\$
Mutual Funds		\$	\$	\$
Stocks		\$	\$	\$
Bonds		\$	\$	\$
Annuities		\$	\$	\$
IRAs		\$	\$	\$
401Ks		\$	\$	\$
Whole Life Insurance		\$	\$	\$
Term Life Insurance		\$	\$	\$
Group Life Insurance		\$	\$	\$
Other		\$	\$	\$
TOTAL				

7. FINANCIAL DATA (Continued)

<i>OTHER ASSETS</i>	<i>JOINT</i>	<i>HUSBAND</i>	<i>WIFE</i>
Business Interests <i>(LLC, FLP, S-Corp)</i>	\$	\$	\$
Burial Accounts	\$	\$	\$
Long Term Care Insurance <i>Daily Benefit \$ _____</i> <i>Max Benefit \$ _____</i>	\$	\$	\$
Other	\$	\$	\$
TOTAL			

<i>INCOME</i>	<i>HUSBAND</i>	<i>WIFE</i>
Social Security	\$	\$
Pension	\$	\$
Interest	\$	\$
Other:	\$	\$
Other:	\$	\$
TOTAL		

Do you own any property subject to an oil or gas lease? Yes No

Have you ever filed a United States Gift Tax Return (Form 709)? Yes No

Have you given any assets in excess of \$500.00 (gifts of money, your home or other property, automobiles, ect.) to individuals or to a trust in the last five years? Yes No

7. FINANCIAL DATA *(Continued)*

<i>ASSET GIFTED VALUE</i>	<i>DATE OF GIFT</i>	<i>GIVEN TO</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. CERTIFICATION

Questionnaire Completed By: _____

Date Completed: _____

**Thank you for completing our Confidential Client Questionnaire.
We ask that you return your completed Questionnaire at least two days before
your scheduled consultation.**

Please use the enclosed postage paid envelope or email it to lhlaw@lugglaw.com.

**If you have questions about your consultation or this Questionnaire, we would be
happy to assist you.**