CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

<u>Buhrman Law Firm, P.C.</u> 345 Frazier Avenue, Suite 210 Chattanooga, TN 37405 Phone: (423) 266-5691 Fax: (423) 265-7041

www.buhrmanlaw.com jrb@buhrmanlaw.com; sking@buhrmanlaw.com

I.	FAMILY DATA: (Please list your name as you wish to have on legal documents) DATE:								
	HUSBAND:			D.O.B	S.S. #				
				D.O.B	S.S.#				
	PHONE AND EMAIL:								
	ADDRESS:								
	CHILDREN AND AGES:								
II.	ESTATE PLANNING GOALS: Please describe your overall estate planning goals:								
	Do any family members or beneficiaries have any disabilities?								
III.	ASSET SUMMARY: Please use Fair Market Value and round to nearest \$1000.								
	Asset eal Estate (Residence)	Husband's Nan	<u> </u>	<u>life's Name</u>		<u>Joint</u>			
	Real Estate (Other)								
Cas	h, Bank Accounts, CDs, etc.								
									
	tocks, Bonds, Mutual nds, Brokerage Accts.								
Hou	sehold goods, Personal Effects & Misc.								
	Tax De	ferred Annuities, 401((k) Plans, IRAs and	Other Retirement Accou	<u>ınts</u>				
Husl	band: <u>Description</u>	<u>Value</u>	<u> </u>	Primary Beneficiary	<u>C</u>	ontingent Beneficiary			
VA/: f -	Description			Discour Donafair	_	Ocalia and Dana Science			
wite	: <u>Description</u>	<u>Value</u>	<u> </u>	Primary Beneficiary	<u>_</u>	Contingent Beneficiary			
			LIFE INSURANCE						
C	On Husband's Life:								
	Policy Owner	Туре	Value		Beneficiary				
	On Wife's Life:								
Policy Owner		Туре	Value	Value		Beneficiary			

IV. APPOINTMENT OF AGENTS FOR:

	FINANC	SIAL POWER OF ATTORNEY	HEALTH CARE POWER OF ATTORNEY	
Husband's Choice	Name	Relationship	Name	Relationship
#1				
#2				
Wife's Choice	Name	Relationship	Name	Relationship
#1			<u> </u>	
#2				
V. APPOINTMENT (OF EXECUTOR: Who	om do you want to be in charge	of administration of your esta	te?
Husband's Choice	Name	Relationship	Address	
#1		·		
#2				
Wife's Choice	Name	Relationship	Address	
#1				
#2				
and wife.	Name	same person as your Executor. Relationship	Address	ine or both hasbana
#1				
#2				
VII. APPOINTMENT	OF GUARDIAN: Wh	nom do you want to raise your ch	nildren if both you and your sp	oouse die with minor children
	Name	Relationship	Address	
#1				
#2				
		S : Do you want to make a gift—any specific items to a family me		harity, foundation or a
Name of Beneficiary		Charitable Amount	Specific Gift	
special gifts have bee		ENEFICIARIES: Whom do you on do you want to receive your esties?		
Name of Benef	ficiary	Amount or Percentage	Contingent Beneficiary	Amount or Percentage