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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: _____
Client's Email Address(es): _____
Spouse's Email Address(es): _____
3. Client's place & date of birth: _____
Spouse's place & date of birth: _____
4. Date came to Louisiana: _____
Spouse: _____
5. Date and Place of marriage: _____
6. Children of this marriage:

Name

Birth Date

_____	_____
_____	_____
_____	_____
_____	_____

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

<u>Name</u>	<u>Date of Death or Divorce</u>
_____	_____
_____	_____

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

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____

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", please provide us with a copy.)

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 _____

23. Special Instructions Regarding Drafting of Will, Trust or Both

(a.) Bequests of money to specific persons? _____

(b.) Bequests to any charities? _____

(c.) Bequests of special property to anyone? _____

(d.) Home to go to spouse? _____

(e.) Personal effects to go to spouse? _____

(f.) If usufruct is granted to spouse, should the usufruct terminate on (1) spouse's death or (2) remarriage of spouse? _____

(g.) If property is to be left in trust for the children, please answer the following:

1. At what age(s) should the trust terminate? _____
2. Should the trustee have authority to terminate the trust in whole or in part at the request of a child? Yes _____ No _____

24. Proposed executor:

For client: _____

For spouse: _____

25. Proposed trustee of trust:

For client: _____

For spouse: _____

26. Proposed guardian of minor children:

For client: _____

For spouse: _____

27. Any other particular goals or desires:

For client: _____

For spouse: _____

B. PROPERTY AND VALUES

	<u>Community Property</u>	<u>Separate Property Husband and Wife</u>
I. <u>Assets</u>		
A. Cash & Bank Accounts	_____	_____
B. Notes, Accounts Receivable, Mortgages	_____	_____
C. Bonds	_____	_____
D. Listed Stocks	_____	_____
E. Closely-Held Business Interests	_____	_____
F. Real Estate	_____	_____
G. Insurance	_____	_____
H. Employee Benefits	_____	_____
I. Miscellaneous (e.g., personal effects, collections, patents, trademarks, copyrights, etc.)	_____	_____
TOTAL	_____	_____
II. <u>Liabilities</u>		
A. Real Estate Mortgages	_____	_____
B. Notes to Financial Institutions	_____	_____
C. Loans on Insurance Policies	_____	_____
D. Other Obligations	_____	_____
E. Tax Liabilities	_____	_____
TOTAL	_____	_____
III. <u>Net Worth</u>	_____	_____

C. INCOME SOURCES

<u>Income Sources</u>	<u>Husband</u>	<u>Wife</u>
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.

