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ESTATE

PLANNING

QUESTIONNAIRE

**If you have any questions about terms or definitions please contact us.
When you have completed the questionnaire, please call for an appointment.**

GENERAL INFORMATION

YOURSELF

SPOUSE

1. Name: _____
2. Other Name or
Nickname known
by, if any _____
3. Home Address: _____

4. Home telephone number, and cell number: _____
5. Social Security number: _____
6. Occupation: _____
7. Business address: _____
8. Business telephone number: _____
9. Date of birth: _____
10. Citizen of U.S.?
 YES NO
11. Length of residence in this state: _____

12. Other states or countries previously resided in, and dates of residence:

_____	_____
_____	_____

13. Have you entered into any pre-or post-nuptial agreements?(if so, attach copy):

YES NO

11. Any prior marriages(if divorced, attach copies of divorce decree and property settlement agreement; if widowed, attach copy of Form 706 (federal state tax return) for predeceased spouse's estate):

YES NO

FAMILY INFORMATION

CHILDREN

NAME,CHILD 1.: _____

BIRTHDAY: _____

SOCIALSECURITY NO: _____

ADDRESS: _____

NAME OF SPOUSE: _____

SPECIAL NEEDS: _____

NAME,CHILD 2.: _____

BIRTHDAY: _____

SOCIALSECURITYNO: _____

ADDRESS: _____

NAME OF SPOUSE: _____

SPECIAL NEEDS: _____

GRANDCHILDREN

NAME: _____

BIRTHDAY: _____

PARENT'SNAME: _____

NAME:

BIRTHDAY:

PARENT'SNAME:

NAME:

BIRTHDAY:

PARENT'SNAME:

NAME:

BIRTHDAY:

PARENT'SNAME:

NAME:

BIRTHDAY:

PARENT'SNAME:

PARENTS

YOURSELF

FATHER'S NAME: _____

BIRTHDAY: _____

MOTHER'S NAME: _____

BIRTHDAY: _____

SPOUSE

FATHER'S NAME: _____

BIRTHDAY: _____

MOTHER'S NAME: _____

BIRTHDAY: _____

Name and date of parents' trust: _____

Does your parent's trust have any distributions directly to your child/children prior to your demise?

If yes, please provide a copy of the parents' trust

ADVISORS: (Please list name and telephone numbers)

1. OTHER LAWYERS:

2. ACCOUNTANT:

3. STOCKBROKER:

4. INVESTMENTADVISOR:

5. INSURANCE AGENT:

6. OTHER (IDENTIFY):

PERSONAL ASSETS

1. CHECKING ACCOUNT:

NAME OF INSTITUTION:

ADDRESS OF INSTITUTION:

FULL NAME ON ACCOUNT:

ACCOUNT NUMBER:

Any other signatures authorized? Yes _____ No _____

If yes, name: _____

Do you have a payable on death designation on this account? If yes, name of the Person: _____

2. SAVINGS ACCOUNT:

NAME OF INSTITUTION:

ADDRESS OF INSTITUTION:

FULL NAME ON ACCOUNT:

ACCOUNT NUMBER:

Any other signatures authorized? Yes _____ No _____

If yes, name: _____

Do you have a payable on death designation on this account? If yes, name of the Person: _____

3. CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION:

ADDRESS OF INSTITUTION:

FULL NAME ON ACCOUNT:

ACCOUNT NUMBER:

Name of beneficiary of this account at your death:

4. MONEY MARKET ACCOUNT:

NAME OF INSTITUTION:

ADDRESS OF INSTITUTION:

FULL NAME ON ACCOUNT: _____
ACCOUNT NUMBER: _____

Name of beneficiary of this account at your death:

5. STOCKS (Indicate Names of the stock and number of shares):

NAME OF INSTITUTION: _____
ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____
NAME OF STOCK: _____
NUMBER OF SHARES: _____

Name of beneficiary of this account at your death:

6. BONDS (Including E, EE):

NAME OF INSTITUTION: _____
ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____
ACCOUNT NUMBER: _____

Name of beneficiary of this account at your death:

7. MUTUAL FUNDS:

NAME OF INSTITUTION: _____
ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____
ACCOUNT NUMBER: _____

Name of beneficiary of this account at your death:

8. BROKERAGE ACCOUNT:

NAME OF INSTITUTION: _____
ADDRESS OF INSTITUTION: _____

FULL NAME ON ACCOUNT: _____

ACCOUNT NUMBER: _____

Name of beneficiary of this account at your death:

9. COPYRIGHTS, PATENTS, TRADEMARKS AND OTHER INTANGIBLE RIGHTS:

10. MORTGAGES AND LEASES: (DESCRIBE PROPERTY AND TERMS BELOW):

11. INTEREST IN TRUSTS AND ESTATES:

12. INTEREST IN LIMITED PARTNERSHIPS: (Indicate Name, % of ownership and original investment below):

13. JEWELRY AND FURS:

14. COINS, STAMP AND OTHER COLLECTIONS:

15. ANTIQUES AND WORKS OF ART:

16. FURNITURE AND OTHER HOUSEHOLD EFFECTS:

17. AUTOMOBILES:

VEHICLE1: _____

VEHICLE2: _____

VEHICLE3: _____

18. BOATS:

19. REAL PROPERTY (OTHER THAN RESIDENCE, PLEASE ATTACH LEGAL DESCRIPTION):

20. RESIDENCES (PLEASE ATTACH LEGAL DESCRIPTION):

FAMILY BUSINESS

Name: _____
Address: _____

Indicate form of ownership (e.g., corporation, partnership or sole proprietorship):

Approximate value of business: _____

% of ownership: Husband: _____ Wife: _____ Children: _____

Original investment: Husband: _____ Wife: _____ Children: _____

Attach copies of buy-sell agreement relating to transfer of interests during lifetime or at death, employment agreements and financial statements.

LIFE INSURANCE

1. Name of company and policy number:

- a. Type of policy (i.e., term, whole life, etc.):** _____
- b. Insured:** _____
- c. Owner:** _____
- d. Primary beneficiary:** _____
- e. Contingent beneficiary:** _____
- f. Face value:** _____
- g. Cash surrender value:** _____
- h. Amount of outstanding loan:** _____
- i. Annual premium:** _____

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- g. Cash surrender value:** _____
- h. Amount of outstanding loan:** _____
- i. Annual premium:** _____

RETIREMENT PLANS

1. Retirement Plan, YOURSELF:

- a. Present value: _____
- b. Your contribution: _____
- c. Vested (indicate %): _____
- d. Beneficiary designation (attach copy): _____

2. Retirement Plan, SPOUSE:

- a. Present value: _____
- b. Your contribution: _____
- c. Vested (indicate %): _____
- d. Beneficiary designation (attach copy): _____

3. IRA:

- a. Present value: _____
- b. Beneficiary designation (attach copy): _____

- c. Where held (name and address of bank, brokerage house, or money management firm): _____
- d. Type of account(custody or trust): _____
- e. Type of investments (CD, mutual fund): _____
- f. What is the taxable amount and the non-taxable basis? (Attach a copy of Form 8606, if filed, from last year's income tax return): _____
- g. Is this IRA a "conduit" IRA (that could be rolled into a qualified plan)?:
 YES NO

- h. Is this an "inherited" IRA?: YES NO

MISCELLANEOUS

1. Attach copies of your current will .
2. Attach copies of all trust agreements in which you or a member of your family have an interest, whether as beneficiary, fiduciary, or holder of a power of appointment.
3. Attach copies of all prior federal and state gift tax returns.
4. Describe an inheritance you or your spouse expect to receive in the near future.

5. Have you signed a Living Will and a Health Care Proxy?

YES NO

If so, please provide a copy

YES NO

6. Have you signed a durable power of attorney?

YES NO

If so, please provide a copy

YES NO

7. Describe any special estate planning objectives:
