

LAW OFFICES OF  
KIMBERLY J. BOWLIN

In order for me to properly assist you in planning your estate, I must know the nature and value of your assets. It is only with this information that I can advise you as to tax liabilities and possible problem areas that need attention. Please take a few minutes to fill out this Questionnaire. All of the information requested is important, and you may find that completing this form is helpful to you as a review of your present situation. I will retain this document as part of your permanent file in my office, but you may be assured that all of the information you furnish is strictly confidential, and will not be disclosed to anyone outside of my firm without your permission. Kindly bring this form with you when you come to my office for your first appointment or mail it back to me at your earliest convenience.

1A. Date \_\_\_\_\_

1B. Do you now have a Will? \_\_\_\_\_

2. Names:

Husband \_\_\_\_\_

Social Security # \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_

Birthdate \_\_\_\_\_

Have you ever lived in a community property state, e.g., Arizona, Texas, California or Louisiana?

\_\_\_\_\_

Wife \_\_\_\_\_

Social Security # \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_

Birthdate \_\_\_\_\_

Have you ever lived in a community property state, e.g., Arizona, Texas, California or Louisiana?

\_\_\_\_\_

3. Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

4. Employers:

Husband \_\_\_\_\_

Wife \_\_\_\_\_

5. Approximate yearly income of both spouses combined \_\_\_\_\_

6. Children (natural, adopted and stepchildren)

Name, Address and Birthdate

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7. Name and relationship of anyone else dependent on you for support. \_\_\_\_\_

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8. Are you or any of your children or dependents under any physical or mental disability? If so, please explain.

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9. If either spouse is enrolled in a pension, profit sharing or retirement plan, please give brief details.

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If you do not have this information already, it can be very important for tax purposes to know when you purchased stocks and bonds, and for what price. I may call on you later to provide this data.

13. Cash, bank accounts, certificates of deposit and money market funds:

Name of Institution	Type of Account	Husband, Wife, Joint	Approximate Present Balance

14. Life Insurance (include insurance provided by employer):

Name of Company	Whose Life	Whole Life or Term	Beneficiary	Policy Amount

15. Do you own a business, or any interest in a business? If so, please provide brief details as to the name, location and nature of the business and provide us with a copy of the most recent balance sheet. I will discuss further questions with you personally.

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16. Farmers: Please list aggregate values for farm machinery and equipment, livestock, growing crops and crops in storage.

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17. Motor vehicles, motorcycles, boats and recreational vehicles: Please list make and year, name of titled owner and approximate value.

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18. Do you have any indebtedness other than normal household bills? If so, please give details.

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19. Do you know of any environmental problems in connection with any real estate you are involved?

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20. Do you have any personal property of unusual value, such as jewelry, works of art, antiques or collections? Please list brief details and estimated values.

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21. Does anyone owe you any substantial amount of money? Please give details.

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22. Does either spouse expect to receive an inheritance of over \$10,000 or filed a gift tax return?

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23. Have you ever made any gifts over \$10,000 or filed a gift tax return? \_\_\_\_\_

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24. Names of banks with whom you do business \_\_\_\_\_

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25. Location of your safety deposit box \_\_\_\_\_

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26. Name and address of your accountant or tax preparer \_\_\_\_\_

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**OPTIONAL**

The following questions are optional at this stage and I will spend some time on these issues at your initial appointment. It is helpful and productive, however, to give some thought to these issues prior to our initial appointment.

1. Information necessary for your will:
  - o Personal Representative(s) and Successor Personal Representative(s) to administer your estate.
  - o Guardian(s) for any minors.
  - o Trustee to administer any children's trust.

2. Are you interested in a Living Will to grant a patient advocate permission to make medical decisions if you are unable?

If yes:

- You will need to designate a patient advocate and successor patient advocate.
- I will need the name and address of your primary physician and hospital in order to place the Living Will with your patient records as required by law.

3. Are you interested in preparing a Durable Power of Attorney to allow for the handling of your financial affairs during any disability?

If yes:

- You will need to designate an attorney-in-fact and successor attorney-in-fact.

Thank you for your assistance. I will be glad to discuss any questions with you personally at our first meeting.