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Confidential Estate Planning Questionnaire

The information provided is protected by the attorney-client privilege and will be held strictly confidential. It will be used only in formulating recommendations for your estate plan and will not be revealed by us to any person or entity without your specific authorization. The time you spend completing this form will greatly increase our efficiency and our ability to deliver appropriate quality service to you.

Background Information:	Self	Date:	
Name: (last, first, middle)		Date of Birth:	
Address:		Social Security Number:	
		Residence Phone Number:	
Employer:		Work Phone Number:	
		Cell Telephone Number:	
Citizenship:	Date of Military Discharge:	Service Number:	
Safe Deposit Box Location:		Names on Box:	
Previous Divorce(s): provide copy of each divorce decree			
Name:		Date of Divorce:	
Name:		Date of Divorce:	
Preferred Email:			

	Spouse		
Name: (last, first, middle)		Date of Birth:	
Address:		Social Security Number:	
		Residence Telephone Number:	
Employer:		Work Telephone Number:	
		Cell Telephone Number:	
Citizenship:	Date of Military Discharge:	Service Number:	
Safe Deposit Box Location:		Names on Box:	
Previous Divorce(s): provide copy of each divorce decree			
Name:		Date of Divorce:	
Preferred Email:			

Name:	Relationship:	Address:	Birthdate:	Disability, if any:	Government Benefits, if any

(Include children of any deceased child above) Are you currently expecting any children? _____

Name	Company	Advisors
CPA		Gift Tax Returns ever filed?
Investments		
Life Insurance		
Other key advisors		

Cash: (Checking, Savings, Certificates, Etc.)

<i>Bank:</i>	<i>Account Type:</i>	<i>Owner(s):</i>	<i>Balance</i>
			\$
			\$
			\$
			\$
TOTAL:			\$

Brokerage Accounts:

<i>Brokerage Firm: (not incl. retirement accounts)</i>	<i>Owner(s):</i>	<i>Value:</i>
		\$
		\$
		\$
TOTAL:		\$

Individually-Held Stocks & Bonds: (not included in above brokerage accounts)

<i>Company:</i>	<i>No. of Shares:</i>	<i>Cost</i>	<i>Owner(s):</i>	<i>Value:</i>
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
TOTAL:				\$

Life Insurance:

<i>Company:</i>	<i>Type of Policy:*</i>	<i>Policy Number:</i>	<i>Insured (& Owner if different):</i>	<i>Beneficiaries:</i>	<i>Cash Surrender Value (if appl.)</i>	<i>Face Value:</i>
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL:						\$

* Whole life, variable, universal, term

Real Estate:

<i>Type:</i>	<i>Address:</i>	<i>Owners:</i>	<i>Cost:</i>	<i>Market Value:</i>
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL:				\$

Business Interests:

<i>Form:*</i>	<i>Name & Nature of Business:</i>	<i>% Ownership:</i>	<i>Value of Your Interest:</i>
		%	\$
		%	\$
		%	\$
		%	\$
TOTAL:			\$

* Corporation, partnership, limited liability company

Household/Personal Property:

Only very significant items or collectibles need be listed.

<i>Description:</i>	<i>Owner(s):</i>	<i>Value:</i>
General Household Goods.		
Other:		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL:		\$

Retirement Plans, IRAs, and ROTH accounts:

<i>Description:</i>	<i>Owner:</i>	<i>Beneficiaries:</i>	<i>Value:</i>
			\$
			\$
			\$
			\$
TOTAL:			\$

Expected Inheritances:

<i>Description:</i>	<i>Expected By:*</i>		<i>From:</i>	<i>Amount:</i>
	<i>Self:</i>	<i>Spouse:</i>		
				\$
				\$
				\$
				\$
TOTAL:				\$

* Check each that applies.

Other Assets:

<i>Description:</i>	<i>Owner:</i>	<i>Value:</i>
		\$
		\$
		\$
TOTAL:		\$

Mortgages:

<i>Description of Property:</i>	<i>Name of Lender:</i>	<i>Amount:</i>
		\$
		\$
		\$
		\$
TOTAL:		\$

Other Debts:

<i>Type:</i>	<i>Name of Lender:</i>	<i>Amount:</i>
		\$
		\$
		\$
TOTAL:		\$

Summary of Assets and Liabilities:

Total Assets: \$ _____
Total Liabilities: \$ _____
Net Estate: \$ _____

A personal representative is a person appointed by you to manage your estate and to carry out the terms of your Will. The Court will appoint a personal representative if you do not name one. It is desirable to name an personal representative and a substitute personal representative. Spouses often, but not always, name each other as first choice.

Name: _____ Address: _____ Phone Number: _____
Successor Personal Representative(s):
1st Backup Name: _____ Address: _____ Phone Number: _____
2nd Backup Name: _____ Address: _____ Phone Number: _____

You should name a guardian if you have minor children. This person will have charge of the children, subject to Court approval. You may appoint the same or different person as trustee to hold your property and make your property available for your children according to your Will.

Guardian(s):
Name: _____ Phone Number: _____
Address: _____
Successor Guardian(s):
Name: _____ Phone Number: _____
Address: _____

The Trustee named in your Will manages any estate assets to be held for the benefit of a beneficiary. For example, a trust should be used where assets pass to minor children or grandchildren.

Name of Trustee or Co-Trustee(s):
Name: _____ Address: _____ Phone Number: _____
Name: _____ Address: _____ Phone Number: _____
Successor Trustee(s):
1st Backup Name: _____ Address: _____ Phone Number: _____
2nd Backup Name: _____ Address: _____ Phone Number: _____

Use the space below to list any additional information that may be important in your estate planning such as the following:

Divorce Obligations: _____
 Adopted Children: _____
 Financial Planner: _____
 Premarital Agreement: _____
 Medical Concerns: _____

List any questions you have concerning your estate planning below:

	<i>Self:</i>		<i>Spouse:</i>	
	<i>Already Have</i>	<i>Wish to Discuss</i>	<i>Already Have</i>	<i>Wish to Discuss</i>
Last Will & Testaments				
Revocable Trusts				
Irrevocable Trusts				
Property Power of Attorney				
Health Care Power of Attorney				
Living Wills				
Business Entities				
Buy/Sell Agreements				

Please provide a copy of the following documents:
Current Wills/Trusts and all other estate planning documents
Gift tax returns for each year filed
Divorce Decrees
Premarital Agreements

CERTIFICATION

We rely on the information you furnish us in making recommendations for the formulation and/or revision of your estate plan. If the information supplied is either inaccurate or incomplete, our recommendations may be inappropriate, or worse, harmful. We therefore rely upon you to take the necessary time and diligence to place in our hands data that can be used by us with confidence in helping you meet your objectives. We cannot be responsible for recommendations made or conclusions reached which later prove to be

By signing below and/or by submitting this questionnaire to us by mail, by fax or electronically, the person(s) identified below certify that the information supplied in this questionnaire is, to the best of his and/or her knowledge,

By:

By:

(signature)

(signature)