

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This form has been prepared to aid you in organizing that information. Your accuracy and completeness in responding will help us best represent you.

****CONFIDENTIALITY: As is true in any communication between lawyer and client, the information reported here will be held in strictest confidence and released to no one without your consent.*

ESTATE ASSET AND INCOME PRESERVATION PLANNING

Client's Phone Numbers: Residence: _____

Client Business: _____ Cell: _____ Fax: _____ E-Mail: _____

Spouse Business: _____ Cell: _____ Fax: _____ E-Mail: _____

Who referred you to our firm: _____

Personal Data

CLIENT:

Full Name _____ Known by _____
Other Names _____

Address _____ City/Town _____ State: _____ Zip Code _____

Date of Birth _____ Present Age _____ US Citizen? _____

Social Security Number _____

Retired? _____ Current (or if retired, previous) Occupation _____

Veteran? _____ Branch of service? _____ Which years did you serve? _____

Previous Marriages (details) _____

Any support or other obligations arising from previous marriage? _____

State of Health _____ Insurable? _____

Do you have any pets? If so, what kind and how many? _____

CLIENT'S SPOUSE:

Full Name _____ Known by any _____
Other Names _____

Address _____ City/Town _____ State: _____ Zip Code _____

Date of Birth _____ Present Age _____ U S Citizen? _____

Social Security Number _____

Retired? _____ Current (or if retired, previous) Occupation _____

Veteran? _____ Branch of service? _____ Which years did you serve? _____

Date of Marriage _____ Place of Marriage _____

Do you have a pre-nuptial agreement? _____ post-nuptial agreement? _____

Previous Marriages (details) _____

Any support or other obligations arising from previous marriage? _____

State of Health _____ Insurable? _____

CLIENT'S CHILDREN (If applicable)

(Please list all children including any children adopted, from previous marriage, or predeceased. If you need more space, use back of the form.)

1. Child's Name _____ Present Age _____ Occupation _____
Address _____ City/Town _____ State _____ Zip Code _____
Home Phone: _____ Cell: _____ Business: _____
E-Mail: _____
Child's Spouse's Name _____ Occupation _____
Child's Children _____ Age _____
_____ Age _____
Comments _____

2. Child's Name _____ Present Age _____ Occupation _____
Address _____ City/Town _____ State _____ Zip Code _____
Home Phone: _____ Cell: _____ Business: _____
E-Mail: _____
Child's Spouse's Name _____ Occupation _____
Child's Children _____ Age _____
_____ Age _____
Comments _____

3. Child's Name _____ Present Age _____ Occupation _____
Address _____ City/Town _____ State _____ Zip Code _____
Home Phone: _____ Cell: _____ Business: _____
E-Mail: _____
Child's Spouse's Name _____ Occupation _____
Child's Children _____ Age _____
_____ Age _____
Comments _____

4. Child's Name _____ Present Age _____ Occupation _____
Address _____ City/Town _____ State _____ Zip Code _____
Home Phone: _____ Cell: _____ Business: _____
E-Mail: _____
Child's Spouse's Name _____ Occupation _____
Child's Children _____ Age _____
_____ Age _____
Comments _____

5. Child's Name _____ Present Age _____ Occupation _____
Address _____ City/Town _____ State _____ Zip Code _____
Home Phone: _____ Cell: _____ Business: _____
E-Mail: _____
Child's Spouse's Name _____ Occupation _____
Child's Children _____ Age _____
_____ Age _____
Comments _____

Are any children adopted? _____

Are any children from a previous marriage? _____

Are any children handicapped or in poor health? _____

Are any children receiving SSI or any other form of government entitlement? _____

Have any of your children died leaving children of their own? _____

Should any children born to or adopted by you after the date of your will be included in your estate? _____

Do you or your spouse have any stepchildren from a previous marriage whom you wish to include in your estate plan? _____

Are your parents living? Client's father ____ Client's mother ____ Spouse's Father ____ Spouse's Mother ____

Do you have living siblings? How many? Client: _____ Spouse: _____

Other relatives or friends of Client and Spouse who would be immediate beneficiaries or ultimate beneficiaries if Client, Spouse, all children, grandchildren, and parents are deceased (use the back of this sheet if you need more space).

Name	_____	_____	_____
Residence	_____	_____	_____
Age	_____	_____	_____
Relation	_____	_____	_____

Charities as immediate beneficiaries or ultimate beneficiaries if all individual beneficiaries are deceased.

Name	_____	_____	_____
Address	_____	_____	_____
Purpose	_____	_____	_____

.....
ASSETS & LIABILITIES

ASSETS

PAPERS AND FINANCIAL ADVISORS:

Location of Lock Box: _____ In whose name _____
Any Property of others in box: _____ Identifiable as such? _____
Where are other valuable papers kept? _____
Name and Phone Number of broker _____
Name and Phone Number of Accountant _____
Name and Phone Number of Life Insurance Agent _____
Name and Phone Number of Casualty Insurance Agent _____
Preferences as to bank _____

INCOME

Type	Client		Client's Spouse	
	Amount	How often?	Amount	How often?
Social Security/ Railroad Retirement				
Veteran's benefits				
Pensions: _____				
Employment				
Other: _____				
Other: _____				

Is Client and/or Client's Spouse receiving any type of state or federal benefits other than retirement benefits?

If yes, details: _____

Did Client and/or Client's Spouse file US income tax returns in the past three years? _____

HEALTH INSURANCE:

Please list details about any health insurance available:

Client:

	Claim Number	Amount of Premium	Who Pays?	Effective Date
Medicare: A? B?				
Medicare supplement: _____				
Insurance from employer				
Other: _____				

Client's Spouse:

	Claim Number	Amount of Premium	Who Pays?	Effective Date
Medicare: A? B?				
Medicare supplement: _____				
Insurance from employer				
Other: _____				

Do you or your spouse have Long Term Care Insurance? _____
(if yes, please bring a copy of your policy to our meeting)

ANY EXPECTED INHERITANCES?

Do you and/or your spouse expect to receive any **inheritances**? ____ Yes ____ No

Client

Client's Spouse

From Whom _____
 Approximate Value _____

From Whom _____
 Approximate Value _____

PENSION OR PROFIT SHARING PLANS (IRAs, 401(k)s, Keoghs, etc.)

Do you and/or your spouse own or participate in any **pension or profit sharing plans (IRAs, 401(k)s, Keoghs, etc.)**? _____ Yes _____ No

Type of Plan	Owner?	Name of Company	Account Number	Fair Market Value	Beneficiary(ies)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ANNUITIES:

Do you and/or your spouse own any **annuities**? _____ Yes _____ No

Name of Owner	Name of Annuitant	Purchase Price	When Purchased	Income Received	Beneficiary(ies)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

STOCK OPTIONS:

Do you and/or your spouse own any **stock options**? _____ Yes _____ No

Details:

BUSINESS INTEREST

Do you and/or your spouse have an **interest in any partnership, joint venture, closely held corporation, proprietorship or other similar entity**? _____ Yes _____ No

If yes, we need complete information about its assets and liabilities, buy-sell agreements and all other related information including basis. Use the back side of this sheet, if necessary.

REAL ESTATE:

Do you and/or your spouse own your **home**? _____ Yes _____ No

Residence Address: _____

Brief Description: _____

Fair Market Value: _____ Assessed Value: _____

When purchased? _____ Purchase Price: _____

Cost & Date of any improvements: _____

Mortgage Amount: _____ Mortgagee: _____

Legal Title in Whose Name(s)? _____

Do you and/or your spouse own any **other real estate**? _____ Yes _____ No

Second Residence Address: _____

Brief Description: _____

Fair Market Value: _____ Assessed Value: _____

When purchased? _____ Purchase Price: _____

Cost & Date of any improvements: _____

Mortgage Amount: _____ Mortgagee: _____

Legal Title in Whose Name(s)? _____

Other Real Estate Address: _____

Brief Description: _____

Fair Market Value: _____ Assessed Value: _____

When purchased? _____ Purchase Price: _____

Cost & Date of any improvements: _____

Mortgage Amount: _____ Mortgagee: _____

Legal Title in Whose Name(s)? _____

LIFE AND ACCIDENTAL DEATH INSURANCE

Do you and/or your spouse have any **life and accidental death insurance**? _____ Yes _____ No

Face Amount	Type (Whole Or Term?)	Policy No.	Name of Company	Beneficiaries	Amount of Loan on Policy	Cash Value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Is the insured the owner of the policies? If not, please give details: _____

COMMUNITY PROPERTY

Have you ever lived in a state that has a community property law (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, and Idaho)? _____ Yes _____ No

If yes, we need details about assets brought into that state:

OTHER ASSETS:

Automobiles (model, make, fair market value, in whose name, outstanding loan?):

Boats, Trailers, etc. _____

Mortgages Owned, Land Contracts, or Other Receivables: _____

Law suit judgments: _____

Cemetery Plots: _____

Pre-need Funeral Contracts: _____

Collections (coin, art, stamps, etc.) _____

Family Heirlooms: _____

Frequent Flyer Miles: _____

Any assets not in the U.S.? _____

Other assets: _____

LIABILITIES

Do you and/or your spouse **owe any person or entity money** (including accounts payable, mortgages, promissory notes, judgments, charitable pledges)? _____ Yes _____ No

If yes, what is the approximate total amount of what is owed? \$_____

Amount Owed	to Whom Owed	Due Date	Secured by What Asset
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GIFTS AND OTHER ASSET TRANSFERS

In the past 36 months, has the Client or Client's Spouse transferred:

Income? _____

The right to income? _____

Cash? _____

Ownership in whole or in part in any other asset? _____

Create any life estate? _____

Give a mortgage? _____

Add another name to any property/account? _____

If yes to any of the above, please list:

TYPE OF ASSET	DATE OF TRANSFER	TRANSFERRED TO WHOM?	RELATIONSHIP TO APPLICANT	AMOUNT OF TRANSFER

At any time in your lives, have you and/or your spouse **made any gifts** in excess of \$10,000?

_____ Yes _____ No

Name Of Recipient	Nature of Gift	Value of Gift	Date of Gift	Gift Tax Return Filed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ESTATE PLANNING PROVISIONS

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or property? If yes, details: _____

FIDUCIARIES:

Please consider which person(s) you would like to administer your estate and care for your minor or disabled children. If you are listing anyone not listed as a family member above, please give us his or her address and phone number.

YOU

YOUR SPOUSE

EXECUTOR OF YOUR WILL:

Primary:

Successor:

TRUSTEE(S) OF YOUR TRUST(S):

Primary:

Successor:

GUARDIAN(S) OF YOUR CHILDREN:

Primary:

Successor:

Will your choice of guardian(s) be affected by the marriage, divorce, remarriage or relocation of the person(s) named?

DISPOSITION OF YOUR ESTATE

What are your general desires as to the disposition of your estate? Indicate any specific gifts of cash or items you wish to make:

Specific Gifts	Name of Recipient	Relationship and Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

POWER OF ATTORNEY:

Have you ever given anyone a power of attorney? _____
If so, to whom and when? _____
Is it still in effect? _____

HEALTH CARE PROXY:

Have you ever given anyone the power to make health care decisions for you? _____
If so, to whom and when? _____
Is it still in effect? _____

Please consider which person(s) you would like to manage your finances and health care in the event that you are incapacitated. If you are listing anyone not listed as a family member above, please give us his or her address and phone number.

	YOU	YOUR SPOUSE
POWER OF ATTORNEY:		
Primary:	_____	_____
	_____	_____
Successor:	_____	_____
	_____	_____
HEALTH CARE PROXY:		
Primary:	_____	_____
	_____	_____
Successor:	_____	_____
	_____	_____

LIVING WILL:

Do you have a living will in which you express your wishes as to end-of-life decisions? _____

If not, are you interested in addressing these issues? _____