

**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. \_\_\_\_\_
2. Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #s \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail address \_\_\_\_\_
3. Children's Names #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
(living and deceased)
- |                             |       |       |       |
|-----------------------------|-------|-------|-------|
| Address<br>(if not at home) | _____ | _____ | _____ |
| Telephone                   | _____ | _____ | _____ |
| Birth Date                  | _____ | _____ | _____ |
| Spouse, if any              | _____ | _____ | _____ |
| Children?                   | _____ | _____ | _____ |

I understand that Ruth Rounding LLC will rely on the information that I am providing in this questionnaire when she recommends and prepares my 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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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)?

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6. Have you been divorced? \_\_\_\_\_

If so, do you have any current or future financial obligation? \_\_\_\_\_

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

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

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

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

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

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**II. ASSETS**

	<u>Amount</u>	
For each asset, list the description and value	<u>You</u>	<u>Joint*</u>
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. <b>State whether REGISTERED LAND.</b>		
_____		
_____		
_____		
2. Cash		
A. Savings Account _____		
B. Certificate of Deposit _____		
C. Checking Account _____		
D. Other _____		
3. Publicly-traded Securities <i>other than IRAs, etc.</i> 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":** State in whose names the property is held jointly, and whether joint *and survivorship*, or tenants in common.

Amount  
You                      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.

	<u>Company</u>	<u>Insured</u>	<u>Owner*</u>	<u>Face Am't</u>	<u>Loans</u>	<u>Cash Value</u>	<u>Beneficiary</u>
Policy #1	_____	_____	_____	_____	_____	_____	_____
Policy #2	_____	_____	_____	_____	_____	_____	_____
Policy #3	_____	_____	_____	_____	_____	_____	_____
Policy #4	_____	_____	_____	_____	_____	_____	_____

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

Amount

8. 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

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B. Deferred Compensation

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C. Other

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

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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.

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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?

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### III. LIABILITIES

1. Please list liabilities (other than mortgages shown above).

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

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### 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 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.

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

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

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

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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.

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.)

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?

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?

Yes \_\_\_ No \_\_\_