

Asset Protection Planning Questionnaire

Thomas E. Simmons, Attorney-at-Law
440 Mount Rushmore Road
P.O. Box 8045
Rapid City, SD 57709-8045
PHONE: (605) 342-1078 EXT. 148
FAX: (605) 342-9503
E-MAIL: tom@gpnlaw.com

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Submitting this form to our firm does not automatically result in the creation of an attorney-client relationship. Mark a question mark (“?”) as to any question that you are unsure of or have inadequate information to answer. If you are unmarried, the right hand columns can be left blank.

1. Personal Information

Address: _____

Check one: South Dakota Resident Nebraska Resident
 Wyoming Resident Other: _____

Telephone Number(s): _____

Email: _____@_____

You	Your Spouse
Name: _____ (First) (Middle) (Last)	Name: _____ (First) (Middle) (Last)
Prior name(s) or aliases: _____	Prior name(s) or aliases: _____
Have you legally changed your name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you legally changed your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____	Explain: _____

<p>Have you ever been a victim of identity theft?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p> <p>Have you ever been named in a lawsuit (other than divorce or traffic violation)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p> <p>Have you ever filed bankruptcy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? _____ What chapter? ____</p>	<p>Have you ever been a victim of identity theft?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p> <p>Have you ever been named in a lawsuit (other than divorce or traffic violation)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p> <p>Have you ever filed bankruptcy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? _____ What chapter? ____</p>
<p>Date of Birth: _____, 19____</p>	<p>Date of Birth: _____, 19____</p>
<p>Do you currently serve in or are you a veteran of the U.S. armed services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you currently serve in or are you a veteran of the U.S. armed services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Current Marital Status (check one):</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower</p> <p>If a prior marriage ended in death or divorce, please explain and give date of death or divorce:</p> <p>_____</p> <p>_____</p>	<p>If a prior marriage ended in death or divorce, please explain and give date of death or divorce:</p> <p>_____</p> <p>_____</p>
<p>Citizenship (check one): <input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Other immigration status: _____</p>	<p>Citizenship (check one): <input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Other immigration status: _____</p>
<p>Social Security Number: _____ - _____ - _____</p>	<p>Social Security Number: _____ - _____ - _____</p>

2. Estate Planning.

If you have undertaken prior estate planning yourself, please check all that apply:

You	Your Spouse
<input type="checkbox"/> Will <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Healthcare Power of Attorney (or “Proxy”) <input type="checkbox"/> Living Will (or “Advance Directive”) <input type="checkbox"/> Living Trust Other Trust: _____ <input type="checkbox"/> Marital Agreement Other: _____	<input type="checkbox"/> Will <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Healthcare Power of Attorney (or “Proxy”) <input type="checkbox"/> Living Will (or “Advance Directive”) <input type="checkbox"/> Living Trust Other Trust: _____ <input type="checkbox"/> Other: _____

3. Family Information.

Child’s Name and City/State Location	Date of Birth	√ if Predeceased	√ if Disabled	√ if Married
1				
2				
3				
4				
5				
6				
7				
8				

If you have no living children, list other closest relatives and/or friends: _____

List persons that you would consider to be potential candidates for a role such as a trustee:

4. Assets and Liabilities.


A. Assets

Please note if any of your accounts or other assets are subject to a “payable on death” (POD) or “transfer on death” (TOD) designation.

Description of Asset	How Titled	Current Value	Location of Property, Account, etc.
Checking Accounts	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	At (e.g., bank name):
Savings Accounts	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	At:
CDs	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	At:
Bonds	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses)	\$	Series #

	<input type="checkbox"/> Other: _____		
Retirement Accounts (IRAs, 401(k)s, etc.)	Account Owner: <input type="checkbox"/> You <input type="checkbox"/> Spouse Beneficiaries: Account Owner: <input type="checkbox"/> You <input type="checkbox"/> Spouse Beneficiaries:	\$ \$	Institution: Institution:
Annuities	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ \$	Annuity Company:
Trusts (if you are a beneficiary)	<input type="checkbox"/> You=Beneficiary <input type="checkbox"/> Spouse=Beneficiary	\$	Name of Trust:
Expected Inheritances (from parents or others)	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> You <input type="checkbox"/> Spouse	\$	Describe:
Stocks, Mutual Funds or Investment Accounts	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	Institution:
Safe Deposit Box	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	Contents:	


<p>Home</p> <p>If you do not own your home, do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	Location:
<p>Other Real Property</p> <p>Is the property rented or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Entity (e.g., LLC) <input type="checkbox"/> Other: _____	\$	Location:
<p>Buildings or Mineral/Timber Rights</p>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$ Income: \$ / year	Location:
<p>Life Estate</p>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	Location:
<p>Indian Trust Land</p> <p>Tribe: _____ Enrollment #: _____</p>	<input type="checkbox"/> You <input type="checkbox"/> Spouse	Lease Income: \$ / year	Location:
<p>Personal Property</p> <p>Household and Personal Property</p> <p>Business/ranch equipment, machinery, tools, inventory, etc.</p> <p>Livestock</p> <p>Antiques, guns, stamps, gold, coins,</p>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____ <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$ \$ \$ \$	Describe: Describe: Brand: Describe:

<p>works of art, collections, etc.</p> <p>Vehicles, boats, snowmobiles, trailers, RVs, campers, motorcycles, etc.</p>	<p><input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____</p>	<p>\$</p> <p>\$</p> <p>\$</p>	<p>Make/Model/Yr.: _____</p> <p>Make/Model/Yr.: _____</p> <p>Make/Model/Yr.: _____</p>
<p>Contract for Deed (e.g., property you sold on a contract)</p>	<p><input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____</p>	<p>Balance Still Due: \$</p> <p>Payments: \$ /</p> <p>Interest Rate: ____%</p>	<p>Location of Property Sold:</p> <p>Buyer(s):</p>
<p>Life Insurance</p>	<p>Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse</p> <p>Beneficiary:</p> <p>Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse</p> <p>Beneficiary:</p>	<p>Face Value: \$</p> <p>Face Value: \$</p>	<p>Company:</p> <p>Company:</p>
<p>Prepaid Funeral Plan / Insurance</p>	<p><input type="checkbox"/> You <input type="checkbox"/> Spouse</p>	<p>\$</p>	<p>Institution:</p>
<p>Cemetery Lots</p>	<p><input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses)</p>	<p style="text-align: center;">  </p>	<p>Location:</p>

Promissory Notes or Loans from You	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses)	Balance Due: \$ Payments: \$ / Interest Rate: ____%	Describe: Borrower:
Closely-Held Business (LLC, Inc., LLP, etc.)	<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$	Describe:
Other Assets (e.g., website domain names, overseas assets, potential claims, etc.)	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	Describe:
Assets to be Purchased in Near Future (e.g., a property you expect to sign a purchase agreement to purchase or close on in the next several months)	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint (both spouses) <input type="checkbox"/> Other: _____	\$	Describe:

B. Liabilities

Description of Liability	Amount Owed/Lender	Security or Collateral
Mortgages First Mortgage Second Mortgage	\$ Lender: \$ Lender:	<i>Personal Residence</i> “ “
Vehicle Loans First Loan Second Loan	\$ Lender: \$ Lender:	Make/Model: Make/Model:

Other Secured Loans	\$	Describe:
Student Loans	\$	<i>Unsecured</i>
	\$	<i>Unsecured</i>
Credit Cards	\$ Credit Card Co.:	<i>Unsecured</i>
	\$ Credit Card Co.:	<i>Unsecured</i>
	\$ Credit Card Co.:	<i>Unsecured</i>
Line of Credit	\$ Lender:	<i>Unsecured</i>
Other Unsecured Loans	\$ Lender:	<i>Unsecured</i>
Alimony/Child Support (include any obligations to retain insurance coverage, etc.)	\$	
Contingent Liabilities (e.g., where you have co-signed or guaranteed another person's debt)	\$	Describe:
Lawsuits or Claims (i.e., claims or lawsuits against you or which could be brought at a later date)	Estimated Range: \$ (low) \$ (high)	<i>Unsecured</i>
Future Liability (i.e., a liability you expect to incur such as a loan you have applied for)	\$	Describe:
Future Risks (e.g., most likely source of future liabilities such as	 leave blank	Describe:

malpractice claims, etc.)		
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7. Insurance.

List liability, homeowner's, umbrella and malpractice insurance coverage you currently carry:

Insurance Co. Name	Type of Coverage	Limits
_____ Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Describe:	\$
_____ Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Describe:	\$
_____ Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Describe:	\$
_____ Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Describe:	\$
_____ Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Describe:	\$

List any long term care (or "nursing home") insurance for you (or your spouse):

LTC Insurance Co. Name	Benefit Information	Premiums
_____ Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____ /day Length of Coverage: _____	Paid: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Twice/Year <input type="checkbox"/> Annually

8. Other.

Your Accountant: _____

Your Financial Advisor: _____

Other Legal Advisors: _____

Insurance Agent: _____

Other Trusted Advisor(s) (e.g., banker, etc.): _____

How were you referred to our firm? _____

9. Documentation Checklist:

Attach or bring for attorney review:

- Existing Wills, Trusts, Powers of Attorney, Living Wills
- Promissory Notes
- Contracts for Deed
- Deeds
- _____

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9. Certification.

BY RETURNING THIS FORM, YOU ACKNOWLEDGE THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE, TO THE BEST OF YOUR KNOWLEDGE.

PREPARED BY: _____

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The appropriate legal advice concerning asset protection and estate planning cannot be given without accurate information. Our firm's ability to advise clients depends on the accuracy and completeness of such information. Consequently, questions must be asked to secure all the relevant personal and financial information, and this form is designed to accomplish that goal. Should additional space be required, please attach additional pages. If you have any questions regarding this form, please do not hesitate to call.

Space for Additional Information