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## ESTATE PLANNING QUESTIONNAIRE

Please complete this form to the best of your ability. We will review this information along with your concerns and goals for estate planning when we meet. Your accuracy and completeness in responding will help provide personalized estate planning recommendations for your specific situation. The information that you provide is kept confidential.

After the form is complete, please forward it to [kelly@ktbraunlaw.com](mailto:kelly@ktbraunlaw.com) or mail it to The Law Office of Kelly T. Braun, PLLC, 145 S. Livernois #285, Rochester Hills, MI 48307. If a meeting is not already scheduled, upon receipt of your Questionnaire, I will contact you to schedule a meeting. In the meantime, you can also request a meeting date through the website – [ktbraunlaw.com](http://ktbraunlaw.com) or via email.

- Do you currently have a: ☐ Will ☐ Trust ☐ Powers of Attorney – Financial (General) and/or Healthcare
- What year were the above documents signed? \_\_\_\_\_
- If you have a Trust – does your Trust currently own any of your assets? ☐ Yes ☐ No

**THE FOLLOWING SECTION ASKS ABOUT PERSONAL / FAMILY INFORMATION. IF YOU ARE AN SINGLE INDIVIDUAL, SKIP QUESTIONS ABOUT CLIENT (2).**

### A. CLIENT (1) INFORMATION

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

First, Middle, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

**Employed?** ☐ Yes ☐ No

**U.S. Citizen?** ☐ Yes ☐ No

**Veteran?** ☐ Yes ☐ No

**Do you have any chronic health problems?** ☐ Yes ☐ No

**If this is not a first marriage for Client (1), please identify:**

Date of Prior Marriage: \_\_\_\_\_ State (if other than Michigan): \_\_\_\_\_

Marriage terminated by: ☐ Death ☐ Divorce ☐ Annulment

Children from this marriage? ☐ Yes ☐ No

**B. CLIENT (2)**

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

First, Middle, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

**Employed?** ☐ Yes ☐ No

**U.S. Citizen?** ☐ Yes ☐ No

**Veteran?** ☐ Yes ☐ No

**Do you have any chronic health problems?** ☐ Yes ☐ No

**If this is not a first marriage, please identify for Client (2):**

Date of Prior Marriage: \_\_\_\_\_ State (if other than Michigan): \_\_\_\_\_

Marriage terminated by: ☐ Death ☐ Divorce ☐ Annulment

Children from this marriage? ☐ Yes ☐ No

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

☐ I/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) ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_

Any concerns / issue with this child? Briefly explain: \_\_\_\_\_

**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) ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_

Any concerns / issue with this child? Briefly explain: \_\_\_\_\_

**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) ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_

Any concerns / issue with this child? Briefly explain: \_\_\_\_\_

☐ **PLEASE MARK IF ATTACHING A SEPARATE PAGE TO LIST ADDITIONAL CHILDREN.**

Do any of your children owe you money that you want them to repay you, or have you made monetary 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**

☐ I/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): \_\_\_\_\_

**Name of Grandchild:** \_\_\_\_\_

☐ Male ☐ Female Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

**Any concerns / issue with any grandchild(ren)?** Briefly explain: \_\_\_\_\_

☐ **PLEASE MARK IF ATTACHING A SEPARATE PAGE TO LIST ADDITIONAL GRANDCHILDREN.**

**E. PARENTS & SIBLINGS (Client 1)**

☐ **NO (LIVING) PARENTS**

☐ **NO (LIVING) SIBLINGS**

**Mother:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Father:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Sibling:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Sibling:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Sibling:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Any concerns / issue with any family member?** Briefly explain: \_\_\_\_\_

☐ PLEASE MARK IF ATTACHING A SEPARATE PAGE TO LIST ADDITIONAL SIBLINGS OR FAMILY MEMBERS.

**F. PARENTS & SIBLINGS (Client 2)**

☐ NO (LIVING) PARENTS

☐ NO (LIVING) SIBLINGS

**Mother:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Father:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Sibling:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Sibling:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Sibling:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Sibling:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**Any concerns / issue with any family member?** Briefly explain: \_\_\_\_\_

☐ PLEASE MARK IF ATTACHING A SEPARATE PAGE TO LIST ADDITIONAL SIBLINGS OR FAMILY MEMBERS.

**G. OTHER INDIVIDUALS THAT YOU WANT 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: \_\_\_\_\_

**H. MISCELLANEOUS INFORMATION**

1. What are your concerns or main goals for estate planning? (**mark all that apply**)

- a. ☐ Avoid probate court (assets pass to beneficiaries without court)
- b. ☐ Avoid probate court (guardianship/conservatorship)
- c. ☐ Provide instructions (a roadmap) for my children and loved ones
- d. ☐ Avoid a similar situation to what I faced when handling an estate for someone
- e. ☐ Nominate a guardian for minor children (under 18 years of age)
- f. ☐ Plan for incapacity (someone to handle my personal, financial, and medical affairs)
- g. ☐ Plan for business succession

- h. ☐ Include a non-family member in my planning
- i. ☐ Disinherit a family member
- j. ☐ Provide creditor protection for assets left to my beneficiaries
- k. ☐ If a second marriage, make sure assets go to my children
- l. ☐ Tax planning
- m. ☐ Revising or Updating Documents

2. Do you have any PETS that you wish to make special provisions for? ☐ Yes ☐ No
3. Do (either of) you have any LEGAL ISSUES I should be aware of? ☐ Yes ☐ No
4. Are there FAMILY MEMBERS THAT YOU WISH TO EXCLUDE from your estate plan? ☐ Yes ☐ No
5. Do you have a SAFE DEPOSIT BOX? ☐ Yes ☐ No
6. Do you have PREPAID BURIAL / FUNERAL ARRANGEMENTS? ☐ Yes ☐ No
7. Do you own any property outside of Michigan? ☐ Yes ☐ No
8. Are there any DIFFICULT FAMILY DYNAMICS that might impact your estate planning? ☐ Yes ☐ No
- If yes, briefly explain: \_\_\_\_\_

#### I. MISC. INFORMATION / OTHER ADVISORS

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

**Please identify other professional advisors that you work with:**

Financial Advisor \_\_\_\_\_ CPA \_\_\_\_\_

Attorney \_\_\_\_\_ Other: \_\_\_\_\_

**Would you like a recommendation for a CPA?** ☐ Yes ☐ No

**Would you like a recommendation for a Financial Advisor?** ☐ Yes ☐ No

**THE NEXT SECTION IS FOR YOUR ASSET INFORMATION. USE APPROXIMATIONS WHERE NECESSARY. INFORMATION PROVIDED IS KEPT CONFIDENTIAL.**

### ASSETS AND RESOURCES

#### A. REAL ESTATE

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

Address	Cost (Basis)	Market Value	Mortgage Balance	Owner(s)
<b>EX: 123 Main St, City, State</b>	<b>\$ xxx,xxx.xx</b>	<b>\$ xxx,xxx.xx</b>	<b>\$ xxx,xxx.xx</b>	<b>Joint w/ Spouse</b>
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

**B. BANK ACCOUNTS (CDs, Checking, Savings, Money Market, etc.)**

Name of Bank/Location	Type of account	Balance/Value	Owner(s)	Beneficiary
EX: Big Bank/Main St.	Savings	\$ xx,xxx.xx	Joint w/ Spouse	Son
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

**C. OTHER INVESTMENTS / SECURITIES (Stocks, Bonds, Brokerage Accounts, etc.)**

Name of Company	Type	Owner	Beneficiary	Current Value
EX: Acme Corp.	Common stock	Client (1)	Spouse	\$ xx,xxx.xx
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**D. RETIREMENT ACCOUNTS (IRAs -Traditional or Roth, 401k, 403b, SEP)**

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

**E. LIFE INSURANCE and/or ANNUITIES (Whole Life, Term, Universal, etc.)**

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

**F. PERSONAL PROPERTY – TANGIBLE PERSONAL PROPERTY**

	Approximate Value
Household Furnishings	\$ _____
Cars ( <u>owned</u> not leased)	\$ _____
Boats	\$ _____
Artwork, Jewelry, collections, etc.	\$ _____
Other	\$ _____

**G. BUSINESS INTERESTS**

Do you have an ownership interest in a business? ☐ Yes ☐ No

Provide additional information regarding the type of business, nature of your interest (or %), and approximate value: \_\_\_\_\_.

If you have Buy-Sell Agreements, Operating Agreements, etc.) you may be asked to provide copies.

**H. ADDITIONAL INFORMATION**

Do you have anything to add that you feel might be relevant to our estate planning conversation, please describe.

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**I. CERTIFICATION**

The undersigned (*Client 1 and/or Client 2*) hereby represents to The Law Office Of Kelly T. Braun, PLLC (the "Firm") that the information contained in this Questionnaire (including attachments if any) is accurate and complete 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*

**Thank you for completing this form. I look forward to meeting with you.  
Just think - you are one step closer to completing this important plan.**