

MCKENZIE LEGAL & FINANCIAL

FINANCIAL CONSULTING | ESTATE PLANNING | ELDER LAW

THOMAS L. MCKENZIE, JD, RFC 2631 Copa De Oro Drive, Los Alamitos, CA 90720 TEL: (562) 594-4200 ◆ Fax: (562) 394-9512 Website: www.ThomasMcKenzieLaw.com

Greetings:

Enclosed you will find our confidential Trust Administration Questionnaire. This questionnaire is used to gather the information necessary to for proper planning. Please answer all applicable questions as completely as you can. The more information you can provide, the better I can answer your questions, and develop your plan in accordance with your wishes. In addition, a completed form may reduce the overall cost of the trust administration process. However, with respect to questions regarding asset valuations, accuracy to the exact dollar is not necessary.

If you have not scheduled an appointment, but would like one, please call our office at (562) 594-4200.

If you have scheduled a meeting, please bring the completed questionnaire, any existing estate planning documents (e.g. trusts, wills, etc.), as well as a copy of the deed(s) to any real property, if any, along with a copy of the latest property tax statement(s) on such properties, any bank and brokerage account statements, insurance and annuity policies, stock certificates and pre-paid funeral contracts, if any, and at least 3 Certified Copies of the Death Certificate.

If you live in Leisure World, please also bring your Leisure World Stock Certificate and Active Membership Certificate, to our meeting.

Unless otherwise agreed upon in advance, the fee for the appointment will be \$295.00 per hour, payable at our meeting.

Please note that no attorney-client relationship is established until an Agreement for legal services has been executed by yourself and a representative of the firm, and the required deposit, if any, is paid in full.

Thank you for your cooperation,

THOMAS L. McKENZIE

TLM:nam



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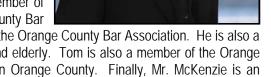
2631 Copa De Oro Drive, Los Alamitos, CA 90720 TEL: (562) 594-4200 ♦ Fax: (562) 394-9512 Website: www.ThomasMcKenzieLaw.com

Thomas L. McKenzie JD, RFC

Financial and Legal Consulting

Thomas L. McKenzie received his *Juris Doctor* degree from Western State University College of Law, in Fullerton, California. While working full-time at night and attending full-time daily classes, Tom graduated law school with honors in 1993. While at law school, Tom was on the Dean's List, and was selected as Associate Editor of Western State's Law Review. He also received several American Jurisprudence Awards for excellence in academics and real estate. During his second year of law school, Mr. McKenzie was the recipient of the Scott McCune Scholarship. Passing the bar on his first try, Tom established McKenzie Legal & Financial, and went on to practice in the areas of estate planning, financial consulting, elder law and real estate.

Tom is a member of the California State Bar, as well as the Trust & Estates Section of the Bar. He is an active member of the National Academy of Elder Law Attorneys, and was a member of their National Multidisciplinary Task Force. Mr. McKenzie is a member of the Orange County Bar



Association, and is a past Chairman of the Board of Directors of the Elder Law Section of the Orange County Bar Association. He is also a member of ElderCounsel, a network of attorneys who serve the needs of the disabled and elderly. Tom is also a member of the Orange County Bar's "Master's Division," comprised some of the most experienced attorneys in Orange County. Finally, Mr. McKenzie is an accredited attorney by the US Veterans Administration.

Mr. McKenzie has written numerous articles for various publications and legal periodicals, including the Los Angeles and San Francisco Daily Journals, the National Academy of Elder Law Attorneys' NAELANEWS, the Gilfix Elderlaw Newsletter, the Leisure World News, the Los Cerritos Community News, and the Orange County Bar Association's Elder Law Section Newsletter. He frequently lectures on estate planning, financial planning, real estate, elder law, and Medi-Cal long-term care planning issues. Tom has been an expert panelist on programs sponsored by Continuing Education of the Bar (University of California), Orange County Bar Association, and California Advocates for Nursing Home Reform.

Mr. McKenzie is also a Registered Financial Consultant, a Series 7 licensed securities broker and Registered Representative, a licensed independent insurance broker, and a Series 65 Investment Advisor Representative. He is a member of the Financial Planning Association of Orange County, and the International Association of Registered Financial Consultants. In January of 2011, Tom was selected as a "Five Star Wealth Manager Award Winner" by Los Angeles Magazine, which is an award given to less than 2% of all wealth managers in Southern California. In February of 2011, Mr. McKenzie was profiled in **Newsweek Magazine's** "Wealth Managers of Los Angeles" section, as one of the Southland's top advisers. In 2012, Tom was also profiled in **Trange Coast Magazine** as one of Orange County's top wealth managers, and he received the award again in 2019. With an understanding of legal, financial and real estate issues, Mr. McKenzie is uniquely situated to advise his clients in the development of a truly comprehensive estate and financial plan.

Finally, Tom is a licensed real estate broker, a Realtor®, and a member of the California Association of Realtors®. He has been in the real estate business for over 19 years, and is currently affiliated with Re/Max Terrasol, with offices in Huntington Beach and Orange, California. He holds many advanced real estate certifications and designations. For example, he is a Real Estate Negotiation Expert (RENE®), Pricing Strategy Analyst (PSA®), First-Time Buyer Specialist (FTBS®), Resort & Second Home Specialist (RSPS®), and Senior Real Estate Specialist (SRES®). With an understanding of legal, financial and real estate issues, Mr. McKenzie is uniquely situated to advise his clients in the development of a truly comprehensive estate and financial plan.

Mr. McKenzie resides in Orange County with his wife, Natalie, and their four children, Macy, age 16; Ryan, age 15; Cody, age 10; and Noah, age 8. The firm offers estate planning, long-term care planning, financial consulting, real estate brokerage and educational services to consumers throughout California.











McKenzie Legal & Financial – Driving Instructions

2631 COPA DE ORO DRIVE, LOS ALAMITOS, CA (562) 594-4200

Please note that as a result of Mr. McKenzie's desire to spend more time with his wife and four school-age children, his offices have been relocated from his prior high-rise offices in Torrance and Fountain Valley, to his current office in Los Alamitos. This custom-built office complex is in a residential tract, in an area of North Orange County known as "Rossmoor." Rossmoor is at the intersection of the 405 Freeway, the 605 Freeway and the 22 Freeway, and is bordered by Long Beach on the West, Seal Beach on the South, and Los Alamitos on the East. Following, are directions to our office:

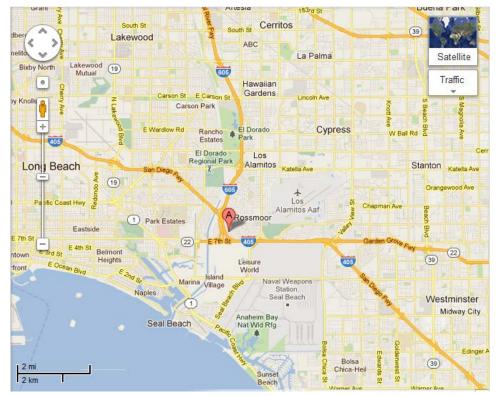
From the 5 Freeway or the 605 Freeway traveling South: If you are on the 5 Freeway, take the 5 Freeway to the 605 Freeway South. When on the 605 Freeway, travel South to exit 1D to merge onto Katella Ave./E. Willow St. towards Los Alamitos. Continue to follow Katella Ave. approximately 1 mile to Los Alamitos Blvd. and turn right. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

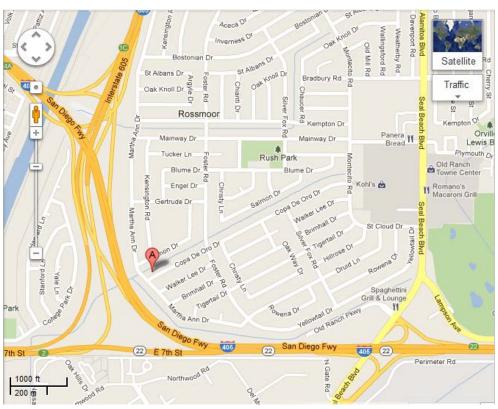
From the 405 Freeway traveling South: Take the 405 Freeway to South to the Seal Beach Blvd. exit, Exit 22, toward Los Alamitos Blvd. Keep right to take the ramp towards Los Alamitos/Seal Beach/Rossmoor. Then, merge right onto Seal Beach Blvd. Travel approximately 0.2 miles and turn left onto St. Cloud Dr., (which will become Montecito Rd.). Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 405 Freeway traveling North: Take the 405 Freeway to exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 22 Freeway traveling West: Take the 22 Freeway toward Long Beach. Merge onto the 405 Freeway, North. Take exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 91 Freeway traveling West towards the 605 Freeway. Take the 91 Freeway West to the 605 Freeway, South. Take exit 1D to merge onto Katella Ave./E Willow St. toward Los Alamitos. Continue to follow Katella Ave., then turn right onto Los Alamitos Blvd. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.





TRUSTEE RESPONSIBLITIES A GENERAL OVERVIEW

The Trustee's role must be taken seriously. The Trustee accepts personal responsibility and legal liability for the financial welfare of trust beneficiaries. Sometimes, when there is an absence of disagreement between the interested parties, the estate is rather simple, and there are no ongoing trusts involved, the process can be carried out in a matter of months. Sometimes, however, the job can involve years of effort, coordination with lawyers and accountants, and detailed record keeping. If you are named as Trustee of a Trust, you should consider carefully, the related responsibilities.

Following is a representative, though by no means comprehensive, summary of what is expected of a Trustee. Depending upon the terms and holdings of the trust, the Trustee will assume some, many or all of these responsibilities. Finally, laws and regulations change on a regular basis, and the summary below is not substitute for legal advice. If you require legal advice, please call our office at (562) 594-4200, or seek the assistance of another qualified attorney.

Legal Obligations

- Assumes legal responsibility for the proper administration of the trust
- Investigates claims against the trust (if any) and opposes invalid claims in court, if applicable
- Seeks legal counsel to properly carry out the trust administration process

Accounting and Administration duties and responsibilities

- Establishes bookkeeping procedures
- Inventories and changes titles of assets
- Pays bills
- Performs ongoing accounting
- Submits records for independent audit, if necessary

Investment Management

- Develops appropriate strategy to protect the interests of the grantor and beneficiaries
- Reviews assets regularly for quality and performance

Securities Custody

- Promptly collects all assets and related income
- Maintains detailed records of all assets and transactions

Tax-Related Responsibilities

- Documents asset acquisition dates, cost bases, and adjustments
- Keeps records of taxable income
- Files annual trust tax returns
- Furnishes information for beneficiary tax returns

Potential Issues Related to a Deceased Person (or spouse) who received SSI, Medi-Cal or Other Needs-Based Public Benefits

If the decedent (or spouse) had received needs-based public benefits, like SSI or Medi-Cal, the Successor Trustee must make proper notifications, and possibly interact with the California Department of Health Care Services or other governmental agencies. It is imperative that the Trustee receive competent legal advice both prior to communicating with these agencies, and throughout these transactions and contacts. A mistake made by the Trustee could cost the estate unnecessary payments and expenses, and/or severely disadvantage the beneficiaries.

Duties to Beneficiaries

- Communicates regularly
- Makes income payments, if applicable
- Distributes principal with discretion, if applicable
- Provides detailed account statements, if applicable

• Makes final distribution of trust assets to the beneficiaries

Real Estate

- Arranges for the security, insurance, and maintenance of personal residences and other real estate
- Investigates the status of taxes, assessments, and liabilities against the property
- Obtains appraisals, titles, deeds, and abstracts
- Facilitates transfer of property to beneficiaries or new owners

If the real estate is income-producing, the Trustee also:

- Secures management and accounting services
- Certifies compliance with all applicable regulations, including those for environmental protection and accommodations for the disabled

Appropriate Management of Diverse Assets

Virtually any type of asset can be placed in trust—and every type must be managed differently. The Trustee must provide appropriate management for all trust holdings, from the commonplace to the unusual.

Conventional Financial Assets

Cash, securities, options, commodities, debts owed to the grantor, insurance and employee benefit proceeds, deferred compensation, and other commonly held assets fall into this category.

Unique Financial Assets

Copyrights, patent rights, royalties, mineral rights, partnership interests, farm or ranch holdings, oil and gas interests, and other unique assets require specialized management by the Trustee.

Business Interests

The Trustee must provide management, valuation, and consulting services for any business interests held in trust. If the business is to be sold, the Trustee must see that this is carried out under the most favorable terms possible.

Personal Property

The Trustee must appraise the value and preserve the security of all assets held in trust until their distribution or sale. This may include family heirlooms, household furnishings, vehicles, collectibles, jewelry, and other possessions.

Estate Settlement

- Makes sure that the requirements of the courts and taxing authorities are met
- Prepares federal estate tax, final income tax, gift tax, and generation-skipping tax returns as required
- Investigates and discharges obligations to creditors
- Determines final distributions in keeping with the trust agreement
- Arranges final transfer of assets

Failure to properly carry out the trust administration process could harm the estate, as well as subject the Trustee to personal liability. So, it is always best to receive proper legal advice when carrying out those responsibilities.



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TRUST ADMINISTRATION QUESTIONNAIRE

Date of Our First Appointment (if any):		Referred	Referred By:		
Please fill out all sections below to the best the trust administration process, and the obelow does not apply to you, please leave t	costs related to the trust a			•	
IMPORTANT!! PLEASE PROVIDE COPIES STATEMENTS, STATEMENTS FROM ALL BA				DEEDS, PROPERTY TAX	
ALSO, IF THE DECEDENT (OR THE DECED MEDI-CAL), PLEASE BRING INFORMATION FROM THE SOCIAL SERVICES AGENCY RE	N REGARDING THESE BEI	NEFITS, AS W			
FINALLY, GENERALLY WE WILL REQUIRE THERE WAS A PREDECEASED SPOUSE, TW					
PERSONAL DATA					
Trustee/Executor Name (First, Middle, Last)	Social Security No.	Age and Da	ate of Birth	Relationship	
Home Address (Number, Street)	City	State	ZIP	County of Residence	
Home Telephone Number We	ork Telephone Number	C	Cell Phone #	E-Mail	
Co-Trustee/Executor Name (if any) (First, Middle	, Last) Social Security No.	Age and Da	ate of Birth	Relationship	
Home Address (Number, Street)	City	State	ZIP	County of Residence	
Home Telephone Number We	ork Telephone Number	C	Cell Phone #	E-Mail	
Deceased Person's Name (First, Middle, Last)	Social Security	No. A	age and Date of Bi	rth Date of Death	
Spouse's Name (if any) (First, Middle, Last)	Social Security No.	Age and Da	ate of Birth	Date of Death (if deceased)	
Deceased Person's Street Address	City, State and	Zip Code	County		
1. Was deceased person a U.S. citizen?: Yes _	No Is/was deceased person	n's spouse, if any	y, a U.S. citizen?	Yes No	
2. Did the deceased person have a Trust?: Yes	No If so, what kind?	Standard A	B Marital Q	ΠΡ Other:	
Trust Name:		Tax ID #:			
Trust Name:		Tax ID #:			
3. Did the deceased person have a Will?: Yes _	No (If so, please bring the	ORIGINAL W	<mark>ill to your appoin</mark>	tment)	

	Between \$2,000,000 a Over \$5,000,000	na \$5,000,000
dent's spouse) receive Medi-Cal or SSI benefits?	Yes No Please	explain:
rated? If so, who and for what:		
		
	Relationship to Do	ecedent_
Work Phone No.	DOB:	SS#
		ocadant
	Kelationship to De	eccdent
Work Phone No.	DOB:	SS#
Full	I Name of Mother:	
	Relationship to De	ecedent
Work Phone No	DOB.	SS#
Full	Name of Mother:	55#
	Relationship to D	ecedent
Work Phone No	DOB:	SS#
	i Name of Mother:	
	Relationship to Do	ecedent
Work Phone No.	DOB:	SS#
Full	Name of Mother:	
	Relationship to De	ecedent
Work Phone No.	DOB:	SS#
Full	i ivame of wiomer.	
	Relationship to De	ecedent
Work Phone No.	DOB:	SS#
Full	Name of Mother:	
	dent's spouse) receive Medi-Cal or SSI benefits? rated? If so, who and for what: ess, and phone) , date of birth, and SS# of BENEFICIARIES name Work Phone No. Ful Ful Work Phone No. Ful Ful Ful Ful Ful Ful Ful Fu	dent's spouse) receive Medi-Cal or SSI benefits? Yes No Please rated? If so, who and for what: ess, and phone) , date of birth, and SS# of BENEFICIARIES named in the Trust:

FAMILY

Name:	Children: Please list all childre	n, <u>living or deceased</u> . (if	any person named below is disable	ed, place a "D" next to	name)	
If deceased, date of death:	Name:		Age:		Date of Birth:	
Address:						
Home Phone:	Parents:					
Name:	Address:					
Name:	Home Phone:		Work Phone:	Cell Phone:		
Name:		Grandchild Name		Date of Birth		Age
If deceased, date of death:						8
If deceased, date of death: If married, name of spouse:						
If married, name of spouse: Parents:						
If married, name of spouse: Parents:	<u></u> -					
If married, name of spouse: Parents: Address: Home Phone: Grandchild Name Work Phone: Date of Birth Age: Parents: Address: Home Phone: Grandchild Name Date of Birth: If married, name of spouse: Parents: Address: Home Phone: Grandchild Name Age: Date of Birth: Age Age: Date of Birth: Age Age: Date of Birth Age Age: Date of Birth Age Cell Phone: Grandchild Name Date of Birth Age Name: Age: Date of Birth Age Name: Age: Date of Birth Age Name: Age: Date of Birth: Cell Phone: Cell Phone: Cell Phone: Date of Birth: Cell Phone: Cell Phone:						
If married, name of spouse: Parents: Address: Home Phone: Grandchild Name Work Phone: Date of Birth Age: Parents: Address: Home Phone: Grandchild Name Date of Birth: If married, name of spouse: Parents: Address: Home Phone: Grandchild Name Age: Date of Birth: Age Age: Date of Birth: Age Age: Date of Birth Age Age: Date of Birth Age Cell Phone: Grandchild Name Date of Birth Age Name: Age: Date of Birth Age Name: Age: Date of Birth Age Name: Age: Date of Birth: Cell Phone: Cell Phone: Cell Phone: Date of Birth: Cell Phone: Cell Phone:	Name:		Age:		Date of Birth:	
Parents: Address: Home Phone: Grandchild Name Date of Birth Age Name: Age: Date of Birth: If married, name of spouse: Parents: Address: Home Phone: Grandchild Name Date of Birth: Age: Date of Birth: Age: Parents: Address: Address: Home Phone: Grandchild Name Date of Birth Age Date of Birth: If married, name of spouse: Brandchild Name Date of Birth Age: Date of Birth Age: Date of Birth: Age: Date of Birth: Age: Date of Birth: Cell Phone: Parents: Address: Home Phone: Work Phone: Cell Phone: Cell Phone:						
Address:			_			
Mork Phone:						
Name: Age: Date of Birth: If married, name of spouse: Parents:	Home Phone:		Work Phone:	Cell Phone:		
Name: Age: Date of Birth: If married, name of spouse: Parents:		Crandahild Nama		Data of Rigth		Λαο
If deceased, date of death: If married, name of spouse:		Grandennu Mame		Date of Birtin		Agc
If deceased, date of death: If married, name of spouse:						
If deceased, date of death: If married, name of spouse:						
If deceased, date of death: If married, name of spouse:						
If deceased, date of death: If married, name of spouse:						
If deceased, date of death: If married, name of spouse:	Name:		Age:		Date of Birth:	
Parents: Address: Home Phone: Grandchild Name Date of Birth Age Name: Age: Date of Birth: If deceased, date of death: Parents: Address: Home Phone: Work Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone:						
Work Phone: Cell Phone: Call Phone: Date of Birth Age						
Work Phone: Cell Phone: Call Phone: Date of Birth Age	Address:					
Name: Age: Date of Birth: If deceased, date of death: If married, name of spouse: Parents: Address:	Home Phone:		Work Phone:	Cell Phone:		
Name: Age: Date of Birth: If deceased, date of death: If married, name of spouse: Parents: Address: Work Phone: Cell Phone:		Grandchild Name		Date of Rirth		Δge
If deceased, date of death: If married, name of spouse:		Grandenna ivame		Date of Birth		rige
If deceased, date of death: If married, name of spouse:						
If deceased, date of death: If married, name of spouse:						
If deceased, date of death: If married, name of spouse:	<u></u> -					
If deceased, date of death: If married, name of spouse:						
If deceased, date of death: If married, name of spouse:	Name:		Age:		Date of Birth:	
Parents: Address: Home Phone: Work Phone: Cell Phone:	If deceased, date of death:		If married, name of spouse:			
Address: Work Phone: Cell Phone:						
Home Phone: Work Phone: Cell Phone:	Address:					
Grandchild Name Date of Birth Age	Home Phone:		Work Phone:	Cell Phone:		
Grandeind Name Date of Bitti Age		Grandchild Nama		Date of Rirth		Δαρ
		Grandennu Maine		Date Of Birth		Age

Name:		Age:		Date of Birth:	
If deceased, date of death:					
Parents:					
Address:					
Home Phone:	Wo	rk Phone:	Cell Phone:		
	Grandchild Name		Date of Birth		Age
Name:		Age:		Date of Birth:	
If deceased, date of death:	If n	narried, name of spouse:			
Parents:					
Address:					
Home Phone:	Wo	rk Phone:	Cell Phone:		
	Grandchild Name		Date of Birth		Age
					
<u> </u>					
Nama:		Δ ge·		Date of Birth	
Name: If deceased, date of death:	If n	narried, name of spouse:		Date of Birtin	
Parents:					
Address:					
Home Phone:			Cell Phone:		
	Grandchild Name		Date of Birth		Age
Other Living Adult Relatives.	Please list other living adult re	elatives, e.g. parents, brothers	s, sisters, of both spouses	:	
Name	Relationship	Address			
FOR DECEDENT:					
TOR DECEDENT.					
FOR SPOUSE, IF ANY:					

FINANCIAL FACT GATHERING SECTION

If you as an individual, or you as Trustee, will be investing trust assets, the following questions can help you determine your risk tolerance and/or objectives.

1.	manage	vestment objective summarizes the primary purpose of your plan. It serves to define how assets should be d. While asking yourself "What do I want most to accomplish?", select the objective that best fits the purpose of ancial plan.
		Preserve asset value Generate high current income Achieve asset growth with moderate current income Achieve strong asset growth with nominal income Achieve maximum capital appreciation
2.		heck the box that indicates your response to the following statement: I am comfortable with investments that may lose om time to time, if they offer the potential for higher returns.
	0000	Strongly disagree Disagree Somewhat agree Agree Strongly agree
3.	When it	comes to investments, how would you characterize your tolerance for risk?
	000	No risk tolerance at all Moderate risk tolerance Moderate to high risk tolerance Highest risk tolerance
4.	If you w	ere to invest in the near future, what would be your primary goal for the money invested? (check all that apply)
	<u> </u>	Short-term "safe money" "Safe money" put away for potential long-term care costs or uncovered medical expenses (e.g. home care, nursing care, etc)
	0	Immediate income Growth with some immediate income Long-term growth
5.		that the stock market falls in value by 40%, and your stock market investments also fell by 40%. What are you ely to do?
		Liquidate more than half of your stock market investments and move your money into less risky assets such as CD's or fixed annuities
		Liquidate less than half of your stock market investments and move your money into less risky assets such as CDs or fixed annuities
		Retain your stock market investments
		Increase your investments in the stock market
6.	What is	your outlook for your future income from sources other than investments over the next 10 years?
		It will greatly decrease It will greatly decrease It will decrease, but not by much It will greatly increase It will increase, but not by much

7.	Have you invested in any of the following? (please mark all that apply)
	 □ Bank CDs □ Fixed annuities □ Money market accounts □ Life insurance
8.	Are you now or have you in the past invested in individual equities (e.g. stocks) or funds contained equities?
	 Yes, and the risk was tolerable Yes, and the risk was intolerable No, but the risk will be tolerable No, because the risk will be intolerable
9.	Have you invested in individual bonds or funds containing bonds?
	 Yes, and the risk was tolerable Yes, and the risk was intolerable No, but the risk will be tolerable No, because the risk will be intolerable
10.	If you have qualified pension plans (e.g. IRAs, 401ks, 403(b)s, etc.), are they structured such that they can be "stretched out" over the lifetime of your beneficiaries, thereby vastly increasing their value? \[\textstyle{\textstyle{1}} \text{Yes} \text{No} \text{No} \text{I don't know} \]
11.	How would you rate the performance of your current investments?
	□ Excellent □ Good □ Average □ Poor
12.	Have all of your assets performed equally as well? ☐ Yes ☐ No
13.	Which investments, if any, have been disappointments?
14.	Do you have a financial advisor or broker? Yes No Name and firm:
15.	How often do you meet with your financial advisor?
16.	If there were techniques you could use to lower your taxes, improve your financial position, and/or increase your financial security, what would be your level of interest?
	☐ I would be very interested ☐ I would be moderately interested ☐ I would not be interested

PROPERTY

1 1 1		estimated fair market values in the dually by the decedent," "jointly with	• • • • • • • • • • • • • • • • • • • •	•
	Value			
Family residence	vuide			
Tax assessed value:	\$	Fair Market Value: \$		
Mortgage balance:	\$			
Year of purchase:	Ψ			
Purchase price:	\$			
				
General household and furnishings \$				
Household effects of	f special value (s	such as china, silver, art works, antique	es, collections, etc.) \$	
Automobiles				
Year:		Year:	Year:	_
		Make:	Make:	
Value: \$		Value: \$	Value: \$	
Loan balance: \$		Loan Balance: \$	Loan Balance: \$	
Other real estate Full Address:				
Tax assessed value:	\$	-		
Mortgage balance:	\$	_		
Year of purchase:				
Purchase price:	\$	_		
How title is held:				
Other real estate Full Address:				
Tax assessed value:	\$	-		
Mortgage balance:	\$	-		
Year of purchase:				
Purchase price:	\$	_		
How title is held:				
Other real estate Full Address:				
Tax assessed value:	\$			
Mortgage balance:	\$	_		
Year of purchase:				
Purchase price:	\$	_		
How title is held:				

Bank savings or money mar	ket accounts	
	<u>Institution</u>	Amount
Acct. No		
Acct. No	-	
Acct. No	-,	·
Acct. No		
Acct. No		
Trust, Bypass Trust, Disch	If the accounts listed above are held in a subtrust of the trust (e.g. the aimer Trust, Special Needs Trust, Minor's Trust, etc.), then please design (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT)	gnate so as
	<u>Institution</u>	<u>Amount</u>
Bank checking accounts		
	_	
Acct. No	·	· <u></u>
Acct. No		·
Acct. No		·
Trust (M)	(S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNI	
D14:6:46 J4	<u>Institution</u>	<u>Amount</u>
Bank certificates of deposit		
Acct. No.	-	
Acct. No.	-	
Acct. No.	_	
Acct. No.	-	
Acct. No	_	
Trust, Bypass Trust, Disch	of the accounts listed above are held in a subtrust of the trust (e.g. the laimer Trust, Special Needs Trust, Minor's Trust, etc.), then please design (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT)	gnate so as
	Name of Fund or Brokerage Firm	Amount
Mutual funds or Brokerage		· · · · · · · · · · · · · · · · · · ·
Acct. No.		
Acct. No.	-	
Acct. No.		
Acct. No.		-
Acct. No.		
	-	

Important Note: If any of the accounts listed above are held in a subtrust of the trust (e.g. the Survivor's Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor's Trust, etc.), then please designate so as follows: Survivor's Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor's Trust (M)

Stock and bonds:					
Date of purchase:			Date of purchase:		
Date of purchase: Cost: \$	Value: \$	• 	Date of purchase: Cost: \$	Value: \$	-
Date of purchase:			Date of purchase:		
Date of purchase: Cost: \$	Value: \$	•	Date of purchase: Cost: \$	Value: \$	-
Date of purchase: Cost: \$		<u> </u>	Date of purchase: Cost: \$		
Cost: \$	Value: \$		Cost: \$	Value: \$	
Date of purchase: Cost: \$		<u> </u>	Date of purchase: Cost: \$		_
Cost: \$	Value: \$		Cost: \$	Value: \$	
Date of purchase:			Date of purchase:		
Date of purchase:Cost: \$	Value: \$	• 	Date of purchase: Cost: \$	Value: \$	
Date of purchase:			Date of purchase:		
Date of purchase: Cost: \$	Value: \$		Date of purchase: Cost: \$	Value: \$	
Date of purchase:			Date of purchase:		
Cost: \$	Value: \$		Cost: \$	Value: \$	
Survivor's Tru	st, Bypass Trust, I follows: Survivor'	Disclaimer Trust, Sp 's Trust (S); Bypass DECEDENT	d above are held in a pecial Needs Trust, Min Trust (B); Disclaimer T	or's Trust, etc.),	then please Needs Trust
A4 NI-		<u>Institution</u>			Amount
Acct. No					_
Acct No.					_
Acct. No					
		SPOUSE Institution			A maunt
Acct No		<u>Institution</u>			<u>Amount</u>
Acct. No.					
Acct. No.					_
Acct. No.					_

Annuities		_				
Policy No.	Name of Company	Date Purchased	Owner	Annuitant	Beneficiary	Value
	rust, Disclaime	r Trust, Special I	Needs Trust, N	d in a subtrust og Ainor's Trust, etc Trust (D); Specia	.), then please d	esignate so as
Business interests (partnership, realty true of closely held corpor rights, etc.)	sts, ownership	DEC	EDENT		SPOUSE	
Survivor's Trust	t, Bypass Trus follows: Surviv	t, Disclaimer Tr	ust, Special N	ve are held in a Needs Trust, Min (B); Disclaimer T	or's Trust, etc.), then please
Prepaid funeral? (Irrevocable?) burial account? burial insurance? plot? headstone?						
Other assets (other tinsurance):	than life					

Important Note: If any of the other assets listed above are held in a subtrust of the trust (e.g. the Survivor's Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor's Trust, etc.), then please designate so as follows: Survivor's Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor's Trust (M)

whose life the p	oolicy is written, the face amo	unt of the policy, and	its cash surre	ender value (less ou	itstanding loans) if any:
KIND (whole/ term)	OWNER BENEFIC.	CONTINGENT	LIFE	FACE AMT.	CASH VAL.
	pointment: Did either dece yes, please explain:	dent or decedent's sp	ouse have a p	ower of appointme	nt under anyone else's
	yes, preuse explain.				
Debts: List all To Whom?	debts, if any, other than any	mortgage.	Amoi	unt Due	
Lifetime Gifts To Whom?	s: List all lifetime gifts, if any	y, made to any persor	·	unt of Gift	
photocopy of a	f Trust: Is the decedent (or signed version, if available, of the current Trustee, amount	or provide whatever in			
property or late	perty : Did either the deceder individually acquire signityes, please explain briefly:				

List life insurance specifying, for each policy, whether it is a whole life or term policy, the owner, beneficiary, on

Any Other Issues: If there are any other iss may have which you would like to discuss at	ues regarding the trust, the trust beneficiaries, or any questions you your meeting, please list below:
questionnaire is accurate and complete, and that will rely on this information. I/We understand	McKenzie Legal & Financial that the information contained in this the undersigned understands that the law firm and its individual lawyers that if the information contained herein is inaccurate or incomplete, the total propriate. Please sign below to verify the accuracy of the above
Signature verification of client	
	Date:
Signature verification of client	
	Date:
Signature verification of client	
Print Name	

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