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# ESTATE PLANNING & ASSET PROTECTION PLAN QUESTIONNAIRE 2018

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RETURN COMPLETED VERSION TO:

Law Office Of  
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2250 Oak Road  
PO Box 430  
Snellville, GA30078  
(Mailing Address)

Law Office Of  
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# INTRODUCTION

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Before our initial meeting, we ask that you please complete this form to the best of your ability and return it to our office. If you have any questions while completing the questionnaire, please note them, and we can discuss them when we meet.

**Upon receipt of the completed form, we will call you for an appointment.**

It is important that you provide us with values of all assets, to the best of your knowledge, as well as the manner of ownership of each asset (i.e., in the decedent's individual name, in trust, in joint tenancy, etc.).

This information will enable us to know not only what is owned, but what is available for planning in its current ownership status and what may need to be retitled.

**We also ask that you provide the following documents at or before our first meeting, if at all possible:**

- **The most recent statement for each savings, checking and money market account, certificate of deposit (CD) and brokerage account;**
- **A copy of the most recently recorded deed, contract, or other evidence of ownership of any real estate or time share;**
- **The most recent statement for each Individual Retirement Account (IRA), profit sharing plan, 401(k) plan, or other retirement account, as well as beneficiary designations or other beneficiary information available to you;**
- **The original of any policy of life insurance, as well as beneficiary designations or other beneficiary information available to you;**
- **The original of any annuity contract owned**
- **Copies of any partnership, LLC or joint venture agreements;**
- **Evidence of ownership of any other asset not mentioned above; and**
- **Last year's federal income tax return(s), preferably the last 3 years.**

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## CONTACT INFORMATION

Your Full Name (first, middle initial, last):
Residence Address:
City, State and Zip:
Date of Birth:
Home Phone:
Office Phone:
Cell Phone:
Personal E-mail Address:
Have you named an executor or trustee in any prior estate planning documents? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what fiduciary position did you name? <input type="checkbox"/> Executor <input type="checkbox"/> Trustee
Were those estate planning documents prepared by this firm?
If not a former client, how did you hear about this firm?

## SPOUSE INFORMATION (IF APPLICABLE)

Full Name: (first, middle initial, last)	
Residence Address:	
City, State and Zip:	
County of Residence:	
Country of Citizenship:	
Date of Birth:	Date of Death (IF APPLICABLE)
Mobile Phone:	
<b>Community Property Domicile:</b> If you and/or your spouse have ever lived in the following community property states, please indicate which states and the dates of residence - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin:	
Date of Marriage: _____	Place _____
Pre-marital agreement? _____. If yes, please supply copy.	
Previously married? _____ Yes _____ No      How many times? _____	
For each prior marriage, indicate name of prior spouse, date of marriage, date of termination, reason for termination (divorce, death) and, if divorced, whether prior spouse is living. Please supply copy of any divorce decrees.	
Please indicate what estate planning documents are currently in effect and the dates of execution:	
Date of Living Trust and Amendments (if any): _____	
Date of Will and Codicils (if any): _____	
Date of other estate planning documents (if any): _____	
Please supply <b>ORIGINALS</b> of current wills and trusts.	

## FAMILY INFORMATION

Please list each child of the decedent; attach additional sheets if necessary.

CHILD'S NAME (include middle initial)	With SPOUSE?	ADDRESS	BIRTH DATE	DATE OF DEATH (IF APPLICABLE)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

List each grandchild and indicate which child is that grandchild's parent; attach additional sheets if necessary.

GRANDCHILD'S NAME (include middle initial)	With SPOUSE?	ADDRESS	Name of PARENT	BIRTH DATE	DATE OF DEATH (IF APPLICABLE)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

# GOALS

**Check all boxes that apply**

1. My primary planning needs are for my:

BUSINESS

PERSONAL ASSETS

BOTH

2. How many for-profit businesses need structuring, if any? \_\_\_\_\_

3. I have a strong desire for as much financial privacy as is legally possible:

YES  SOMEWHAT  ASSET PROTECTION IS MY BIGGEST CONCERN

4. Have you done any estate planning?  YES  NO

5. If yes, briefly describe what estate planning strategies have been implemented (example: Living trust, ILIT, Family Ltd. Partnership, etc.)

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6. List any businesses or trusts you have an interest in that may be affected by an Asset Protection strategy. (You can always exclude these entities from a plan if you wish.)

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### CURRENT CREDITOR PROBLEMS

NOTE: To ensure the most effective asset protection program possible, it is important to answer the following questions as accurately as possible. All information in this questionnaire is confidential and covered by the attorney-client privilege against disclosure to third parties. Please use additional sheets if necessary.

1) Do you plan on filing for bankruptcy or divorce within 2 years?

YES ( ) NO ( )

2) Do you have any outstanding judgments awarded against you? (If no, then go to question # 6.)

YES ( ) NO ( )

Estate and Asset Protection Planning Questionnaire

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3) If you answered yes to question #2, what is the outstanding judgment(s) amount?

4) If you answered yes to question #2, have you made arrangements to pay the debt(s)?

YES ( ) NO ( )

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5) If you answered yes to question #4, are you able to maintain payments for the arrangement(s)?

YES ( ) NO ( )

6) Are you currently threatened with a lawsuit(s), or are you a defendant in a civil suit(s)?

YES ( ) NO ( )

7) Do you have any other current or foreseeable creditor problems?

YES ( ) NO ( )

8) If you answered yes to question #4, then please explain:

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## EXISTING ADVISORS

<b>Accountant/CPA/Enrolled Agent/Tax Professional</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Financial Advisor/ Certified Financial Planner (CFP)</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Personal Banker/Trustee/Other</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Stock Broker/Other</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Life Insurance Agent</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Safe Deposit Box</b>
Bank:
Address:
City, State and Zip:
Box number(s):
Rented by (H, W, Jt.): <span style="margin-left: 150px;">Owned Jointly with another? ( ) Yes ( ) No</span>

We would like to coordinate your Tax and Estate Planning with your current advisors with your permission.  
We will discuss the possibility of our doing so during our meeting.

In addition, if you have not named an advisor, we would be happy to make any recommendations possible to you.

## CURRENT ESTATE SUMMARY

ASSETS	VALUES
Cash & Notes (Schedule A)	\$
Real Estate (Schedule B)	\$
Securities (Schedule C)	\$
Closely-held business interests (Schedule D)	\$
Life insurance (death benefit) (Schedule E)	\$
Annuities (Schedule F)	\$
Qualified retirement plans & IRAs (Schedule G)	\$
Non-qualified employee benefits (Schedule H)	\$
Tangible personal property (Schedule I)	\$
Miscellaneous (Schedule J)	\$
<b>GROSS ESTATE</b>	\$
<b>LIABILITIES</b>	
Mortgages (Schedule K)	\$
Loans/notes (Schedule K)	\$
Other liabilities (Schedule K)	\$
<b>TOTAL LIABILITIES</b>	\$
<b>NET ESTATE (Assets minus liabilities)</b>	<b>\$</b>

**Please provide a copy of the most recently-filed federal income tax return (Form 1040), including all schedules. We prefer to review up to 3 years if possible.**

## SCHEDULE A - CASH AND NOTES

CASH ACCOUNTS Name of Bank or Other Institution		TYPE (Checking, Savings, C.D., Money Market)	VALUE			
			Individual	Co-Owned*	Trust	POD **
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
<b>SUBTOTAL CASH ACCOUNTS</b>			\$			
<b>LOANS OR NOTES RECEIVABLE (money owed to you)</b>						
<b>OBLIGOR</b>	<b>RATE</b>	<b>DATE DUE</b>				
			\$			
			\$			
			\$			
<b>SUBTOTAL LOANS AND NOTES</b>			\$			
<b>TOTAL (carry over to Estate Summary)</b>			\$			
Comments:						
* If co-owned, indicate name(s) of co-owner(s):						
** If the account has a Payable on Death (POD) designation, please indicate the named beneficiary(ies):						

## SCHEDULE B - REAL ESTATE

For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described in Schedule I. Please indicate if any property is a condominium, co-op, time share or other restricted ownership. For jointly owned real estate, please identify any joint tenants.

	ADDRESS (include <u>county</u> )	Residential (R) Commercial (C) Vacant (V)	VALUE		
			Individual	Co-Owned*	Trust**
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$
5.			\$	\$	\$
6.			\$	\$	\$
7.			\$	\$	\$
8.			\$	\$	\$
<b>TOTAL</b> (carry over to Estate Summary)			\$	\$	\$

\* If co-owned, indicate name(s) of co-owner(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\* Indicate whether land trust, living trust, etc. and provide details, i.e., name of trustee, names of beneficiaries, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has any real estate been the subject of a tax-free exchange (§1031 exchange/Starker exchange) within the last 12 months? Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SCHEDULE C - SECURITIES

If Co-owned, please indicate identity of co-owner(s); if TOD, indicate name of beneficiary or beneficiaries.

CERTIFICATE/BOND/FUND NAME AND NUMBER	VALUE			
	Individual	Co-Owned	Trust	TOD
Publicly traded stocks (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Mutual Funds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Corporate bonds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
U.S. government bonds, notes & bills (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Municipal bonds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Other (provide list)				
	\$	\$	\$	\$
<b>TOTAL</b> (carry over to Estate Summary)	\$			

## SCHEDULE D - CLOSELY-HELD BUSINESS INTERESTS

Including limited partnerships and tax shelters.

ASSET TYPE	ASSET VALUE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	\$

Please supply copies of partnership agreements, buy-sell agreements, related insurance arrangements or any other documents relevant to the business listed above.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SCHEDULE E - LIFE INSURANCE

INSURING LIFE OF CLIENT								
COMPANY	POLICY NO.	TERM, VARIABLE LIFE, UNIVERSAL LIFE, OR WHOLE LIFE	FACE VALUE	CASH VALUE	LOANS	ANNUAL PREMIUM	OWNER	BENEFICIARY
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
<b>TOTAL</b> (carry over to Estate Summary)			<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		

Do you have any life insurance policies in an Irrevocable Life Insurance Trust (ILIT)?

( ) YES ( ) NO

## SCHEDULE F - ANNUITIES

COMPANY	CONTRACT NO.	COST BASIS	CURRENT VALUE	OWNER	BENEFICIARY
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
<b>TOTAL</b> (carry over to Estate Summary)		<b>\$</b>	<b>\$</b>		

## SCHEDULE G - QUALIFIED RETIREMENT PLANS AND IRAs

NAME OF CUSTODIAN OR PLAN SPONSOR	ACCOUNT NUMBER	VALUE	BENEFICIARY
Traditional IRAs/Keogh Accounts/SEPs			
		\$	
		\$	
		\$	
Roth IRAs			
		\$	
		\$	
		\$	
Pension Plans			
		\$	
		\$	
401(k) Plans			
		\$	
		\$	
Profit Sharing Plans			
		\$	
		\$	
Other			
		\$	
<b>TOTAL</b> (carry over to Estate Summary)		\$	



## SCHEDULE H - NON-QUALIFIED EMPLOYEE BENEFITS

DEFERRED COMPENSATION		
Employer or Company	Value	Named beneficiary
	\$	
	\$	
	\$	
<b>TOTAL</b>	\$	

STOCK OPTIONS				
Employer or Company	Number of shares	Option price/share	Current value/share	Total Net Value
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>TOTAL</b>				\$

OTHER NON-QUALIFIED EMPLOYEE BENEFITS		
Description	Value	Comments
	\$	
	\$	
	\$	
<b>TOTAL</b>	\$	

TOTAL OF ALL NON-QUALIFIED EMPLOYEE BENEFITS	
<b>TOTAL</b> (carry over to Estate Summary)	\$

# SCHEDULE I - TANGIBLE PERSONAL PROPERTY

Furniture and furnishings	\$
Automobile (Year, make, model)	\$
Automobile (Year, make, model)	\$
Automobile (Year, make, model)	\$
Artwork or art collections	\$
Other collections	\$
Goods in storage	\$
Jewelry	\$
Furs	\$
Other	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	<b>\$</b>

Describe collections, antiques, heirlooms, etc. that require special estate plan considerations, and give any other pertinent comments:


## SCHEDULE J - MISCELLANEOUS

INTERESTS IN PENDING PROBATE ESTATES	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	\$

INTERESTS IN EXISTING TRUSTS	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	\$

Please supply copies of relevant wills and trusts.

Have you ever filed a U.S. Gift Tax return?     Yes     No    If yes, please supply copies.

## SCHEDULE K - LIABILITIES

MORTGAGES (use same property numbers as in schedule B)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
<b>TOTAL</b> (carry over to Estate Summary)	<b>\$</b>

Loans/Notes (Identify creditor)	
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	<b>\$</b>

Other liabilities (including charitable pledges)	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Estate Summary)	<b>\$</b>

# SPECIAL NEEDS

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If you have any special needs or things that need consideration, which have not already been disclosed on this questionnaire, please include them below:

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- 1) I certify that all information listed above is complete and accurate to the best of my knowledge, information and belief.
- 2) I acknowledge that Attorney has not guaranteed that any services would in any way eliminate or reduce tax liability, and acknowledge that Attorney has recommended that I seek advice from my CPA or tax advisor regarding any tax consequences.
- 3) I certify that at the time of the execution of this agreement I am solvent as defined by the Universal Fraudulent Transfers Act, and I do not intend to become insolvent after implementing any estate planning plan to hinder, delay or defraud any creditor.
- 4) I agree to follow all applicable U.S. federal and state laws in connection with any estate planning services that are provided.

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Date

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Signature

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Signature