



THE LAW OFFICE OF KELLY T. BRAUN
Estate Planning & Counseling

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ESTATE PLANNING QUESTIONNAIRE

This form is important, but don't let it overwhelm you. This form makes for a more productive first meeting. Please complete it to the best of your ability and if necessary use approximations. Your accuracy and completeness in responding will help prepare a personalized and comprehensive Estate Plan. **Please provide a copy of this completed form by mail to 145 S. Livernois Road #285, Rochester Hills, Michigan 48307 or via email to kelly@ktbraunlaw.com before your initial consultation meeting.**

☐ I/we have the following estate plan documents in place:

☐ Will dated _____ ☐ Trust dated _____ ☐ Power of Attorney – financial dated _____
☐ Power of Attorney – Healthcare dated _____ ☐ Other _____

A. CLIENT (1) INFORMATION

Preferred method of contact ☐ Cell phone ☐ Home phone ☐ Email

Full Name: _____

Previous name(s) known as: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Date of Birth: _____ Social Security No. (last 4 digits): _____

Employed? ☐ Yes ☐ No

Retired? ☐ Yes ☐ No

U.S. Citizen? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No

Any chronic health problems? ☐ Yes ☐ No

Receive government benefits? ☐ Yes ☐ No

If this is not the first and only marriage for Client (1), please identify:

Date of Prior Marriage(s): _____

State(s) (if other than Michigan): _____

Children from this marriage? ☐ Yes ☐ No _____

Marriage terminated by: ☐ Death ☐ Divorce Divorce Judgment Date: _____

Any ongoing commitments to prior spouse(s)? ☐ Yes ☐ No

B. CLIENT (2) INFORMATION

Preferred method of contact ☐ Cell phone ☐ Home phone ☐ Email

Full Name: _____

Previous name(s) known as: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Date of Birth: _____ Social Security No. (last 4 digits): _____

Employed? ☐ Yes ☐ No

Retired? ☐ Yes ☐ No

U.S. Citizen? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No

Any chronic health problems? ☐ Yes ☐ No

Receive government benefits? ☐ Yes ☐ No

If this is not the first and only marriage for Client (2), please identify:

Date of Prior Marriage(s): _____

State(s) (if other than Michigan): _____

Children from this marriage? ☐ Yes ☐ No _____

Marriage terminated by: ☐ Death ☐ Divorce Divorce Judgment Date: _____

Any ongoing commitments to prior spouse(s)? ☐ Yes ☐ No

C. CHILDREN (include adult and minor children, as well as any child(ren) who have predeceased you)

☐ **WE DO NOT HAVE CHILDREN**

Name of Child: _____ **Age:** _____ **Date of Birth:** _____

☐ Male ☐ Female ☐ Married ☐ Single ☐ Divorced ☐ Deceased ☐ Special Needs

☐ Child of Client (1) and (2) ☐ Child of Client (1) ☐ Child of Client (2)

Name of Child: _____ **Age:** _____ **Date of Birth:** _____

☐ Male ☐ Female ☐ Married ☐ Single ☐ Divorced ☐ Deceased ☐ Special Needs

☐ Child of Client (1) and (2) ☐ Child of Client (1) ☐ Child of Client (2)

Name of Child: _____ **Age:** _____ **Date of Birth:** _____

☐ Male ☐ Female ☐ Married ☐ Single ☐ Divorced ☐ Deceased ☐ Special Needs

☐ Child of Client (1) and (2) ☐ Child of Client (1) ☐ Child of Client (2)

Name of Child: _____ **Age:** _____ **Date of Birth:** _____

☐ Male ☐ Female ☐ Married ☐ Single ☐ Divorced ☐ Deceased ☐ Special Needs

☐ Child of Client (1) and (2) ☐ Child of Client (1) ☐ Child of Client (2)

Are all of your children in good health? ☐ Yes ☐ No

If no, explain _____

Are any of your children disabled? ☐ Yes ☐ No

If so, who _____

Are any of your children incarcerated? ☐ Yes ☐ No

If so, who _____

Are any of your children receiving any
governmental benefits/payments? ☐ Yes ☐ No

If so, who/what _____

Do any of your children have any problems with:

Serious physical or mental illness? ☐ Yes ☐ No

If so, who _____

Drug / Alcohol Addiction? ☐ Yes ☐ No

If so, who _____

Debt problems/bankruptcy? ☐ Yes ☐ No

If so, who _____

Marital Difficulty? ☐ Yes ☐ No

If so, who _____

Do any of your children owe you money, or have you made gifts to one or more of your children that you wish to treat as an advancement of their inheritance? If yes, please provide information: _____

D. GRANDCHILDREN

☐ WE DO NOT HAVE GRANDCHILDREN

Name of Grandchild: _____ ☐ Male ☐ Female

Date of Birth: _____ **Name(s) of Grandchild's Parent(s):** _____

Name of Grandchild: _____ ☐ Male ☐ Female

Date of Birth: _____ **Name(s) of Grandchild's Parent(s):** _____

Name of Grandchild: _____ ☐ Male ☐ Female

Date of Birth: _____ **Name(s) of Grandchild's Parent(s):** _____

Are all of your grandchildren in good health? ☐ Yes ☐ No If no, explain _____
Are any of your grandchildren disabled? ☐ Yes ☐ No If so, who _____
Are any of your grandchildren incarcerated? ☐ Yes ☐ No If so, who _____
Are any of your grandchildren receiving any governmental benefits/payments? ☐ Yes ☐ No If so, who/what _____

Do any of your grandchildren have any problems with:

Serious physical or mental illness? ☐ Yes ☐ No If so, who _____
Drug / Alcohol Addiction? ☐ Yes ☐ No If so, who _____
Debt problems/bankruptcy? ☐ Yes ☐ No If so, who _____
Marital Difficulty? ☐ Yes ☐ No If so, who _____

E. PARENTS & SIBLINGS (Client 1)

Mother: _____ Age: _____ ☐ Deceased
Address: _____
Father: _____ Age: _____ ☐ Deceased
Address: _____
Sibling: _____ Age: _____ ☐ Male ☐ Female ☐ Deceased
Address: _____
Sibling: _____ Age: _____ ☐ Male ☐ Female ☐ Deceased
Address: _____
Sibling: _____ Age: _____ ☐ Male ☐ Female ☐ Deceased
Address: _____

F. PARENTS & SIBLINGS (Client 2)

Mother: _____ Age: _____ ☐ Deceased
Address: _____
Father: _____ Age: _____ ☐ Deceased
Address: _____
Sibling: _____ Age: _____ ☐ Male ☐ Female ☐ Deceased
Address: _____
Sibling: _____ Age: _____ ☐ Male ☐ Female ☐ Deceased
Address: _____

Sibling: _____ Age: _____ ☐ Male ☐ Female ☐ Deceased

Address: _____

G. OTHER INDIVIDUALS OR CHARITIES THAT YOU WISH TO INCLUDE IN YOUR ESTATE PLAN

Name: _____ Age: _____ ☐ Male ☐ Female

Relationship to you: _____ Address: _____ City: _____ State: _____

Name: _____ Age: _____ ☐ Male ☐ Female

Relationship to you: _____ Address: _____ City: _____ State: _____

Organization: _____

Address: _____

H. MISCELLANEOUS INFORMATION

☐ Do you have any PETS that you wish to make special provisions for? ☐ Yes ☐ No

☐ Do either of you have any LEGAL ISSUES I should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

☐ Are there any FAMILY MEMBERS that you wish to EXCLUDE from your estate plan? ☐ Yes ☐ No

If yes, please

explain: _____

☐ Do you have a Safe Deposit Box? ☐ Yes ☐ No If yes, where: _____

☐ Have you prepaid your burial and funeral arrangements? ☐ Yes ☐ No

☐ Are there any difficult family dynamics that could impact your planning? ☐ Yes ☐ No

If yes, briefly explain: _____

I. MISC. INFORMATION / OTHER ADVISORS

How did you hear about The Law Office of Kelly T. Braun, PLLC?

☐ Family/Friend _____ ☐ Website ☐ Social Media ☐ Rochester Chamber ☐ Other

Please identify other professional advisors that you work with:

Financial Advisor _____ CPA _____

Attorney _____ Other _____

Would you like a recommendation for a financial advisor? ☐ Yes ☐ No

J. CERTIFICATION

The undersigned (*identified above as Client 1 and/or 2*) hereby represents to The Law Office Of Kelly T. Braun, PLLC (the "Firm") that the information contained in this Questionnaire (including the attached pages and Sections) is accurate and

complete to the best of his/her ability, and understands that the Firm will rely on this information in making recommendations. Therefore, if the information contained in this Questionnaire is inaccurate or incomplete, the recommendations made by the Firm may not be appropriate or the best recommendations.

Signature of Client 1

Date

Signature of Client 2

Date

Selecting Fiduciaries/Representatives and Beneficiaries

Below is an overview of what we will discuss at our initial meeting. Please consider the following in advance of our meeting:

(1) Lifetime/Incapacity Planning:

- If you become incapacitated or disabled (cannot make decisions for yourself):
 - who would you want to make your medical decisions for you?
 - handle your property and finances?
 - serve as a Guardian for you if necessary?
- What are you feelings about life-support in the event of imminent death?
- If you have children 18 or older, do they have their own Powers of Attorney in place for you to be able to handle their healthcare and financial matters if they are unable to do so?

(2) After Death Planning:

- Whom do you want as the beneficiary (or beneficiaries) of your estate? Spouse, children, other family members, friends, colleagues, or charities.
- Is there anyone you want excluded as a beneficiary?
- Who do you want to inherit your assets if, in the unlikely event, your immediate family dies in a common accident?
- Are any of the people you name as beneficiaries going to require assistance in managing what they receive because of age or ability (minor, special needs, spendthrift)?
- If you own a home, how do you want this real estate handled? Deed to individual or trust at death? Sell it? Give someone the option to purchase it or live in it?
- Is there any of your personal property or a specific sum of money that you want to give to someone or a charity?
- Do you have minor children (under 18)? If so, who would you want to raise them (guardian) if you were not here to do it? Alternate?
- Do you want your organs donated?
- Who should serve as the Personal Representative (administrative type role) if your estate ends up in Probate? Who would be the alternate(s)?
- Who should serve as the Trustee (administrative type role) your Trust? Who would be the Successor?
- Who should serve as the Trustee over any trusts created for your children?

ASSETS AND RESOURCES

A. REAL ESTATE

(Please provide copies of most recent recorded deed for each property listed)

Description (Location)	Cost (Basis)	Market Value	Mortgage Bal.	How Title held
EX: 123 Main St, City, State	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xxx,xxx.xx	Joint w/ Spouse
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, Credit Union, etc.)

Name of Bank/Branch	Type of account	Balance	How Account held	Beneficiary
EX: Big Bank/Main St.	Savings	\$ xx,xxx.xx	Joint w/ Spouse	Son
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

C. SECURITIES (Bonds, Marketable Securities, etc.)

Name of Company	Type	Owner	Beneficiary	Current Value
EX: Acme Corp.	Common stock	Client	Spouse	\$ xx,xxx.xx
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

D. RETIREMENT ACCOUNTS (IRAs, 401k, 403b, SEP, Annuities, etc.)

Name of Institution	Type of Acct.	Owner	Beneficiary (primary/contingent)	Current Value
EX: Big Broker	IRA	Client	Spouse/kids	\$ xx,xxx.xx
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

E. LIFE INSURANCE (Whole Life, Term, Universal, etc.)

Name of Institution	Type of Acct.	Owner	Beneficiary (primary/contingent)	Current Value
<i>EX: Apple Ins. Co.</i>	<i>Whole</i>	<i>Client</i>	<i>Spouse/kids</i>	<i>\$ xx,xxx.xx</i>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

F. PERSONAL PROPERTY (Tangible Personal Property)

Item and Approximate Fair Market Value	
Home Furnishings:	_____ \$ _____
Vehicles	_____ \$ _____
Boats	_____ \$ _____
Artwork, jewelry, antiques, collections, etc.	_____ \$ _____
Scheduled Items:	_____ \$ _____
Other :	_____ \$ _____
Other :	_____ \$ _____

G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe: _____

H. BUSINESS INTERESTS (Sole Proprietorship, Corporation, Partnership, LLC)

If you have business documents (Buy-Sell Agreements, Stock Certificates, etc.) please provide copies prior to the initial meeting.

Briefly describe: _____

I. ADDITIONAL INFORMATION

Do you have anything additional that you feel might be relevant to our estate planning conversation? If so, please explain.

Thank you for taking the time to complete this questionnaire. I look forward to learning more about you, your family, and working together on this important plan.