

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, Esq.

Enclosure

Estate Planning Questionnaire

1. Who will be attending your initial consultation? _____

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

- _____
- _____
- _____

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

4. CLIENTS' PERSONAL INFORMATION:

SELF/CLIENT - Full Name

SPOUSE - Full Name

SELF/CLIENT - Date of Birth

SPOUSE - Date of Birth

SELF/CLIENT - Social Security Number

SPOUSE - Social Security Number

SPOUSE - Date of Death (If applicable)

Do you have a pre-marital or post-marital agreement? Yes No

*If yes, please attach document

SELF/CLIENT:

SPOUSE:

A U.S. Citizen? Yes No

A U.S. Citizen? Yes No

A Veteran? Yes No

A Veteran? Yes No

Number of Times Married: _____

Number of Times Married: _____

E-Mail: _____

E-Mail: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Medical Concerns: _____

Medical Concerns: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Phone: _____

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

Child's Full name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

Child's Full name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

Child's Full name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

Child's Full name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

6. CLIENTS' ADVISORS

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

7. FINANCIAL DATA

- 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, etc.) to individuals or to a trust in the last five years? Yes No

***If yes, please fill in the table below**

ASSET GIFTED VALUE	DATE OF GIFT	GIVEN TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>PERSONAL PROPERTY</u>	<u>VALUE/ AMOUNT OWED</u>	<u>JOINT</u>	<u>SELF/CLIENT</u>	<u>SPOUSE</u>
Primary Residence (Assessed Value) Please obtain from Tax Bill: Parcel #: _____ Acres: _____ Building & Improvements: _____	\$	\$	\$	\$
Additional Real Estate #1 (Condos, Hunting Clubs, Rentals)	\$	\$	\$	\$
Automobile (most valuable)	\$	\$	\$	\$
Additional Automobiles	\$	\$	\$	\$
Personal Effects, Household Items, Collections	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL				

7. FINANCIAL DATA (Continued)

<u>ACCOUNTS/ POLICIES</u>	<u>TOTAL NUMBER OF ACCOUNTS/POLICIES</u>	<u>JOINT</u>	<u>SELF/CLIENT</u>	<u>SPOUSE</u>
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				

<u>OTHER ASSETS</u>	<u>JOINT</u>	<u>SELF/CLIENT</u>	<u>SPOUSE</u>
Business Interests (LLC, FLP, S-Corp, Etc.)	\$	\$	\$
Burial Accounts	\$	\$	\$
Long Term Care Insurance Daily Benefit: \$ _____ Max Benefit: \$ _____	\$	\$	\$
Other	\$	\$	\$
TOTAL			

<u>INCOME</u>	<u>SELF/CLIENT</u>	<u>SPOUSE</u>
Social Security	\$	\$
Pension	\$	\$
Interest	\$	\$
Other:	\$	\$
Other:	\$	\$
TOTAL		

8. CERTIFICATION

Questionnaire Completed By: _____

Date Completed: _____

Thank you for completing our Confidential Client Questionnaire.

We ask that you return the completed Questionnaire at least two days before your scheduled consultation. This gives us time to review prior to the appointment to be able to serve your specific needs at the best of our ability.

You may drop the completed form off at the office or email it to lhlaw@lugglaw.com.

If you have questions about your consultation or this questionnaire, we would be happy to assist you. Please call our office at (570) 748-2481.