KEVIN B. SPAETH

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CONFIDENTIAL ESTATE PLAN QUESTIONNAIRE

The following information is necessary in preparing your estate plan:

PERSONAL INFORMATION

NAME:			
	(include middle initial)		
	Social Security #:		
SPOUSE:			
	(include middle initial)		
	Social Security #:		
ADDRESS:			
PHONE #:			_
(w/area code)	(home)	(cell)	(work)
COUNTY OF	RESIDENCE:		
		le initial) spouses and grando ace is needed, please complet	

LIST OF ASSETS

1. Real Estate

Please complete the following information concerning the real estate you own at this time including the property address and an approximate value on each. (**NOTE: Please provide a copy of a deed or abstract for each tract listed.**)

Tract I:		
	Value:	Mortgage
Tract II:		
	Value:	Mortgage
Tract III:		
	Value:	Mortgage
Tract IV:		
	Value:	Mortgage
Tract V:		
	Value:	Mortgage

Revised 6-24-14

2. Bank Accounts

Banking		Name on	Type of	Average
Institution	Account #	Account	Account	Balanc
(If addition	onal space is ne	eded, please compl	ete on reverse side.)	
Name of contact at	the bank (i.e. l	oan officer):		
	`	,		
Life Insurance Po	licies / Annuit	<u>ies</u>		
Please provide the	insurance infor	mation as indicated	l:	
Company Name		cy Number	Insured's	
	and	Type	Name	Value
	and	Туре	Name	Valu
and Address	and	Туре	Name	Valu
	and	Туре	Name	Valu
	and	Туре	Name	Valu
	and	Туре	Name	Valu

(If additional space is needed, please complete on reverse side.)

3.

4. Stocks / Bonds / Investment Accounts

Company Name	Name		
and Address	on Account	# of Shares	Approximate Value
Name, address & phone	e number of financial	advisor:	
Business Interest			
Business Interest			
Business Interest Miscellaneous			
<u>Miscellaneous</u>	information concerning	ng any additional ass	ets you own at this time.
<u>Miscellaneous</u>		ng any additional ass	ets you own at this time.
Miscellaneous Please list all pertinent		ng any additional ass	ets you own at this time.
Miscellaneous Please list all pertinent		ng any additional ass	ets you own at this time.
Miscellaneous Please list all pertinent Vehicles: (Attached co	opy of Title)		
Miscellaneous Please list all pertinent Vehicles: (Attached co	opy of Title)		ets you own at this time.

Jewelry, Furs etc: (Attach itemized listing with values)
Other:
(If additional space is needed, please complete on reverse side.)
GENERAL INFORMATION
Please list the individual(s) you prefer as Successor Trustee of your Trust:
1 st Successor:
of (City/State):
2 nd Successor:
of (City/State):
In the event you are survived by minor children, please list the individual(s) you wish as Guardians of such minor children:
1 st Guardian:
of (City/State)
Successor Guardian:
of (City/State)
Name, address & phone number of person who prepares your tax return?

lease describe in your own words how you want your property distributed upon your death:					