McKinney & Tillman, P.C.

(865) 525-8700

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE – Married Clients

I. **FAMILY DATA** **DATE**:________________

HUSBAND:

Full Name:________________________________Social Security No.:______________

Home Address:____Phone:_____________

Business Address:_____________________________________Cell:_______________

County of Residence:_______________E-mail Address:_________________________

Date of Birth:_____________ Place of Birth:__________________ Citizenship:_______

Details on all prior marriages:____

Occupation: ____

WIFE:

Full Name:________________________________Social Security No.:______________

Home Address:____Phone:_____________

Business Address:_____________________________________Cell:_______________

County of Residence:_______________ E-mail Address:_________________________

Date of Birth:_____________ Place of Birth:__________________ Citizenship:_______

Details on all prior marriages:____

Occupation: ____

Couple's Date of Marriage:____

CHILDREN OF THIS MARRIAGE: Names, Dates of Birth, City/State of Residence:

____

____

CHILDREN OF PRIOR MARRIAGES: Names, Dates of Birth and Residence:

____

____

PARENTS (FOR EACH SPOUSE): Please list Names, Dates of Birth and Death:

Husband's Father:____

Husband's Mother:____

Wife's Father:____

Wife's Mother:____

II. **ESTATE PLANNING GOALS:** Please describe your overall estate planning goals.

____

____

____

________________________________ ________________________________

Husband's Signature Wife's Signature

III. SPECIAL CONSIDERATIONS: Please circle your answer.

Is any member of your family incapacitated or does anyone have significant health problems?	**Yes**, let's discuss	**No**
Have you made any significant (greater than $3,000 per person per year) gifts?	**Yes,** let's discuss this	**No**
Have you filed gift tax returns?	**Yes** (bring copies with you)	**No**
Have you created any trusts?	**Yes** (bring copies with you)	**No**
Are you serving as Trustee of any trust?	**Yes** (bring copies with you)	**No**
Are you the beneficiary of any trust?	**Yes** (bring copies with you)	**No**

IV. ITEMS TO BRING WITH YOU WHEN YOU COME IN FOR OUR CONFERENCE:

- ☐ A copy of your most recent Will and any Codicil(s)
- ☐ Copies of all Divorce Decrees/Settlement Agreements
- ☐ Copies of all prior Gift Tax Returns
- ☐ A copy of your Federal Tax Return for the last year
- ☐ Copies of any Buy-Sell Agreements you have signed
- ☐ A copy of any Pre-Nuptial Agreement you have signed
- ☐ Copies of any trusts that have been created by or for you
- ☐ Copies of deeds and tax receipts to any real property you own.

V. FINANCIAL CONTACTS: We may need to contact your accountant or other professionals in order to serve your needs. If you use any of the following professionals, please provide us with their names and phone numbers:

CPA: ______________________________

Financial Advisor: ______________________________

Private Wealth Banker: ______________________________

VI. ASSET SUMMARY: (Please use Fair Market Value and round to nearest $1,000)

Asset	Husband's Name	Wife's Name	Joint
Real Estate			
Residence	________	________	________
Farm	________	________	________
Rental	________	________	________
Commercial	________	________	________
Out-of-State	________	________	________
Other	________	________	________
Cash, Bank Accounts CDs, etc.	________	________	________
	________	________	________
	________	________	________
	________	________	________

VI. ASSET SUMMARY (cont'd):

Stocks, Bonds, Mutual Funds
Brokerage Accounts

Business Interests

Furniture, Jewelry, Etc

RETIREMENT BENEFITS, 401(k) PLANS, IRAs and TAX-DEFERRED ANNUITIES

Husband:

Description	$Value	Primary Beneficiary	Contingent Beneficiary

Wife:

Description	$Value	Primary Beneficiary	Contingent Beneficiary

LIFE INSURANCE

On Husband's Life:

Desc.	Owner	Type	Face Value	Cash Value	Beneficiary	Annual Premium
			$	$		$
			$	$		$
			$	$		$

On Wife's Life:

Desc.	Owner	Type	Face Value	Cash Value	Beneficiary	Annual Premium
			$	$		$
			$	$		$
			$	$		$

LIABILITIES

Owed by Husband	Owed by Wife	Owed Jointly

WE WILL COMPLETE THE FOLLOWING:

VII. SUMMARY

	Assets	Life Insurance	Retirement	Indiv. Totals
HUSBAND:	________	________	________	________
WIFE:	________	________	________	________
JOINT:	________	________	________	________
TOTALS:	________	________	________	________
TOTAL GROSS ESTATE:				________
Less Total Liabilities:				________
NET ESTATE:				________

"Splitable Estate" $________

Death Taxes at 2nd Death $________
If No Tax Planning

Death Taxes at 2nd Death $________
w/Basic Tax Planning

Death Taxes Saved $________