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**Please fill out this questionnaire and send it back to me for review.
I will contact you within 24 hours and offer a free consultation
and recommendation as to your estate planning needs.**

ESTATE PLANNING QUESTIONNAIRE

Date: _____

Name: _____ Social Security No.: _____

Date of Birth: _____ Birthplace: _____

Address: _____

Telephone (H): _____ (W): _____

Employer (H): _____

Employer (W): _____

| Children | Birth Date | Residence |
|-----------------|-------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

ASSETS & LIABILITIES

| | JOINT | HIS | HERS |
|-------------------------------------|--------------|------------|-------------|
| Real Estate | | | |
| | | | |
| | | | |
| Bank Accounts or Cash Equivalent | | | |
| | | | |
| | | | |
| | | | |
| Business Assets | | | |
| | | | |
| | | | |
| | | | |
| Life Insurances | | | |
| | | | |
| | | | |
| Pension Plan (Death Benefit) | | | |
| | | | |
| Retirement- IRA's/Keoghs | | | |
| | | | |
| | | | |
| Miscellaneous | | | |
| | | | |
| Houshold/Vehicles | | | |
| | | | |
| | | | |
| LESS-loans & accts. Payables | | | |
| | | | |
| | | | |
| GROSS ESTATE | | | |