MCKINNEY & TILLMAN, P.C.
(865) 525-8700

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE – Single Client

I. FAMILY DATA

DATE:________________

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: ____

CHILDREN: Names, Dates of Birth and Residence

____

____

PARENTS: Please list Names, Dates of Birth and Death:

Father:____

Mother:____

II. 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	**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**

III. 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.

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

____

____

Signature:____

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 $1000)

Asset	Client's Name	Joint w/any other person
Real Estate		
Residence	______	______
Farm	______	______
Rental	______	______
Commercial	______	______
Out-of-State	______	______
Other	______	______
Cash, Bank Accounts CDs, etc.	______	______
	______	______
	______	______
	______	______
	______	______
Stocks, Bonds, Mutual Funds Brokerage Accounts.	______	______
	______	______
	______	______
	______	______
	______	______
Business Interests	______	______
	______	______
	______	______
Furniture, Jewelry, Etc	______	______
	______	______
	______	______

Tax Deferred Annuities, IRAs and Other Retirement Accounts and Life Insurance **(See Below)**

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

Description	$Value	Primary Beneficiary	Contingent Beneficiary
______________________	________	________________	__________________
______________________	________	________________	__________________
______________________	________	________________	__________________
______________________	________	________________	__________________
______________________	________	________________	__________________
______________________	________	________________	__________________

LIFE INSURANCE

On Client's Life:

Desc.	Owner	Type	Face Value	Cash Value	Beneficiary	Annual Premium
______	__________________	________	$_______	$_______	__________	$_______
______	__________________	________	$_______	$_______	__________	$_______
______	__________________	________	$_______	$_______	__________	$_______
______	__________________	________	$_______	$_______	__________	$_______
______	__________________	________	$_______	$_______	__________	$_______

LIABILITIES

Owed by Client	Guaranteed by Client
________________________________	________________________________
________________________________	________________________________
________________________________	________________________________
________________________________	________________________________

WE WILL COMPLETE THE FOLLOWING

VII. SUMMARY

Assets in CLIENT'S name alone:	
Joint Assets:	________________
Life Insurance on CLIENT'S Life:	________________
CLIENT'S Retirement:	________________
TOTAL ASSETS:	________________
Less Total Liabilities:	________________
NET ESTATE:	________________

Death Taxes If No Tax Planning	$________________
Death Taxes with Basic Tax Planning	$________________
Death Taxes Saved	$________________