



CRAIN | SCHUETTE ATTORNEYS

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ESTATE PLANNING QUESTIONNAIRE (Please print)

1. I normally sign my name: _____

2. My spouse's name is _____

3. My Social Security Number is _____

4. My Spouse's Social Security Number is _____

5. The names, ages and addresses of my children are:

6. My address is _____
Street No. PO Box

City County State Zip

7. My telephone number is _____

8. I desire that the following person(s) be named as guardian(s) of my minor child(ren) if child(ren) is/are under the age of _____.

Name Address Relationship

I would like to name the following as alternate guardian:

Name Address Relationship

9. I desire that the following bank and trust company or person be named as trustee to handle funds on behalf of my minor child(ren):

Name	Address	Relationship (if person)
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10. I desire that the following attorney be utilized by my executor and/or trustee to assist the executor and/or trustee (you are not required to select anyone, but may if you choose):

11. I name as executor of my estate:

Name	Address	Relationship
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12. I name as alternate executor of my estate:

Name	Address	Relationship
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13. All of my property, except what I list in Item 15 should go to (state name and relationship)

14. In the event my primary beneficiary (listen in Item 13) has predeceased me, I direct my estate to be distributed as follows, except for those items listed in Item 15 (state relationship).

15. I want the following items to go to the below names person(s) (state relationship):

_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____