

FRASOR IRELAND

LLP, ATTORNEYS AT LAW

ESTATE PLANNING QUESTIONNAIRE WITH FINANCIAL INFORMATION

All information contained in this form is confidential and protected by attorney-client privilege.

Completing this form PRIOR to your appointment will enable us to spend more time answering your questions and helping identify solutions to your concerns.

DATE: _____

306 Industrial Pkwy, Suite A
Bowling Green, OH 43402

419.806.4026

Revised: April 2025



I. Personal Data

A. Husband's Full Name _____

Known by Any Other Names _____

Address _____

Home Telephone _____ Cell Phone Number _____

Email Address _____

Date of Birth _____ Place of Birth _____

Social Security Number _____

Date of Death _____

Citizenship _____

What is your current health status ☐ Good ☐ Concern ☐ Problem

Specific Concern/Problem _____

Wife's Full Name _____

Known by Any Other Names _____

Address _____

Home Telephone _____ Cell Phone Number _____

Email Address _____

Date of Birth _____ Place of Birth _____

Social Security Number _____

Date of Death _____

Citizenship _____

What is your current health status ☐ Good ☐ Concern ☐ Problem

Specific Concern/Problem _____

Date of Marriage _____ Place of Marriage _____

B. Prior Marriage if Any for either Spouse

Date of Marriage _____ Date of Divorce/Dissolution _____

Date of Marriage _____ Date of Divorce/Dissolution _____



C. Children

Is there a possibility of more children? _____

Are any children adopted? _____

Are any children handicapped or in poor health? _____

1. Child's Name _____

Address _____

Home Telephone _____ Cell Phone _____

Email Address _____

Date of Birth _____

Social Security Number _____

Child of: ☐ Joint ☐ Husband ☐ Wife ☐ Adopted ☐ Foster Child

☐ Other relation _____

Citizenship(s) _____

Financially dependent upon you? _____

Child's Spouse's Name _____

Date of Birth _____ Social Security Number _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Special Needs/Considerations _____

2. Child's Name _____

Address _____

Home Telephone _____ Cell Phone _____

Email Address _____

Date of Birth _____

Social Security Number _____

Child of: ☐ Joint ☐ Husband ☐ Wife ☐ Adopted ☐ Foster Child

☐ Other relation _____

Citizenship(s) _____

Financially dependent upon you? _____

Child's Spouse's Name _____



Date of Birth _____ Social Security Number _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Special Needs/Considerations _____

3. Child's Name _____

Address _____

Home Telephone _____ Cell Phone _____

Email Address _____

Date of Birth _____

Social Security Number _____

Child of: ☐ Joint ☐ Husband ☐ Wife ☐ Adopted ☐ Foster Child

☐ Other relation _____

Citizenship(s) _____

Financially dependent upon you? _____

Child's Spouse's Name _____

Date of Birth _____ Social Security Number _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Special Needs/Considerations _____

4. Child's Name _____

Address _____

Home Telephone _____ Cell Phone _____

Email Address _____

Date of Birth _____

Social Security Number _____

Child of: ☐ Joint ☐ Husband ☐ Wife ☐ Adopted ☐ Foster Child

☐ Other relation _____

Citizenship(s) _____

Financially dependent upon you? _____



Child's Spouse's Name _____

Date of Birth _____ Social Security Number _____

Child's Children _____ Age _____

_____ Age _____

_____ Age _____

Special Needs/Considerations _____

D. Husband's Parents

Father

Mother

Name _____

Address _____

Telephone Number _____

Telephone Number _____

Age _____

State of Health _____

Financially dependent

Upon You? _____

E. Husband's Brothers/Sisters (Complete the following if you intend to name them)

1. Name _____

Address _____

Telephone Number _____ Cell Phone _____

2. Name _____

Address _____

Telephone Number _____ Cell Phone _____

3. Name _____

Address _____

Telephone Number _____ Cell Phone _____

4. Name _____

Address _____

Telephone Number _____ Cell Phone _____



F. Wife's Parents

Father

Name _____

Address _____

Age _____

State of Health _____

Financially dependent

Upon You? _____

Mother

G. Wife's Brother/Sisters (Complete the following if you intend to name them)

1. Name _____

Address _____

Telephone Number _____ Cell Phone _____

2. Name _____

Address _____

Telephone Number _____ Cell Phone _____

3. Name _____

Address _____

Telephone Number _____ Cell Phone _____

H. Naming Executor for Husband

Full name relationship and address of the person to be appointed as Executor of Estate:

Executor

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Alternate

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____



I. Naming Executor for Wife

Executor

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Alternate

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

J. Naming Guardian for Minor Children

Full name relationship and address of the person to be appointed as Guardian for your Minor Children:

Guardian

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Alternate

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

L. Information Needed for Durable Power of Attorney

1. Would you like the Power of Attorney to be effective now, or upon your incapacity/unavailability?

Husband

☐ Now ☐ Upon incapacity/unavailability

Wife

☐ Now ☐ Upon incapacity/unavailability

2. Do you want to give your Power of Attorney the ability to transfer your real estate?

Husband

☐ Yes ☐ No

Wife

☐ Yes ☐ No



3. **Full name relationship and address of the person to act on your behalf in the event that you cannot act:**

Husband

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Wife

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

4. **Full name, relationship and address of the person to act on your behalf in the event that you cannot act, if the first person does not survive, cannot serve or refuses to serve.**

Husband

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Wife

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

M. Information Needed for Durable Power of Attorney for Healthcare

1. **Full name relationship and address of the person to act on your behalf in the event that you cannot act:**

Husband

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Wife

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____



2. **Full name, relationship and address of the person to act on your behalf in the event that you cannot act, if the first person does not survive, cannot serve or refuses to serve.**

Husband

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Wife

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

N. Information Needed for Living Will

1. **Full name, relationship and address of the person to contact in the event a doctor acts on your order not to issue life-sustaining treatment**

Husband

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Wife

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

2. **Full name, relationship and address of the person to contact in the event a doctor acts on your order not to issue life-sustaining treatment, if the first person does not survive, cannot serve or refuses to serve.**

Husband

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____

Wife

Full Name _____

Relationship _____

Address _____

Telephone Number _____

Cell Phone _____



O. Existing Estate Planning:

	<u>Husband</u>	<u>Wife</u>	<u>Date Document Executed</u>
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Long-Term Care Ins.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____



☐ **CASH ACCOUNTS** ☐ N/A

TYPE: Checking Accounts "CA"; Savings Accounts "SA"; Certificates of Deposit "CD"
Money Market Accounts "MM" & Cash Management Accounts "CM"

			Office Use Only
			Rec'd Initial
Bank/Credit Union: _____	Account Type _____	Owner: _____	
Branch Address: _____		Phone: _____	
Account No. _____ ATM Privileges with this Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account Balance\$ _____			
Bank/Credit Union: _____	Account Type _____	Owner: _____	
Branch Address: _____		Phone: _____	
Account No. _____ ATM Privileges with this Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account Balance\$ _____			
Bank/Credit Union: _____	Account Type _____	Owner: _____	
Branch Address: _____		Phone: _____	
Account No. _____ ATM Privileges with this Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account Balance\$ _____			
Bank/Credit Union: _____	Account Type _____	Owner: _____	
Branch Address: _____		Phone: _____	
Account No. _____ ATM Privileges with this Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account Balance\$ _____			
Bank/Credit Union: _____	Account Type _____	Owner: _____	
Branch Address: _____		Phone: _____	
Account No. _____ ATM Privileges with this Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account Balance\$ _____			
Bank/Credit Union: _____	Account Type _____	Owner: _____	
Branch Address: _____		Phone: _____	
Account No. _____ ATM Privileges with this Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account Balance\$ _____			

TOTAL CASH: \$



☐ **BROKER-HELD INVESTMENT ACCOUNTS** ☐ N/A
(not IRA/Retirement Accounts)

TYPE: Investment Accounts "I"; & Money Fund Accounts "MF"

	Office Use Only
Brokerage Firm: _____ Account Type _____ Owner: _____ Broker Name: _____ Branch Address: _____ Phone: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance\$ _____	Rec'd Initial
Brokerage Firm: _____ Account Type _____ Owner: _____ Broker Name: _____ Branch Address: _____ Phone: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance\$ _____	
Brokerage Firm: _____ Account Type _____ Owner: _____ Broker Name: _____ Branch Address: _____ Phone: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are fund electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Account Balance\$ _____	
TOTAL CASH: \$ _____	



☐ **RETIREMENT PLANS** ☐ N/A

TYPE: Profit Sharing "PS"; "H.R. 10"; IRA; SEP; 401(K), etc.

	Office Use Only
Company Name: _____ Plan Type _____ Owner: _____	Rec'd Initial
Company Address: _____ Phone: _____	
Account No. _____ Beneficiary: _____ Value: \$ _____	
Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name: _____ Plan Type _____ Owner: _____	
Company Address: _____ Phone: _____	
Account No. _____ Beneficiary: _____ Value: \$ _____	
Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name: _____ Plan Type _____ Owner: _____	
Company Address: _____ Phone: _____	
Account No. _____ Beneficiary: _____ Value: \$ _____	
Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL CASH: \$ _____	

☐ **STOCKS** ☐ N/A

Stock in publicly-owned corporations that you hold; not stocks in private or family business

	Office Use Only
Stock Name: _____ Plan Type _____ Owner: _____ No. of Shares _____	Rec'd Initial
Fair Market Value: \$ _____ Transfer Company: _____	
Transfer Company Address: _____	
Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stock Name: _____ Plan Type _____ Owner: _____ No. of Shares _____	
Fair Market Value: \$ _____ Transfer Company: _____	
Transfer Company Address: _____	
Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stock Name: _____ Plan Type _____ Owner: _____ No. of Shares _____	
Fair Market Value: \$ _____ Transfer Company: _____	
Transfer Company Address: _____	
Is this stock pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL CASH: \$ _____	



☐ **BONDS** ☐ N/A

U.S. Savings Bonds, Treasury Bonds, corporate bonds, municipal bonds, etc.

	Office Use Only
	Rec'd Initial
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased _____ Face Value\$ _____	
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased _____ Face Value\$ _____	
Bond Type: _____ Owner: _____ Co-Owner: _____ Bond Number _____ Date Purchased _____ Face Value\$ _____	
TOTAL CASH: \$ _____	

☐ **LIFE INSURANCE** ☐ N/A

Term, Whole Life, Split Dollar, Group Term Life

	Office Use Only
	Rec'd Initial
Company: _____ Representative/Agent: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Insured: _____ Beneficiary: _____ Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____ Loan Against Policy <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Loan: \$ _____	
Company: _____ Representative/Agent: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Insured: _____ Beneficiary: _____ Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____ Loan Against Policy <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Loan: \$ _____	
TOTAL CASH: \$ _____	



☐ **ANNUITIES** ☐ N/A

	Office Use Only
	Rec'd Initial
Company: _____ Representative/Agent: _____ Phone: _____ Contract Date: _____ Roll-over? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy Type: _____ Policy Number: _____ Owner: _____ Beneficiary: _____ Initial Investment: \$ _____ Current Value: \$ _____ Is this Annuity part of any Brokerage Account? <input type="checkbox"/> Yes <input type="checkbox"/> No Brokerage: _____ Account Number: _____ Are you currently receiving withdrawals from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company: _____ Representative/Agent: _____ Phone: _____ Contract Date: _____ Roll-over? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy Type: _____ Policy Number: _____ Owner: _____ Beneficiary: _____ Initial Investment: \$ _____ Current Value: \$ _____ Is this Annuity part of any Brokerage Account? <input type="checkbox"/> Yes <input type="checkbox"/> No Brokerage: _____ Account Number: _____ Are you currently receiving withdrawals from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL CASH: \$ _____	



☐ **REAL ESTATE** ☐ N/A

Land; buildings; homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else, that property should be listed in "Partnership Interests" section.

Office Use Only	
Rec'd Initial	
Property Address: _____ County: _____ Permanent Parcel Number: _____ Owners: _____ <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Camp <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property <input type="checkbox"/> Land Year Purchased: _____ Purchase Price: \$ _____ Assessed Value: \$ _____ Is there a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Loan Number: _____ Amount: \$ _____ Lender: _____ Representative: _____ Address: _____ Phone: _____ Insurance Carrier: _____ Representative: _____ Address: _____ Phone: _____ Policy Number: _____	
Property Address: _____ County: _____ Permanent Parcel Number: _____ Owners: _____ <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Camp <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property <input type="checkbox"/> Land Year Purchased: _____ Purchase Price: \$ _____ Assessed Value: \$ _____ Is there a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Loan Number: _____ Amount: \$ _____ Lender: _____ Representative: _____ Address: _____ Phone: _____ Insurance Carrier: _____ Representative: _____ Address: _____ Phone: _____ Policy Number: _____	
Property Address: _____ County: _____ Permanent Parcel Number: _____ Owners: _____ <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Camp <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property <input type="checkbox"/> Land Year Purchased: _____ Purchase Price: \$ _____ Assessed Value: \$ _____ Is there a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Loan Number: _____ Amount: \$ _____ Lender: _____ Representative: _____ Address: _____ Phone: _____ Insurance Carrier: _____ Representative: _____ Address: _____ Phone: _____ Policy Number: _____	
TOTAL CASH: \$ _____	



☐ **MOTOR VEHICLES** ☐ N/A

Automobiles, motorcycles, motor homes, boats, snowmobiles, airplanes, etc.

Office Use Only	
Rec'd Initial	
Type: _____ Year, Make, Model: _____ Owner: _____ Insurance Carrier: _____ Phone: _____ Primary Driver: _____ Lien Against Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____ Address: _____ Phone: _____ Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Book Value	
Type: _____ Year, Make, Model: _____ Owner: _____ Insurance Carrier: _____ Phone: _____ Primary Driver: _____ Lien Against Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____ Address: _____ Phone: _____ Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Book Value	
Type: _____ Year, Make, Model: _____ Owner: _____ Insurance Carrier: _____ Phone: _____ Primary Driver: _____ Lien Against Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____ Address: _____ Phone: _____ Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Book Value	
TOTAL CASH: \$ _____	

☐ **SOLE PROPRIETORSHIPS** ☐ N/A

All of the assets used by you in a sole proprietorship type of business ownership

Office Use Only	
Rec'd Initial	
Name of Business: _____ Owner: _____ Business Address: _____ Business Description: _____ Is this a Professional Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Business Property Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No Business Insurance Agent: _____ Address: _____ Business Attorney: _____ Address: _____ Business Value: \$ _____ Does this include Property Value? <input type="checkbox"/> Yes <input type="checkbox"/> No	



☐ **CORPORATE BUSINESS INTERESTS** ☐ N/A
Privately-owned stock (non-publicly traded)

Company Name: _____ Owner: _____	Office Use Only
Address: _____	Rec'd Initial
Number of Shares: _____ Percentage of Ownership: _____ % Value: \$ _____	
Buy/Sell Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an "S" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a Medical, Legal or other Professional Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

☐ **FARM & RANCH INTERESTS** ☐ N/A
Livestock, machinery, leases, etc.

Type: _____ Owner: _____ % Fair Market Value: \$ _____	Office Use Only
Physical Description _____	Rec'd Initial
Location: _____	

☐ **PARTNERSHIP & LLC INTERESTS** ☐ N/A
General and limited partnerships.
Please show the percentage interest you have as a partner.

Name of Partnership: _____ Is this Professional Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office Use Only
Address: _____	Rec'd Initial
Owners: _____	
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company	
Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No Who holds Partnership Papers? _____	
Address: _____ Phone: _____	
Name of General or Managing Partner: _____ Partnership Value: \$ _____	



☐ **OTHER ASSETS** ☐ N/A

	Office Use Only
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote	Rec'd Initial
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote	

☐ **MORTGAGES, NOTES & OTHER RECEIVABLES** ☐ N/A

	Office Use Only
Name of Debtor: _____ <input type="checkbox"/> Business Debt <input type="checkbox"/> Personal Debt Address: _____ Phone: _____ Owed To: _____ Date Payable or Payment Schedule _____ Date Debt Incurred: _____ Original Amount \$ _____ Current Value\$ _____ Promissory Note? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Debt: _____	Rec'd Initial

☐ **ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT** ☐ N/A

	Office Use Only
Type: _____ From Whom: _____ Anticipated Value\$ _____ Description _____ Attorney & Address: _____ _____	Rec'd Initial



☐ **PERSONAL PROPERTY** ☐ N/A
Household furnishings, jewelry, art, china, collections, etc.

Office Use Only	
Rec'd Initial	
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both Policy Number: _____	
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	Rec'd Initial
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	



Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	Rec'd Initial
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both Policy Number: _____	
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both Policy Number: _____	
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	Rec'd Initial
Type: _____ Owner: _____ Purchase or Gift? _____ Detailed Description _____ Value: \$ _____ Is this a <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraisal Quote Will this be a gift or bequest? <input type="checkbox"/> Yes <input type="checkbox"/> No To Whom? Do you consider the primary value as <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both Policy Number: _____	