



The Law Office of Kelly T. Braun, PLLC

*Estate Planning & Counseling*

ktbraunlaw.com - 248-581-4425

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## ESTATE PLANNING QUESTIONNAIRE

Your accuracy and completeness in responding to the questions on this form will help provide personalized estate planning recommendations for your specific situation. Please complete this form to the best of your ability. We will review this information along with your concerns and goals for estate planning when we meet. The information that you provide is kept confidential.

Once completed, please scan it to [kelly@ktbraunlaw.com](mailto:kelly@ktbraunlaw.com) or mail it to The Law Office of Kelly T. Braun, PLLC, 145 S. Livernois #285, Rochester Hills, MI 48307. If an initial consultation has not already been scheduled, upon receipt of your Questionnaire, I will contact you to schedule a meeting, or you can also request a meeting date via email. This initial meeting is via conference call or virtually via Zoom.

- Identify the current documents you have for your estate plan:
  - Will(s) / Date: \_\_\_\_\_
  - Revocable Living Trust / Original Date\*: \_\_\_\_\_ Restatement/Amended Date\*: \_\_\_\_\_
  - What is the Name of Your Trust: \_\_\_\_\_
  - Does this Trust currently own any of your assets? (Home, vehicle, other)  Yes  No  Unsure
  - Other Trust / Type: \_\_\_\_\_ Date: \_\_\_\_\_
  - General Power of Attorney – Financial / Date: \_\_\_\_\_
  - Healthcare Power of Attorney / Date: \_\_\_\_\_
  - Other Documents / Type: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please note that for updates or changes to a Trust that was not prepared by this Firm, and/or is more than 3 years old, a complete restatement of the Trust may be recommended. This is generally a more cost-effective manner for prospective clients to update their trust. This will be discussed during our meeting.*

### THE FOLLOWING SECTION ASKS ABOUT PERSONAL / FAMILY INFORMATION. IF YOU ARE AN SINGLE INDIVIDUAL, SKIP QUESTIONS ABOUT CLIENT (2).

#### A. CLIENT (1) INFORMATION

**Preferred method of contact**  Cell phone  Home phone  Email  Text Message

First, Middle, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. (last 4 digits): \_\_\_\_\_

Employed?  Yes  No

U.S. Citizen?  Yes  No

Veteran?  Yes  No

Do you have any chronic health problems?  Yes  No

If this is not the first marriage for Client (1), please identify: Date of Prior Marriage: \_\_\_\_\_ State (if other than Michigan): \_\_\_\_\_

Marriage terminated by:  Death  Divorce  Annulment Children from this marriage?  Yes  No

**B. CLIENT (2)**

**Preferred method of contact**  Cell phone  Home phone  Email  Text Message

First, Middle, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. (last 4 digits): \_\_\_\_\_

Employed?  Yes  No U.S. Citizen?  Yes  No Veteran?  Yes  No

Do you have any chronic health problems?  Yes  No

If this is not the first marriage for Client (2), please identify: Date of Prior Marriage: \_\_\_\_\_ State (if other than Michigan): \_\_\_\_\_

Marriage terminated by:  Death  Divorce  Annulment Children from this marriage?  Yes  No

**C. CHILDREN (adult and minor children, as well as any child(ren) who have predeceased you)**

I/we DO NOT HAVE CHILDREN

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Male  Female  Married  Single  Divorced  Deceased  Special Needs

Child of Client (1) and (2)  Child of Client (1)  Child of Client (2)  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Any concerns/issues with this child? Briefly explain: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Male  Female  Married  Single  Divorced  Deceased  Special Needs

Child of Client (1) and (2)  Child of Client (1)  Child of Client (2)  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Any concerns/issues with this child? Briefly explain: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Male  Female  Married  Single  Divorced  Deceased  Special Needs  
 Child of Client (1) and (2)  Child of Client (1)  Child of Client (2)  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Any concerns/issues with this child? Briefly explain: \_\_\_\_\_

PLEASE MARK IF ATTACHING A SEPARATE PAGE TO LIST ADDITIONAL CHILDREN.

Do any of your children owe you money that you want them to repay you, or have you made monetary gifts to one or

**D. GRANDCHILDREN**

I/we DO NOT HAVE GRANDCHILDREN

Name of Grandchild: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

Name of Grandchild: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

Name of Grandchild: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

Any concerns/issues with any grandchild(ren)? Briefly explain: \_\_\_\_\_

PLEASE MARK IF ATTACHING A SEPARATE PAGE TO LIST ADDITIONAL GRANDCHILDREN.

**E. PARENTS & SIBLINGS (Client 1)**

NO (LIVING) PARENTS  NO (LIVING) SIBLINGS

Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Any concerns/issues with any family member? Briefly explain: \_\_\_\_\_

PLEASE MARK IF ATTACHING A SEPARATE PAGE TO LIST ADDITIONAL SIBLINGS OR FAMILY MEMBERS.

**F. PARENTS & SIBLINGS (Client 2)**

NO (LIVING) PARENTS

NO (LIVING) SIBLINGS

Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Any concerns/issues with any family member? Briefly explain: \_\_\_\_\_

PLEASE MARK IF ATTACHING A SEPARATE PAGE TO LIST ADDITIONAL SIBLINGS OR FAMILY MEMBERS.

**G. OTHER INDIVIDUALS THAT YOU WANT TO INCLUDE IN YOUR ESTATE PLAN**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Relationship to you: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Relationship to you: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**H. MISCELLANEOUS INFORMATION**

1. What are your concerns or main goals for estate planning? (*mark all that apply*)

- a.  Avoid probate court (assets pass to beneficiaries without court)
- b.  Avoid probate court (guardianship/conservatorship)
- c.  Provide instructions (a roadmap) for my children and loved ones
- d.  Avoid a similar situation to what I faced when handling an estate for someone
- e.  Nominate a guardian for minor children (under 18 years of age)
- f.  Plan for incapacity (someone to handle my personal, financial, and medical affairs)

- g.  Plan for business succession
  - h.  Include a non-family member in my planning
  - i.  Disinherit a family member
  - j.  Provide creditor protection for assets left to my beneficiaries
  - k.  If a second marriage, make sure assets go to my children
  - l.  Tax planning
  - m.  Revising or Updating Documents
2. Do you have any PETS that you wish to make special provisions for?  Yes  No
  3. Do (either of) you have any LEGAL ISSUES I should be aware of?  Yes  No
  4. Are there FAMILY MEMBERS THAT YOU WISH TO EXCLUDE from your estate plan?  Yes  No
  5. Do you have a SAFE DEPOSIT BOX?  Yes  No
  6. Do you have PREPAID BURIAL / FUNERAL ARRANGEMENTS?  Yes  No
  7. Do you own any property outside of Michigan?  Yes  No
  8. Are there any DIFFICULT FAMILY DYNAMICS that might impact your estate planning?  Yes  No

If yes, briefly explain: \_\_\_\_\_

**I. MISC. INFORMATION / OTHER ADVISORS**

How did you hear about Kelly T. Braun/The Law Office of Kelly T. Braun, PLLC? \_\_\_\_\_

**Please identify other professional advisors that you work with:**

Financial Advisor \_\_\_\_\_ CPA \_\_\_\_\_

Attorney \_\_\_\_\_ Other: \_\_\_\_\_

**Would you like a recommendation for a CPA?**  Yes  No

**Would you like a recommendation for a Financial Advisor?**  Yes  No

**THE NEXT SECTION IS FOR YOUR ASSET INFORMATION. YOU MAY USE APPROXIMATIONS IF NECESSARY. INFORMATION PROVIDED IS KEPT CONFIDENTIAL.**

**ASSETS AND RESOURCES**

**A. REAL ESTATE**

(Please provide copies of your most recent recorded deed for each property listed)

Address	Cost (Basis)	Market Value	Mortgage Balance	Owner(s)
<i>EX: 123 Main St, City, State</i>	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xxx,xxx.xx	<i>Joint w/ Spouse</i>
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**B. BANK ACCOUNTS (CDs, Checking, Savings, Money Market, etc.)**

Name of Bank/Location	Type of account	Balance/Value	Owner(s)	Beneficiary
<i>EX: Big Bank/Main St.</i>	<i>Savings</i>	<i>\$ xx,xxx.xx</i>	<i>Joint w/ Spouse</i>	<i>Child(ren)</i>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

**C. OTHER INVESTMENTS / SECURITIES (Stocks, Bonds, Brokerage Accounts, etc.)**

Name of Company	Type	Owner	Beneficiary	Current Value
<i>EX: Acme Corp.</i>	<i>Common stock</i>	<i>Client (1)</i>	<i>Spouse</i>	<i>\$ xx,xxx.xx</i>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**D. RETIREMENT ACCOUNTS (IRAs -Traditional or Roth, 401k, 403b, SEP)**

Name of Institution	Type of Acct.	Owner	Beneficiary (primary/contingent)	Current Value
<i>EX: Big Broker</i>	<i>Roth IRA</i>	<i>Client</i>	<i>Spouse/kids</i>	<i>\$ xx,xxx.xx</i>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**E. LIFE INSURANCE and/or ANNUITIES (Whole Life, Term, Universal, etc.)**

Name of Institution	Type of Acct.	Owner	Beneficiary (primary/contingent)	Current Value
<i>EX: Apple Ins. Co.</i>	<i>Whole</i>	<i>Client</i>	<i>Spouse/kids</i>	<i>\$ xx,xxx.xx</i>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**F. PERSONAL PROPERTY – TANGIBLE PERSONAL PROPERTY (Approximate Values)**

Household Furnishings \$ \_\_\_\_\_  
Cars (owned not leased) \$ \_\_\_\_\_  
Boats \$ \_\_\_\_\_  
Artwork, Jewelry, antiques, etc. \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**G. BUSINESS INTERESTS**

Do you have an ownership interest in a business?  Yes  No

Provide additional information regarding the type of business, nature of your interest (or %), and approximate value:

\_\_\_\_\_. If you have Buy-Sell Agreements, Operating Agreements, etc.) you may be asked to provide copies.

**H. ADDITIONAL INFORMATION**

Do you have anything to add that you feel might be relevant to our estate planning conversation, please describe.

\_\_\_\_\_  
\_\_\_\_\_

The undersigned (*Client 1 and/or Client 2*) hereby represents to The Law Office Of Kelly T. Braun, PLLC (the “Firm”) that the information contained in this Questionnaire (including attachments if any) is accurate and complete and understands that the Firm will rely on this information in making its recommendations. Therefore, if the information contained in this Questionnaire is inaccurate or incomplete, the recommendations made by the Firm may not be appropriate or the best recommendations. The information provided is kept confidential.

\_\_\_\_\_  
*Signature of Client 1*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Client 2*

\_\_\_\_\_  
*Date*

**Thank you for completing this form. I look forward to meeting with you.  
You are one step closer to finalizing this important plan!**