

DATE _____

RUTH ROUNDING LLC
ESTATE PLANNING QUESTIONNAIRE®

I. PERSONAL INFORMATION

1. Name _____ Citizenship: _____

Home Address _____

Phone #s _____ Fax _____

E-mail address _____ County _____

Birth Date _____ Soc. Sec. No. _____

Employer Name _____

Address _____

Phone #s _____ Fax _____

E-mail address _____

2. Spouse's Name _____ Citizenship _____

Birth Date _____ Soc. Sec. No. _____

Employer Name _____

Address _____

Phone #s _____ Fax _____

E-mail address _____

We understand that Ruth Rounding LLC will rely on the information that we are providing in this questionnaire when she recommends and prepares our estate plan and that she *does not undertake to verify this information*. I understand that if the information is incomplete or inaccurate, the resulting estate plan may be inappropriate or detrimental.

Wife's Signature

Husband's Signature

3. Children's Names #1 _____ #2 _____ #3 _____
(living and deceased)

Address _____
(if not at home)

Telephone _____

Birth Date _____

Spouse, if any _____

Children? _____

4. Does any child or grandchild have special circumstance such as adopted, illegitimate, stepchild, physically or mentally challenged?

5. Do you have any other special personal or financial concern (e.g., hostility between some family members, health problems, creditor problems, support of parents)?

6. Has either spouse been divorced? _____

If so, does (s)he have any current or future financial obligation? _____

If so, please provide a copy of your agreement or order.

7. Do you have a will or trust? Y N If so, please provide a copy.

8. Do you have a pre-marital or post-marital agreement (an agreement between you and your spouse about your property rights if you die or are divorced)?

If so, please provide a copy.

9. Has either spouse ever lived in a community property state (Texas, California, Washington, Arizona, Idaho, Louisiana, Nevada, New Mexico) or owned real property there?

10. Have you ever made any "significant" charitable or personal gifts? If so, describe:

Please provide a copy of any gift tax returns that you have filed.

12. After one of you dies, how likely is it that the surviving spouse would eventually leave Ohio?

13. Is there anything else that you would like to tell us after reading to the end of this questionnaire?

II. ASSETS

For each asset, list the description and value. Husband Amount
Wife Joint*

1. Real Estate (include fair market value, amount of mortgage, location, single family/condo/timeshare, and whether residential or commercial). Please provide a copy of your deed.
State whether REGISTERED LAND.

2. Cash

- A. Savings Account _____
B. Certificate of Deposit _____
C. Checking Account _____
D. Other _____

3. Publicly-traded Securities *other than IRAs, etc.* Please provide a copy of a recent broker's Statement, if applicable.

4. Closely-held Business (stock and partnerships). Please provide a copy of any buy-sell agreement or other relevant agreement. Has the company elected "Sub S" status?

***IN ALL CASES OF "JOINT":** if property is held in more than one name, state whether joint *and survivorship*, or tenants in common. State also in whose names the property is held jointly *if other than* husband and wife.

Amount
Husband Wife Joint

5. Other Business Interests (include information about stock options, etc.).

6. Tangible Personal Property (include antiques, collections, jewelry, cars, etc.).

7. IRAs (describe investment and amount).
Please provide a copy of a recent broker's statement, *and each beneficiary designation.*

Reg Roth _____

Reg Roth _____

Reg Roth _____

8. Life Insurance.

Company Insured Owner* Face Am't Loans Cash Value Beneficiary

Policy #1 _____

Policy #2 _____

Policy #3 _____

Policy #4 _____

*If other than the insured, note any designated successor here:

Amount
Husband Wife

9. Employee Benefits (describe investment and amount).
State whether benefits end at your death. If they continue,
please provide a copy of your beneficiary designation.

A. Pension, Profit Sharing or 401(k) Plan

B. Deferred Compensation

C. Other

10. Government benefits (include veterans benefits, etc.).

11. Inheritances.

A. Current trust or estate interests (include income interests, powers of appointment, etc.). Please provide a copy of each will or trust under which you are now a beneficiary.

B. In the reasonably near future, do you expect to have any interest under the estate plan of another individual, for example, a power of appointment, income interest, insurance benefit or inheritance?

III. LIABILITIES

1. Please list liabilities (other than mortgages shown above). Show amount and who is liable.

2. Have you guaranteed anyone else's obligations? If so, state whose, how much and when.

IV. PLANNING

These questions concerning fiduciaries and disposition of your property are designed to help you start thinking about some of the questions we will discuss when we meet.

1. How do you wish to provide for the **disposition** of your assets? The most common plan is to leave all of the assets in some form (outright or in trust) to the spouse, or if he or she is not living, to descendants (outright or in trust), if any, and otherwise, to other family members or charity. Is this your desired disposition?

- A. If so, should children's shares be in trust (until a certain age or ages or for life)? If so, specify the age(s) or life.

- B. If this pattern is not your desired disposition, please describe what you would like:

- C. To whom should the property go upon your death if you survive your spouse and descendants? Please provide names and addresses of individuals or charities, and the relationship of the individuals to you.

D. Do you want to make a special bequest of personal items or cash?

E. If all of your children predecease you, should your grandchildren receive equal shares or should they be grouped by parent? E.g., if you had two children, A and B, who predecease you and A had one child, A1, and B had two children, B1 and B2, should A1, B1 and B2 each take thirds or should A1 take one-half and B1 and B2 each take one-quarter? Equal: ____ By parent: ____.

2. You will need to name an **Executor, a Trustee** if there will be a marital or children's trust, and a Guardian if you have minor children. In addition, you should name a successor to each fiduciary in the event that the named fiduciary is at any time unable to serve. Fiduciaries can be an individual or a bank. For Ohio residents, it is preferred that your *Executor* be a resident of Ohio, although out-of-state *relatives* are permissible.

Your Executor will manage your estate (collect assets, pay debts and taxes, distribute assets); this is a relatively short-term and technical job and an attorney will probably assist your Executor. Your Trustee will manage any trust (invest and distribute assets to beneficiaries); this is a relatively long-term and managerial job involving *both* investment skill *and* knowledge of your beneficiaries and their needs. The Guardian will look after the physical well-being of your minor children until they are 18. Frequently, the surviving spouse is Executor of the first estate of a couple. Co-fiduciaries (e.g., spouse and bank, or two children) can be cumbersome but are used in some cases.

First	Second	Third (optional)
<i>Please state name and relationship to you</i>		

Executor: husband's Will: _____
 wife's Will: _____

Trustee: husband's trust: _____
 wife's trust: _____

Guardian for children: _____

3. We will also prepare a **financial Power of Attorney** for you. For added estate planning flexibility, we typically include the power to make gifts of up to \$12,000 per child annually. Are you comfortable with this power? Yes ____ No _____. Also, most Powers of Attorney are effective immediately, although you do not expect it to be used until you are unable to act yourself. Whom do you trust to serve as your agent?

First	Second	Third (optional)
<i>Please state name and relationship to you</i>		

Agent: for husband: _____
 for wife: _____

4. Do you want to make an **organ donation**?
 Y or N? All organs? Certain ones? Certain purpose?

Husband: _____

Wife: _____

5. A **health care power of attorney** ("HCPOA") authorizes your agent to make decisions about medical treatment when you are incapacitated. *It may also, but need not, include a direction not to unduly prolong life by "life-sustaining treatment" if there is no hope of recovery, although medication for comfort is continued.*

"Life-sustaining treatment" means health care "that will *serve mainly to prolong the process of dying.*"

YOUR AGENT WILL ACT FOR YOU ACCORDING TO YOUR LIVING WILL AND ONLY IF YOU CANNOT GIVE DIRECTIONS YOURSELF.

Husband:

- A. Who do you want as your agent and back-up agent for health care decisions? (Technically, you can name only one to serve at a time. E.g., you cannot name two children to act jointly, although you can request that they act together.)

#1 Full Name: _____ Relationship: _____

Address: (if not shown above) _____ Phone: (H) _____
 _____ (W) _____

#2 Full Name: _____ Relationship: _____

Address: (if not shown above) _____ Phone: (H) _____
 _____ (W) _____

#3 Full Name: _____ Relationship: _____

Address: (if not shown above) _____ Phone: (H) _____
 _____ (W) _____

- B. Do you want life-sustaining medical treatment **continued** if you are in a "terminal condition"? ("Terminal condition" is defined as a condition in which "death is likely to occur within a relatively short time if life-sustaining treatment is not administered.") For example, you are in the final stages of terminal cancer and you go into cardiac arrest. CPR would *serve mainly to prolong the process of dying*. Would you want CPR?

Yes _____ No _____

C. Do you want life-sustaining medical treatment **continued** if you are in a "permanently unconscious state"? (This is defined as a condition in which you are "irreversibly unaware" of yourself or your environment with "a total loss of cerebral cortical functioning" so that you do not feel pain, i.e., "brain dead.")

Yes _____ No _____

D. Many patients in an irreversible coma "live" on artificial nutrition and hydration alone after the respirator and other "medical" treatment are removed. Do you want artificial "nutrition and hydration" (that is, feeding and fluids through a tube or intravenously) also **continued** if you are in

(a) a terminal condition? Yes _____ No _____

(b) a permanently unconscious state? Yes _____ No _____

E. Do you want drugs or medical procedures to relieve pain even if they may cause addiction, permanent physical damage or early death when you are in

(a) a terminal condition? Yes _____ No _____

(b) any other grave condition? Yes _____ No _____

(By definition, those in a permanently unconscious state cannot feel pain.)

Wife:

A. Who do you want as your agent and back-up agent for health care decisions? (Technically, you can name only one to serve at a time. E.g., you cannot name two children to act jointly, although you can request that they act together.)

#1 Full Name: _____

Relationship: _____

Address: (if not shown above) _____

Phone: (H) _____

(W) _____

#2 Full Name: _____

Relationship: _____

Address: (if not shown above) _____

Phone: (H) _____

(W) _____

#3 Full Name: _____

Relationship: _____

Address: (if not shown above) _____

Phone: (H) _____

(W) _____

B. Do you want life-sustaining medical treatment **continued** if you are in a "terminal condition"? ("Terminal condition" is defined as a condition in which "death is likely to occur within a relatively short time if life-sustaining treatment is not administered.") (See Husband's example.)

Yes _____ No _____

C. Do you want life-sustaining medical treatment **continued** if you are in a "permanently unconscious state"? (This is defined as a condition in which you are "irreversibly unaware" of yourself or your environment with "a total loss of cerebral cortical functioning" so that you do not feel pain, i.e., "brain dead.")

Yes _____ No _____

D. Many patients in an irreversible coma "live" on artificial nutrition and hydration alone after the respirator and other "medical" treatment are removed. Do you want artificial "nutrition and hydration" (that is, feeding and fluids through a tube or intravenously) also **continued** if you are in

(a) a terminal condition? Yes _____ No _____

(b) a permanently unconscious state? Yes _____ No _____

E. Do you want drugs or medical procedures to relieve pain even if they may cause addiction, permanent physical damage or early death when you are in

(a) a terminal condition? Yes _____ No _____

(b) any other grave condition? Yes _____ No _____

(By definition, those in a permanently unconscious state cannot feel pain.)

6. A **Mental Health Declaration** is like a HCPOA, but specifically authorizes your agent to make *mental health* decisions for you when you are incapacitated. A Mental Health Declaration is intended to be used by those with a history of past mental health treatment or likelihood of future treatment. It includes specific instructions and suggestions for treatment. Are you interested in completing a Mental Health Declaration?

Husband: Yes ___ No ___ Wife: Yes ___ No ___

7. Ohio law provides that you may name a representative to determine your funeral, cremation or other final arrangements. Doing so prevents family confusion or conflict at a difficult time. Would you like to sign a Disposition of Bodily Remains form?

Husband: Yes ___ No ___ Wife: Yes ___ No ___