

RUFF & RUFF, LLC
ESTATE PLANNING QUESTIONNAIRE

Date: _____

Part 1 – People

Client 1

Legal Name _____

Birthdate _____ SSN _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone #s _____

Are you a US citizen? Yes No

Client 2

Legal Name _____

Birthdate _____ SSN _____ Email _____

Phone #s _____

Are you a US citizen? Yes No

Date of Marriage _____ Existing Premarital Agreement? Yes No

Children (by Birth or Adoption)

| Name | Birthdate | Child of: |
|-------|-----------|--|
| _____ | _____ | <input type="checkbox"/> Joint <input type="checkbox"/> Client _____ |
| _____ | _____ | <input type="checkbox"/> Joint <input type="checkbox"/> Client _____ |
| _____ | _____ | <input type="checkbox"/> Joint <input type="checkbox"/> Client _____ |
| _____ | _____ | <input type="checkbox"/> Joint <input type="checkbox"/> Client _____ |
| _____ | _____ | <input type="checkbox"/> Joint <input type="checkbox"/> Client _____ |

Does any child have special educational, medical or physical needs, or receive governmental benefits? Yes No

Other Beneficiaries (Individuals or Charities)

| Name | Relation (if applicable) |
|-------|--------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Advisors

Accountant _____ Phone _____

Financial Advisor _____ Phone _____

Other Advisor _____ Phone _____

Referred to Our Firm By _____

Part 2 – Property

Please give your best estimates of all values. Please use another sheet of paper to continue any lists.

To identify the Owner, use “JT” for joint ownership; “C1” for Client 1 as sole owner; or “C2” for Client 2 as sole owner.

Real Estate. For any real estate outside of South Carolina, please identify where such real estate is located.

| | Description | Owner | Debt | Value |
|--------------------|-----------------------|-------|------|-------|
| Real Estate | 1. Personal Residence | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |

Bank and Savings Accounts. Do not include Retirement Accounts or Annuities.

| | Financial Institution | Owner | Type of Account | Value |
|----------------------------------|-----------------------|-------|-----------------|-------|
| Bank and Savings Accounts | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |

Stocks, Bonds, or Investment Accounts. Do not include Retirement Accounts or Annuities.

| | Stock, Bond or Investment Account | Owner | Type of Account | Value |
|--|-----------------------------------|-------|-----------------|-------|
| Stocks, Bonds, or Investment Accounts | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |

Retirement Accounts. Please identify the type of account (e.g., IRA, Roth IRA, SEP, SIMPLE, 401(k), 403(b), Profit Sharing).

| | Custodial Institution | Owner | Type of Plan | Value |
|----------------------------|-----------------------|-------|--------------|-------|
| Retirement Accounts | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |

Life Insurance Policies and Annuities. Please use "T" for term insurance, "CV" for cash value insurance, "A" for annuities.

| | Insurance Company | Owner | Insured | Type | Cash Value | Death Benefit |
|--------------------------------------|-------------------|-------|---------|------|------------|---------------|
| Life Insurance/ Annuities | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |
| | 5. | | | | | |
| | 6. | | | | | |

Other Property. List other property that does not fit into any other listed category (e.g., closely-held business, money owed to you)

| | Description | Owner | Value |
|-----------------------|-------------|-------|-------|
| Other Property | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |

Annual Income

| | Description | Client 1 | Client 2 |
|----------------------|--------------------|----------|----------|
| Annual Income | 1. Employment | | |
| | 2. Pension | | |
| | 3. Social Security | | |
| | 4. | | |

Part 3 – Plans

Please think over these questions before our appointment, but please do not write answers here.

1. Do you know exactly what would happen to your family if you did not wake up tomorrow?
2. Do you know exactly what would happen to your family if you became disabled?
3. Looking out at the balance of your life, are you highly confident that your income will always be enough to sustain your lifestyle? Or have you become at all concerned that, at some point during your retirement, you might actually start to run out of money?
4. Who will you need to, or just want to help, educate? When? And do you have your arms around what it will cost?
5. How important is it to you to be able to help your children and grandchildren financially – while you are still here, as legacies, or both? How do you plan to do it?
6. Is there an institution that you care deeply about – a church, charity or school, for example – to which you would wish to leave a meaningful legacy, assuming we could create a highly tax-efficient way for you to do so?
7. Assuming, as we have to do, that when you are gone, part of your estate will get taxed away, how do you want the tax to be paid? If you want the children to just pay the tax, might they be forced to sell something you really would not want them to have to sell?

Please state any estate planning issues, concerns, goals and/or objectives you have. This will assist us in focusing our conversations toward the issues that are the most pressing to you.
