

ILIT QUESTIONNAIRE

Instructions. Please complete as much of this form as you can before our meeting. Additional pages may be added as necessary. It is important that you complete this form as thoroughly as you can as my advice to you will be based on the information you provide. Any material misstatements or omissions may result in improper advice for your situation. The information that you supply on this form will be retained in my file. No information will be released to any person without your prior permission.

A. PERSONAL INFORMATION

1. Name: _____
2. Social Security Number: ___ - ___ - _____
3. Full (Previous) Name(s): _____
4. Principal Residence Address: _____
City: _____
State: ___ ZIP: _____ - _____ County: _____
Telephone: ___ - ___ - _____ Fax: ___ - ___ - _____
Cell Phone: ___ - ___ - _____ E-mail: _____
5. Birthdate: ___ / ___ / _____ Age: ___ Birthplace: _____
6. Citizenship: _____ U.S. immigration status: _____
7. Employer's Name: _____
Occupation: _____ Position or Title: _____
Address: _____
City: _____
State: ___ ZIP: _____ - _____ Telephone: ___ - ___ - _____
E-mail: _____
8. Preferred method(s) of communication: home phone / work phone / cell phone / email
9. Are you married or registered? (If so, complete Parts B & C.) _____
If not, do you plan to marry or register in the near future? (Complete Parts B & C.) _____
Have you ever been married or registered before? (If so, complete Part D.) _____
10. Have you ever had children? (If so, complete Part E.) _____
If not, do you plan to have any children? _____

B. SPOUSE'S OR PARTNER'S INFORMATION

1. Name: _____
2. Social Security Number: ___ - ___ - _____
3. Full (Previous) Name(s): _____
4. Cell Phone: ___ - ___ - _____ E-mail: _____
5. Birthdate: ___ / ___ / _____ Age: ___ Birthplace: _____
6. Citizenship: _____ U.S. immigration status: _____
7. Employer's Name: _____
Occupation: _____ Position or Title: _____
Address: _____
City: _____
State: ___ ZIP: _____ - _____ Telephone: ___ - ___ - _____
E-mail: _____
9. Have you ever been married or registered before? (If so, complete Part D.) _____
Have you ever had children? (If so, complete Part E.) _____

C. PRESENT MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP INFORMATION

1. Date of marriage or registration: __ / __ / _____
2. Place of marriage or registration (city, state, country): _____
3. Do you have a Prenuptial Agreement or other property agreement? _____
[If so, please provide a copy.]
4. In preparing an estate plan, you must consider how property is owned. Check only one:
 - a. You and your spouse acquired all property together, as “community property.” _____
 - b. Either you or your spouse have at least one item that is “separate property.” _____
 1. Item(s) [attach a list if necessary]: _____
 2. Spouse who owns item(s): _____
 3. How acquired? Circle one: inheritance, gift, before marriage, by agreement.
 - c. Domestic partners owning “community property” (special planning required) _____
 - d. Domestic partners owning “separate property” (check here and complete item 4b) _____

D. PREVIOUS MARRIAGE(S) AND/OR REGISTERED DOMESTIC PARTNERSHIP(S)

1. Name of former spouse or registered domestic partner: _____
Date of death or divorce (circle one): __ / __ / _____ (estimate if unknown)
2. Name of former spouse or registered domestic partner: _____
Date of death or divorce (circle one): __ / __ / _____ (estimate if unknown)

E. CHILDREN, GRANDCHILDREN AND GREAT-GRANDCHILDREN

List children, grandchildren, etc., whether living or not. For grandchildren and great-grandchildren, include a reference to the parent who is your child. If a person was adopted, put an asterisk (*) next to his or her name. If a person is married or has a registered domestic partner, list the spouse’s or partner’s name in brackets. If a person is deceased, indicate the date of death in parentheses. If a deceased person has a surviving spouse or partner, list his or her name and address in brackets. Attach additional pages as needed.

1. Children, grandchildren and great-grandchildren of present marriage:
Name: _____
Social Security #: _____ - _____ - _____ Telephone: _____ - _____ - _____
Address: _____
Birthdate: __ / __ / _____ Age: ____
Name: _____
Social Security #: _____ - _____ - _____ Telephone: _____ - _____ - _____
Address: _____
Birthdate: __ / __ / _____ Age: ____
Name: _____
Social Security #: _____ - _____ - _____ Telephone: _____ - _____ - _____
Address: _____
Birthdate: __ / __ / _____ Age: ____

2. Children, grandchildren, and great-grandchildren of prior relationship (please specify).

Name: _____
 Social Security #: ____ - ____ - _____ Telephone: ____ - ____ - _____
 Address: _____

Birthdate: __ / __ / _____ Age: ____

Name: _____
 Social Security #: ____ - ____ - _____ Telephone: ____ - ____ - _____
 Address: _____

Birthdate: __ / __ / _____ Age: ____

Name: _____
 Social Security #: ____ - ____ - _____ Telephone: ____ - ____ - _____
 Address: _____

Birthdate: __ / __ / _____ Age: ____

F. TAX CONSIDERATIONS

1. Total taxable gifts made to date: \$ _____ Unified tax credit: \$ _____
2. Generation-skipping transfer tax exemption used: \$ _____

G. AGENTS AND ADVISORS THAT ATTORNEY IS AUTHORIZED TO CONTACT

1. Tax accountant (name and company): _____
 Address: _____
 Telephone: ____ - ____ - _____ E-mail: _____
2. Financial planner (name and company): _____
 Address: _____
 Telephone: ____ - ____ - _____ E-mail: _____

H. IRREVOCABLE LIFE INSURANCE TRUST QUESTIONS

1. Purpose of Trust (check all that apply):

- a. Provide a liquid source of funds to pay estate tax or other liabilities _____
- b. Ensure that spouse, issue, or other dependents will be cared for _____
- c. Create a legacy for beneficiaries _____
- d. Provide for centralized management and control of insurance proceeds _____

2. Trustees (in order of preference):

	<u>Name</u>	<u>Relationship</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

3. Beneficiaries:

<u>Primary/Secondary</u>	<u>% of Estate</u>	<u>Beneficiary</u>	<u>Relationship</u>
<i>Example: primary</i>	<i>100%</i>	<i>John or Jane Smith</i>	<i>spouse</i>
<i>secondary</i>	<i>50%</i>	<i>Jill Smith (or her issue)</i>	<i>daughter</i>
<i>secondary</i>	<i>50%</i>	<i>Jeff Smith (or his issue)</i>	<i>son</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Special Trust Provisions:

You may prefer that beneficiaries receive their inheritance outright (i.e., immediately upon your death). However, to preserve assets and protect beneficiaries from creditors or spouses, you may wish to set up a continued trust, to be managed by your trustee or by a third trustee. If you wish to set up a continued trust for any beneficiary, please specify the terms of the trust and trustee, if other than the trustee of your trust.

<u>Beneficiary/ies</u>	<u>Trust Terms</u>	<u>Trust Ends</u>	<u>Alternate Disposition</u>
<i>Example: Jeff</i>	<i>discretionary use of principal 1/3 of principal paid at age 21</i>	<i>at age 25</i>	<i>issue; siblings</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tip: You cannot leave more than \$2,000 to a child under age 18 without setting up a trust. Of course, you may feel that a child is not prepared at age 18 to handle a large quantity of assets. A trust may continue to any age of your choosing (common ending dates are 18, 21, 25, 30 or 35). You may specify that the trustee make discretionary payments to cover the beneficiary's health, education, maintenance and support, as the trustee determines is appropriate. You may require mandatory income payments after a certain age, to reduce the income tax on any gains realized by assets inside the trust. You may request that the trustee make distributions upon certain life events (e.g., first car, graduation, wedding) or pay a certain percent of the trust funds each month, year, or other period of time.

5. Provide the address and phone number of all trustees and beneficiaries (except spouse/partner and children, grandchildren, etc. who have already been listed). If you run out of room, attach additional pages.

Name: _____
 Relationship: _____ Telephone: ____ - ____ - ____
 Address: _____

Name: _____
Relationship: _____ Telephone: ___-___-_____
Address: _____

Name: _____
Relationship: _____ Telephone: ___-___-_____
Address: _____

Name: _____
Relationship: _____ Telephone: ___-___-_____
Address: _____

Name: _____
Relationship: _____ Telephone: ___-___-_____
Address: _____

Name: _____
Relationship: _____ Telephone: ___-___-_____
Address: _____

Name: _____
Relationship: _____ Telephone: ___-___-_____
Address: _____

Name: _____
Relationship: _____ Telephone: ___-___-_____
Address: _____

Name: _____
Relationship: _____ Telephone: ___-___-_____
Address: _____

I. HOW DID YOU LEARN OF THE LAW OFFICE OF NICOLE A. DAVIDSON?

1. Referred by _____
2. Attended seminar at _____
3. Other _____