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Confidential Client Questionnaire

For Life & Estate Planning Purposes

(Unauthorized copying prohibited)

**** All information is confidential and protected ****
by attorney/client relationship

We understand the confidential nature of the material requested in this questionnaire. We appreciate your assistance in providing this information to help us better serve your Life & Estate Planning needs. **Note: In accordance with 16 CFR 313, our law firm does not release any personal or financial information obtained from clients to any third party without prior permission.** In preparing a proper estate plan, it is essential that we have a clear understanding of your current situation (people and property/assets) and your goals for yourself, your loved ones and your property/assets. It is imperative that you fully disclose all relevant information, including relevant information you may have even beyond the inquiry of this questionnaire. Your Life & Estate Plan can be no better than the information you provide our law firm. If you need an additional questionnaire, please call us at (248) 674-1716. Thank you.

How did you hear about us?

Before your initial consultation with me, I will send you this questionnaire. I will ask that you complete the questionnaire and bring several documents with you to your appointment, like prior estate planning documents and financial statements, so that I may better get to know you and understand your needs.

You may be hesitant to provide me with this information; without a full understanding of how the information will be used, it may seem like I am trying to pry or learn more about you than is necessary. However, whether you've come to me for estate planning, probate or trust administration, the information I request on my client questionnaire guides me as I make my legal recommendations and follow through with them for you. The more accurate the information you provide me, the stronger my recommendations will be, leading to a greater outcome for you.

Below are a few examples of information I request from you and how I use that information for your benefit.

1. *Social Security Numbers and Dates of Birth* – I often use this information to complete beneficiary designation forms for retirement accounts, brokerage accounts, and life insurance policies, as well to prepare life insurance claim forms and probate documents. I use this information only when absolutely necessary and take precautions to ensure that any documentation containing this information is shredded when it is no longer needed.
2. *Military Experience and Dates of Service* – You may not realize it, but if you have served in the military, depending on your dates of service, you may be entitled to benefits to help pay for in-home care, assisted living facility or nursing home expenses. If your loved one was a veteran and has recently passed away, you may also be able to apply for assistance with burial and funeral expenses. If you provide me with accurate information relating to your military experience and dates of service, I may identify sources of assistance for you that you did not know existed.
3. *Annual Income and a Summary of Your Assets* – Your income and finances play a large role in helping me determine which options are best for you. Providing accurate information about these topics will help me determine whether to build estate tax planning or business succession planning into your estate plan, make recommendations about buying long-term care insurance or planning for your retirement, or identify what steps will be required as you complete the probate process or trust administration process. My recommendations are only as strong as the information you provide me; if you request my assistance in applying for Medicaid, for example, but fail to disclose all of your assets to me at your initial consultation, the chance that I will later need to re-work your plan or push back the date of your application increases dramatically. I want to achieve the best outcome for you, but can only do so with an accurate understanding of your finances.
4. *Contact Information for Your Children* – It is important for me to have this information for the purpose of including it in your Will, Advance Medical Directive, or Power of Attorney; as well as to be able to complete several of the forms mentioned above. I will never contact your children without your permission, and will only use this information as necessary.

These are just a few examples of why I ask for information listed in my client questionnaire and how I use this information for your benefit. If you ever have a question about why I have requested certain information, please do not hesitate to contact me; I would be happy to discuss it with you.

The attorneys and staff of McCleary & Associates, P.C. take your privacy very seriously and will never disclose your information to third parties without your prior consent. For more information about McCleary & Associates, P.C. please visit our website at mcclearylaw.com or contact me at (810) 516-5116.

Confidential Client Questionnaire for Life & Estate Planning Purposes

By completing this questionnaire and bringing the documents identified below to your initial consultation, you can help ensure that our time together is productive and that our planning recommendations are appropriate for you.

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____
Medicaid planning for assisted living and/or nursing home care.	_____
Providing for and protecting a spouse.	_____
Providing for and protecting children.	_____
Providing for and protecting grandchildren.	_____
Disinheriting a family member	_____
Providing for charities at the time of death.	_____
Plan for the transfer and survival of a family business.	_____
Avoiding or reducing your estate taxes.	_____
Avoiding probate.	_____
Reduce administration costs at time of your death	_____
Avoiding a conservatorship (“living probate”) in case of a disability.	_____
Avoiding will contests or other disputes upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	_____
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children’s inheritance from the possibility of failed marriages.	_____
Protect children’s inheritance in the event of a surviving spouse’s remarriage.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____
Other Concerns (Please list below):	

IMPORTANT FAMILY QUESTIONS

(Please check “Yes” or “No” for your answer)	Yes	No
Are you or your spouse receiving social security, disability, VA or other governmental benefits? <i>If so, please furnish a copy of documentation of the benefits.</i>		
Are you or your spouse making payments pursuant to a divorce or property settlement order? <i>If so, please furnish a copy.</i>		

If married have you and your spouse signed a pre- or post-marriage contract? <i>If so, please furnish a copy.</i>		
Have you or your spouse been widowed? <i>If a federal estate tax return or a state estate tax return was filed, please furnish a copy.</i>		
Have you or your spouse ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>		
Do you or your spouse currently have a will, trust, or other estate planning? <i>If so, please furnish copies of these documents.</i>		
Are there any charitable organizations that you wish to provide for in your estate plan? <i>If so, please explain.</i> _____		

If married, have you lived in any of the following Community Property states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you or your spouse currently the beneficiary of anyone else's trust? <i>If so, please explain.</i> _____		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

As you answer questions, attach additional sheets and explanations as necessary. Note: Not all of the questions will apply to your unique circumstances.

PLEASE READ THE FINE PRINT BELOW:

Legal Names	When you list the name of a person or entity, whether of children, grandchildren, and of all persons that you would name as beneficiaries, health care agents, trustees, personal representatives, or guardians, <u>please supply the full legal name, address and telephone number, if available.</u>
Prior Wills, Trusts, Powers of Attorney	Gather together all prior or current wills, trusts, powers of attorney, or other estate planning documents that you may already have. Review these and note any changes you wish to make.
Deed	Bring either the original or a copy of all deeds to any real estate interests which you or your spouse have in any real property, including your home, lake property, rental property, time shares, mortgages, deeds of trusts, burial lots etc. We can make copies of and return any originals.
Burial, Funeral, or Cremation	Gather together any documents regarding your funeral, burial, cremation, or any other planning that you intend. Be prepared to state any specific preferences or wishes you may want followed.
Prior Marriages	Death Certificates (of any prior spouses who are deceased), Divorce Decree and Final Property Settlement (for any spouses from whom you were divorced), and Pre-Marital or Post-Marital Property Agreements, if any.

Information about You and Your Spouse, or if you are Single, please use the HUSBAND/SINGLE column. (Note: Persons who are not legally married should each fill out a separate form):

HUSBAND/SINGLE	WIFE
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Legal Name:	Full Legal Name:
Signature Preference: Are you know by any other name:	Signature Preference: Are you know by any other name:
Birth Date:	Birth Date:
If Married, Wedding Month/Day/Year: City & State of Marriage:	
Home Address: City, County, State, Zip:	
Home Phone:	Email(s):
Other Phone: Employment: Cell:	Other Phone: Employment: Cell:

Prior Marriages

If there have been any prior marriages, fill in the following chart:

Name of Prior Spouse	Date of Marriage	Date of Divorce	QDRO	Date of Death
1				
2				
3				
4				

Family Information

Please name all of your children. If a child is from a former marriage, please indicate whose child it is by listing the number of that spouse with the information of WHOSE child in the chart below. **Please name all children you have ever had**, including deceased children (whether or not their descendants will be included in your plan). Please note if the child is adopted or a step-child.

If you do not have any children, please list: (1) Names of Parents (living or deceased); (2) Name of each sibling (living or deceased); and (3) Name of each relative or friend you would wish to include in your estate distribution:

FULL NAMES AND ADDRESSES	Relationship (children, parents, siblings, or others as indicated)	Whose? H/S= Husband/Single W= Wife B= Both	Birth Date	Single? Married? Divorced?

List any pets and attach any statement you may have of your wishes for their care:

List the Guardian for children under 18 years of age and attach any statement you may have of your wishes for their care:

Guardian: _____ Relationship to Parent: _____

Address: _____

Alternate Guardian: _____ Relationship to Parent: _____

Address: _____

Do any of the children identified above have any special mental, physical or educational needs? If so, please identify them and briefly describe your concerns for them.

Alternate Financial Managers

(Successor Trustees, Personal Representatives, Power of Attorney Etc.)

If you become unable to manage your own financial affairs, who would you want to manage things in your place? **Please provide addresses for each person.** Note: You can name just one person to serve alone or you can name two or more to act together (although this is generally not a good idea). Also, you may want a professional to serve, such as CPA or Corporate Fiduciary. **Note: If married, the spouse is commonly the First Alternate.**

Description	Husband/Single	Wife
First Alternate		
Second Alternate		
Third Alternate		
Fourth Alternate		

Beneficiaries of Your Estate

Please list here to whom you would like to leave your estate. Attach additional sheets with explanations of your wishes.

SPECIFIC GIFTS: Do not include household items, personal property, or heirlooms under this section. You will be given special forms for such items. This section would include gifts of specific items or specific dollar amounts to a particular person, charity, or institution such as a cash amount, parcel of real estate, or motor vehicle. For any charities, please verify and attach the correct legal name and address of the organization and any branch or subdivision for which the gift should be earmarked.

Legal Name of Person, Charity, or Institution	Current Address	Specific Item or Dollar Amount (For Real Estate or Motor Vehicles, attach copy of deed or title)

BALANCE (OR RESIDUARY) OF ESTATE: Everything else after the specific distributions and personal items should be distributed as follows. It is not possible to design a simple questionnaire that covers every situation. Simply ignore what does not apply to your situation. If you are not married or have no children, simply skip over those parts. Attach additional sheets as necessary or helpful. Check as many boxes as apply:

- All to Spouse, Then:
 All to Children in equal shares,

Age of distribution. If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

Then

- To their spouse, Then
 To their descendants, Then
 Back to the other children/their descendants

- To the persons who would normally receive my estate under state law
 To Charity(ies) Percentage ____ (need full legal name) Before Spouse? Before Children?
 Before Others? Last?
 Other Distribution (if any): _____
-

Name of Beneficiary and Address	Relationship	Share or % of Estate

Do you own firearms? Yes _____ No _____

Is the distribution of your estate the same for your firearms? Yes _____ No _____

Are any of your trustees or beneficiaries disabled from owning firearms? Yes _____ No _____

The following list of people are prohibited from serving as Trustee or from receiving firearms as a beneficiary:

- (a) Any person who has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year;
- (b) Any fugitive from justice;
- (c) Any unlawful user or any person who is addicted to a controlled substance (this includes people with a medical marijuana card) ;

- (d) Any person who has been adjudicated as a mental defective or who has been committed to a mental institution;
- (e) Any alien who is illegally or unlawfully in the United States;
- (f) Any person who has been dishonorably discharged from the Armed Forces;
- (g) Any person who was a U.S. citizen and has renounced his or her citizenship;
- (h) Any person who has been convicted in any court of a crime of domestic violence, or who pled guilty to an offense that included elements of domestic violence or child abuse (even if not convicted); or Any person who is subject to a court order that:
 - (1) was issued after a hearing of which such person received actual notice and at which such person had an opportunity to participate;
 - (2) restrains such person from harassing, stalking, or threatening an intimate partner of such person or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and
 - (3) includes a finding that such person represents a credible threat to the physical safety of such intimate partner or child; OR by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury.

Confidential Financial Summary

This information is only used for tax planning purposes if you do not provide accurate information than it will be impossible to provide you with tax planning advice.

Real Estate Ownership

Street Address (list home first)	Original Purchase Price	Mortgage Balance	Current Market Value
1			
2			
3			
4			
Totals	\$	\$	\$ <small>Note: Enter this amount on Financial Summary</small>

Date of this Summary:

Description	Husband/Single	Wife
Where Currently Employed or From Where Retired		

ASSETS

Current Estate Values for Purpose of Estimating Cost of Estate Settlement at Death:

Description	Husband/Single	Wife	Jointly-Held By Husband & Wife, joint with someone else
Real Estate (Total from previous page)			
Cash, Checking Money Market Accounts			
Savings, CD's (Do not include IRA's [see below for "Qualified Funds"])			
Stocks and Securities			

U.S. Savings Bonds, Notes, Bills			
Mutual Funds, Municipal Bonds			
Qualified Funds: Include IRA's, Pensions, 401K Plans, TSA's, etc.			
Motor Vehicles, include boats, RV's, etc.			
Personal Property, include: household furnishings, jewelry, collectibles, recreation equipment, show animals, hobby supplies, coin collections, etc.			
Loans Receivable: This is money owed to you. Include money owed by children or other family.			
Prospective Inheritance: If parents are still living, include your proportionate share of their current estate, regardless of their age or health.			
Agricultural Assets: Include any livestock, crops, equipment, machinery, coop shares, futures, etc.			
Business Ownership, include any professional practice, LLC, LLP, Corporation, Trade Association, or any business entity			
Business Equipment, include any personally owned business equipment, inventory, and machinery.			
Firearms			
Life Insurance. List cash value in this space and death benefit for each company to the right. List company and policy number for each:			
Other Assets (not included above)			
Total Assets	\$	\$	\$

LIABILITIES

Description	Husband/Single	Wife	Combined/Single
Mortgages: List any type of debt secured by a lien on real estate, including home improvement loans, etc.			
Auto Loans			
Credit Cards			
Personal Debts to Banks, Finance Cos.			
Personal Debts to Individuals, Others			
Amount Borrowed on Life Insurance			
Total Liabilities			

NET WORTH

Subtract Total Liabilities from Total Assets	\$	\$	\$
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Power of Attorney for Financial Matters

A Durable Power of Attorney (for financial matters) is a delegation of authority to make financial decisions.

Note: If married, the spouse is commonly the Agent.

Do you want your attorney in fact to be able to handle your financial matters immediately or would you prefer that your attorney in fact to only to be able to act when you become disabled? I recommend an immediate power and then not giving a copy to your agent if a non spouse.

As a practical matter I do not recommend springing powers to my clients.

The reason that I do not recommend “springing” Durable Powers of Attorney is due to the fact that in my experience, banks, brokerage houses and other institutions often will not accept a springing Durable Power of Attorney.

Also, if you cannot trust the agent when you are competent then you cannot trust them when you are not competent. To me, you picked the wrong agent if you do not have sufficient trust.

Consider this example: Susan grants her daughter Jennifer a Durable Power of Attorney, but it only becomes valid upon Susan’s incapacity, which must be validated by her treating physician and another doctor (a standard clause in springing powers of attorney). Susan suffers a stroke, so Jennifer brings the Durable Power of Attorney to the bank in order to obtain the ability to write checks and pay bills from her mother’s checking account. The clerk at the bank notices that the Durable Power of Attorney is only valid upon Susan’s incapacity. The bank has no knowledge of Susan’s condition. They therefore deny Jennifer the ability to transact business on her mother’s account. Jennifer must now get the opinion of the two doctors before she can act. As you can see the springing power can be fraught with many potential problems so again I recommend against its use.

Immediate power Springing power

Name of agent (H) _____ (W) _____

Health care powers included in POA Yes _____ No _____

Health Care Decisions

Note: If married, the spouse is commonly the First Agent.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

A Durable Power of Attorney for Health Care is a delegation of authority to make health care decisions when you are unable to do so.

1. Client Name: _____ Client Name: _____

2. Name, Address and Telephone Numbers of Patient Advocate: _____
Name, Address and Telephone Numbers of Patient Advocate: _____

Home Telephone Number: _____ Home Telephone Number: _____

Work Telephone Number: _____ Work Telephone Number: _____

3. Name, Address and Telephone Numbers of Successor Patient Advocate: _____
Name, Address and Telephone Numbers of Successor Patient Advocate: _____

Home Telephone Number: _____

Home Telephone Number: _____

Work Telephone Number: _____

Work Telephone Number: _____

4. Should the following power be given to the Patient Advocate?

“To authorize my admission to or discharge from (even against medical advice) any hospital, nursing home, residential care, assisted living, or similar facility or service.”

Yes _____ No _____

Yes _____ No _____

5. The following should be included as the “Statement of Desires”. Please consider each statement and decide which one suits you the best. You do not need to make any decisions now but you may want to make a decision when you sign your health care documents.

Life-sustaining treatment. I understand that I *do not* have to choose any of the instructions regarding life sustaining treatment listed below. If I choose one, I will place a check mark by the choice and sign my name below my choice.

If I sign one of the choices listed below, I direct that reasonable measures be taken to keep me comfortable and to relieve pain.

[Choose only one.]

- **Choice 1:** I do not want life-sustaining treatment (including artificial delivery of food and water) if *any* of the following medical conditions exist:
 - a. I am in an irreversible comma or persistent vegetative state.
 - b. I am terminally ill, and life-sustaining procedures would only serve to artificially delay my death.
 - c. My medical condition is such that the burdens of treatment outweigh the expected benefits. In making this determination, I want my patient advocate to consider relief of my suffering, the expenses involved, and the quality of my life, if prolonged.

I expressly authorize my patient advocate to make decisions to withhold or withdraw treatment that would allow me to die, and I acknowledge such decisions could or would allow my death.

/s/ _____

- **Choice 2:** I want life-sustaining treatment (including artificial delivery of food or water) *unless* I am in a comma or vegetative state that my doctor reasonably believes to be irreversible. Once my doctor has reasonably concluded that I will remain unconscious for the rest of my life, I do not want life-sustaining treatment to be provided or continued.

I expressly authorize my patient advocate to make decisions to withhold or withdraw treatment that would allow me to die, and I acknowledge such decisions could or would allow my death.

/s/ _____

- **Choice 3:** I want my life to be prolonged to the greatest extent possible consistent with sound medical practice without regard to my condition, the chances I have for recovery, or the cost of the procedures. I direct life-sustaining treatment to be provided to prolong my life.

/s/ _____

Differences of opinion among medical personnel. I understand that I do not have to choose any of the instructions regarding the differences of opinion listed below. If I choose one, I will place a check mark by my choice and sign my name below that choice.

[Choose only one.]

- **Choice 1:** I grant broad discretion to my patient advocate if there is a difference of opinion among my treating physicians. If there is a difference of opinion about my medical treatment among the physicians treating me, my patient advocate shall consider the options of all the physicians and then choose the treatment to be administered to me.

/s/

- **Choice 2:** I grant no discretion to my patient advocate if there is a difference of opinion among my treating physicians. If there is a difference of opinion about my medical treatment among the physicians treating me, my patient advocate shall choose the treatment that the majority of physicians recommends.

/s/

6. Differences of opinion among family members. I understand that I do not have to choose any of the instructions listed below regarding the differences of opinion my family members my have concerning my medical treatment. If I choose one, I will place a check mark by my choice and sign my name below my choice.

[Choose only one.]

- **Choice 1:** I grant broad discretion to my patient advocate if there is a difference of opinion among my family members with regard to my medical treatment. If there is a difference of opinion among my family members regarding my medical treatment, my patient advocate shall consider the opinion of each family member and then choose the medical treatment to be administered to me.

/s/

- **Choice 2:** I grant no discretion to my patient advocate if there is a difference of opinion among my family members with regard to my medical treatment. If there is a difference of opinion among my family members regarding my medical treatment, my patient advocate shall choose the medical treatment that the majority of my family members prefers.

/s/

ANATOMICAL GIFTS

Any person of sound mind and age 18 or over may make a gift of any body part or of the whole body, that will take effect at their death. If no gift has been made, certain relatives, as set forth in the statute, may make an anatomical gift from the decedent's body, unless the decedent or a relative having priority, has stated a contrary intent. The statute encourages anatomical gifts by permitting relatives to donate bodily organs even when the decedent has not made such a gift. Whether or not you wish to make a gift of bodily organs, you should make your intentions clear.

Do you wish to make an anatomical gift of all or part of your body? Yes _____ No _____

What do you wish to donate? _____

Special Health Care Conditions or Concerns:

Do you have a burial lot, funeral plan, or special request with regard to your funeral, burial or cremation?

Husband Prefer <input type="checkbox"/> Burial <input type="checkbox"/> Cremation Pre-Need Plans? _____	Wife Prefer <input type="checkbox"/> Burial <input type="checkbox"/> Cremation Pre-Need Plans? _____
Special Instructions:	Special Instructions:

OTHER NOTES/CONCERNS you feel we should know about:

ATTORNEY NOTES

PROFESSIONAL ADVISOR INFORMATION

Do you have any of the following professional advisors? [Note: Please circle appropriate response and complete information requested.]

1. **Accountant/Tax Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

2. **Investment/Financial Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

3. **Life Insurance Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

4. **Property/Casualty Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

5. **Other Attorney:** Yes No Not Sure

Attorney's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____