LAW OFFICES OF CHARLES P. KINCANNON

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

1. Husband's Full Nam	ne:		Birthdate:				
2. Husband's Signatur	e Name:						
3. Wife's Full Name:_		Birthdate:					
4. Wife's Signature Na	ame:		_				
5. Address:		Home Phone:					
		Work Phone:					
County:	U.S.	Citizen: Husband	l Wife				
6. Social Security No.:	(Husband)	(Wife	e)				
7. Children: Please inc	dicate if childre	en are from a prev	ious marriage.				
Full Name		Birthdate	Current Residence				
A							
В							
8. Have you or your sp	ouse been prev	viously married? I	HusbandWife				
9. Date of Current Man	rriage:						
10. Do either husband	or wife have an	ny of the following	g? (Please indicate Yes or No)				
. Will: Husband	Dated	Wife	Dated				
Trust: Husband	Dated	Wife	Dated				
11. Please give the nar	mes of two peop	ple to administer y	your Estate in the event of your death				
A. Name	NameCity and State						
B. Name	me City and State						
12. Please indicate the	best phone nu	mber and time of a	day to contact you to schedule an				

appointment.

FINANCIAL INFORMATION

	Address/Des	cription	F	How Title Held	Market Value
13. Real Property a					\$
b)				\$
c					\$
14. Secured Notes:					\$
15. Investments:		How is own	ership h	eld?	
a. Limited Partneb. Cash accountsc. Stocks, bonds	-	Joint Joint Joint	Separar Separar	te te te	\$ \$ \$ \$
16. Current Value of a. Retirement Plab. Tax sheltered	ans	Husband Wife Joint	Separat	e	\$ \$ \$
17. If you own your	own business i	ndicate type,	value, a	nd owner:	
Sole Proprietor_	Partne	ership	_ Corp	oration	\$
18. Life Insurance: Company a.	C	wner of Poli	•	Beneficiary	\$
b			_		\$
19. Please estimate t	\$				
20. Please add up ite	\$				
21. Please indicate	\$				
22. Subtract item 21 Note: This figure w	\$				
23. Please state you (Used for purposes	\$				

If you have any questions, please call (770)-951-7033