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CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Please provide the following information. If you need more space, please use another sheet. If you are not certain about an answer, leave the space blank, and we will discuss any questions at our initial meeting.

A. FAMILY DATA

1. Client's Name & SSN: _____

Spouse's Name & SSN: _____

Other (former) names: _____

2. Address and phone number: _____

Home: _____ Phone: _____

Business: _____ Phone: _____

Email Address: _____

3. Client's date of birth: _____

Spouse's date of birth: _____

Client's place of birth: _____

Spouse's place of birth: _____

4. Date came to Louisiana: _____

Spouse: _____

5. Date of marriage: _____

Place of marriage: _____

6. Children of this marriage:

Name

Birth Date

7. Prior marriages of yourself and spouse (if applicable).

Name

Date of Death or Divorce

8. You or your spouse's children of prior marriage(s) (if applicable).

Name

Birth Date

9. Deceased children, if any: _____

Date of Death: _____

10. Spouses of children:

<u>Name of Child</u>	<u>Name of Spouse</u>
_____	_____
_____	_____
_____	_____
_____	_____

11. Grandchildren:

<u>Name of Grandchild</u>	<u>Name of Parent</u>
_____	_____
_____	_____
_____	_____
_____	_____

12. Living Parents:

<u>Client's</u>	<u>Spouse's</u>
_____	_____
_____	_____

13. Brothers and sisters (include any pre-deceased siblings):

<u>Client's</u>	<u>Spouse's</u>
_____	_____
_____	_____
_____	_____
_____	_____

14. Comments on any health problems for you or your spouse or for other family members:

Please mark (X) answers to the following question numbers 15 to 22.

15. Do you have a safety deposit box? Yes _____ No _____

16. Are there present wills for:

You? Yes _____ No _____

Your Spouse? Yes _____ No _____

(If answer is "Yes", mail copies of the wills to our office.)

17. Do you or your spouse:

- (a.) expect to inherit or receive gifts from parents or others? Yes _____ No _____
- (b.) expect to receive benefits from profit sharing, IRA or a retirement plan? Yes _____ No _____
- (c.) have beneficial interests in trusts? Yes _____ No _____
- (d.) have an interest in a buy/sell agreement? Yes _____ No _____

18. Is all of your property community property? Yes _____ No _____

19. Do you own separate property? Yes _____ No _____

20. Does your spouse own separate property? Yes _____ No _____

21. Do you hold property in indivision with others other than your spouse? Yes _____ No _____

22. Do you and your spouse have any marriage agreements? Yes _____ No _____

I. Miscellaneous (e.g., personal effects, collections, patents, trademarks, copyrights, etc.)

TOTAL

_____	_____	_____
=====	=====	=====

II. Liabilities

A. Real Estate Mortgages
 B. Notes to Financial Institutions
 C. Loans on Insurance Policies
 D. Other Obligations
 E. Tax Liabilities

TOTAL

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
=====	=====	=====

III. Net Worth

_____	_____	_____
=====	=====	=====

C. INCOME SOURCES

Income Sources

Husband

Wife

Salaries
 Other Compensation
 Dividends & Interest
 Net Rents
 Royalties
 Business Profits
 Trusts
 Other

TOTAL

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
=====	=====

D. INSURANCE DATA

Attached is a schedule for your insurance policies. Please complete to the extent feasible and bring copies of the policies and/or declaration pages to our office.

