

LAW OFFICE OF JERRY REIF

*“Helping individuals, families and business owners
through estate, tax, business, elder law and asset protection planning”*

“Legal Solutions for a Changing World”©

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PERSONAL INFORMATION QUESTIONNAIRE

DOCUMENTS YOU MAY BRING TO THE MEETING

A. REAL PROPERTY

Deeds—Most recent deeds showing ownership in husband, wife, or others.
Land Contract/Mortgages—For all parcels (buying or selling).
Tax Notice—Recent tax notice showing State Equalized Value.

B. LIFE INSURANCE

Life Insurance Policies (or summary by your insurance representative)

C. FINANCIAL INFORMATION

Income Tax (1040 for most recent year)
Tax Deferred's (401k, IRA, Keogh, etc.) (or summary by advisor)

D. BUSINESS INTEREST (if applicable)

Partnership & Limited Liability Co.—Copy of Agreements & Certificates.
Corporation—Corporate Minute Book including all Agreements & Minutes.
Recent Tax Returns.
Buy-Sell Agreements or Cross-Purchase Agreements (if any)

E. DOCUMENTS

Wills and Trust instruments (if any)
Divorce Judgements (if any)

1. CLIENT INFORMATION

CLIENT #1

CLIENT #2

a. NAME (First, Middle, Last)

b. ADDRESS

c. TELEPHONE

Home _____

Home _____

Business _____

Business _____

CellPhone _____

CellPhone _____

E-Mail _____

E-Mail _____

Facebook – Yes ___ No ___

Facebook – Yes ___ No ___

d. DATE OF BIRTH (age)

e. OCCUPATION

f. SOCIAL SECURITY # (Optional)

g. Are you a US citizen?

YES NO

YES NO

h. Are you or your Spouse a Veteran?

YES NO

YES NO

i. Do you anticipate any inheritance?

YES NO

YES NO

j. Have you been previously married?

YES NO

YES NO

k. Do you have a Will or Trust?

YES NO

YES NO

l. Have you made any annual gifts?

YES NO

YES NO

1. PROFESSIONAL ADVISORS:

NAME

ADDRESS

TELEPHONE #

Accountant / CPA

Bank(s)

Insurance

Financial Planner

Realtor

Stockbroker

I authorize JEROME P. REIF, P.C. to contact my advisors, children and beneficiaries to discuss the information contained in this Personal Information Questionnaire.

Date: _____ Signatures: _____

2. CHILDREN, BENEFICIARIES and/or DEPENDENTS:

a.	CHILDREN NAME (First, Middle, Last)	DATE OF BIRTH	AGE
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

b. **OTHER DEPENDENTS:** If yes, please explain:
Are any children or other dependents adopted, divorced or need special assistance? _____

3. PERSONAL REPRESENTATIVE 1st (Spouse or) _____
Indicate your choices for the Personal Representative of your estate. (It is assumed that your first choice is your surviving spouse, if not, please indicate). Alternate 2 _____
Alternate 3 _____

4. TRUSTEES (usually name yourself first) Initial Trustee _____

ALTERNATE (usually name your spouse) 1st (Spouse or) _____

SUCCESSOR TRUSTEE(S) Alternate 2 _____
(usually name adult children or friend) Alternate 3 _____

5. GUARDIAN & CONSERVATOR FOR MINOR CHILDREN (if there is no Surviving spouse) Alternate 1 _____
Alternate 2 _____

6. PROPERTY DURABLE POWER OF ATTORNEY 1st (Spouse or) _____
(for legal matters including funding a trust -- usually name spouse first) Alternate 2 _____
Alternate 3 _____

7. MEDICAL DURABLE POWER OF ATTORNEY PATIENT ADVOCATE 1st (Spouse or) _____
(for medical decisions -- usually name spouse first) Alternate 2 _____
Alternate 3 _____

8. DISTRIBUTION OF ESTATE:

a. INITIAL DISTRIBUTION:

Do husband and wife wish to leave their property to each other first and then to their named children in equal shares?

YES _____ NO _____

If no, Explain: _____

b. SECONDARY DISTRIBUTION (RESIDUE)

In the proposed estate plan, upon the death of both husband and wife, your estate may be divided into portions for living children and other heirs. These assets may be held in trust until you feel that the children or other heirs reach a proper age to exercise financial discretion. If this type of plan is chosen, state the ages you wish these distributions made?

At Each Child's Age? Yes _____ No _____ At Youngest Child's Age? Yes _____ No _____

=====

Option 1 100% at age _____

Option 2 One-half at age _____ Remaining amount (balance) at age _____

Option 3 One-third at age _____ One-third at age _____ Balance at age _____
(one-half of balance) (Remaining amount)

Other _____

c. ULTIMATE BENEFICIARY:

If neither husband or wife or any children are able to receive the estate, is there an ultimate heir or heirs that you wish to name?

(I) Equally to heirs of husband and wife? YES _____ NO _____

(ii) Other: _____

d. SPECIFIC BEQUEST AND GIFTS:

Do you wish to make any specific bequest in your Wills? YES _____ NO _____

FULL NAME OF BENEFICIARY/Charity	Description of Gift/Bequest
_____	_____
_____	_____

9. PROPERTY INFORMATION & CURRENT VALUES (General estimates are adequate)

	CLIENT #1	CLIENT #2	JOINT OWNED
Residence	\$ _____	\$ _____	\$ _____
Household	\$ _____	\$ _____	\$ _____
Recreational Property	\$ _____	\$ _____	\$ _____
Business Value	\$ _____	\$ _____	\$ _____
Acreage Value (_____ acres at \$ _____ per acre)	\$ _____	\$ _____	\$ _____
Inventory (crops, etc.)	\$ _____	\$ _____	\$ _____
Land Contracts	\$ _____	\$ _____	\$ _____
Vehicles (auto/truck)	\$ _____	\$ _____	\$ _____
Recreation Vehicles	\$ _____	\$ _____	\$ _____
Pension/Keogh	\$ _____	\$ _____	\$ _____
IRA/401k	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____
Bank (saving, deposit)	\$ _____	\$ _____	\$ _____
TOTAL \$	=====	=====	=====

LIABILITIES & CURRENT DEBT

Mortgages/Contracts	\$ _____	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____	\$ _____
TOTAL \$	=====	=====	=====

NET CURRENT ESTATE (Excluding life insurance)	\$ _____	\$ _____	\$ _____
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10. LIFE INSURANCE UPDATE

a. Insurance on CLIENT #1 (or Husband's) life:

Name of Company	Face Amount	Policy Type	Owner	Beneficiary
1. _____	\$ _____	_____	_____	_____
2. _____	\$ _____	_____	_____	_____
3. _____	\$ _____	_____	_____	_____
4. _____	\$ _____	_____	_____	_____
5. _____	\$ _____	_____	_____	_____
6. _____	\$ _____	_____	_____	_____

b. Insurance on CLIENT #2 (or Wife's) life:

Name of Company	Face Amount	Policy Type	Owner	Beneficiary
1. _____	\$ _____	_____	_____	_____
2. _____	\$ _____	_____	_____	_____
3. _____	\$ _____	_____	_____	_____
4. _____	\$ _____	_____	_____	_____
5. _____	\$ _____	_____	_____	_____
6. _____	\$ _____	_____	_____	_____

c. Insurance Owned on other lives (such children or Business Insurance)

Name of Company	Face Amount	Policy Type	Owner	Beneficiary
1. _____	\$ _____	_____	_____	_____
2. _____	\$ _____	_____	_____	_____
3. _____	\$ _____	_____	_____	_____
4. _____	\$ _____	_____	_____	_____
5. _____	\$ _____	_____	_____	_____
6. _____	\$ _____	_____	_____	_____