THE LARSON LAW FIRM, P.C.
ESTATE PLANNING, TAX, TRUST AND ESTATE ADMINISTRATION

REVIEW QUESTIONNAIRE

Appointment ________________ Attorney _________________ Location____________
(Date/Time)

Please take some time to complete this questionnaire. It will be helpful in updating your file. Please bring this completed form with you to your appointment.

Name ______________________________ Spouse Name ____________________________

Date of Birth _________________________ Spouse Date of Birth ______________________

Address ___________________________________ City, State, Zip ___________________

Home Phone (____)__________________ Other Phone (____)_______________________

E-mail _______________________________________

Who are your current Successor Trustees/Personal Representatives?

____

Is this a new address or telephone? ☐ Yes ☐ No

Are all of your current bank accounts, stocks, stock brokerage accounts, bonds, etc. in your Trust's name? ☐ Yes ☐ No

Is all of your real estate in the Trust's name, including any new properties acquired since your Trust was signed? ☐ Yes ☐ No

Are you self-employed? Type of business:____________________ ☐ Yes ☐ No

Has anything major changed since the creation of your Trust? (such as death, marriage, purchase property, divorce, special needs, medical, etc.) ☐ Yes ☐ No

If yes, what has changed?____

Do you have changes in Beneficiaries, Successor Trustees, Gifts, etc. that you wish to discuss? ☐ Yes ☐ No

Have you reviewed your "location list" and contact list in your Estate Planning notebook to be sure it is up to date. ☐ Yes ☐ No

Are you retired? If not, when do you plan to retire?_____________ ☐ Yes ☐ No

Please list any specific questions about your Trust that you would like to discuss:

____

____

(please turn over)

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FINANCIAL INFORMATION

ASSETS

1. **Real Property** - Address (home, rentals, timeshares) | How Title Held (In Trust, Joint Tenancy, Name only) | Market Value

a.________________	________	$________
b.________________	________	$________
c.________________	________	$________

2. **Secured Notes** - Description | How Held
(mortgages, trust deeds, real estate contracts, notes owned by you)

a.________________	________	$________
b.________________	________	$________

3. Please summarize the total value of:

a. **Banking** | Where Held | How held? (In Trust, Joint Tenancy, Name only)

Checking:	________	________	$________
Savings:	________	________	$________
CDs:	________	________	$________
Other:	________	________	$________

b. **Stocks, Bonds & Mutual Funds**

________ ________ $________

c. **Limited Partnerships** Name: ________________ $________

4. Current cash value of:

a. **Retirement Plans** (IRA's, Keough's, 401K's, etc.)

Description	How Held?	Beneficiary	
________	________	________	$________
________	________	________	$________

b. **Annuities**

________	________	________	$________

c. **Other Income Sources** (Pension, Social Security, etc.) ________________

5. **Life Insurance**

Company	Owner	Beneficiary	
a.________	________	________	$________
b.________	________	________	$________

6. Estimate the value of your **personal property** and effects. $________
(e.g. jewelry, furnishings, household goods, artwork, collections, motor vehicles, boats, tools etc.)

7. **GROSS ESTATE (TOTAL OF ALL VALUES NUMBERS 1-6)** $________________

8. **TOTAL DEBTS AND LIABILITIES (mortgages, debts, loans)** $________________

9. **NET TAXABLE ESTATE (LINE 7 MINUS LINE 8)** **$________________**