

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: _____

Who referred you to our firm: _____

Personal Data

CLIENT:

Full Name _____ Known by
Other Names _____

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

Date of Birth _____ Age: _____ US Citizen? _____

Social Security Number _____

State of Health _____ Insurable? _____

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

Retired? _____ (Previous) Occupation _____

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

Marital status: _____

If Applicant is divorced or widowed, please give details about Applicant's spouse:

Full Name _____ Known by any
Other Names _____

SS Number _____

Date of Death _____ Place of Death _____

Did your spouse ever receive Medicaid benefits? _____

Was your spouse a Veteran? _____

If yes: Branch of service? _____ Which years did he/she serve? _____

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 _____	_____	_____

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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

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

Are you receiving any type of state or federal benefits other than retirement benefits?

If yes, details: _____

Did you file US income tax returns in the past three years? _____

HEALTH INSURANCE:

Please list details about any health insurance available:

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

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

ANY EXPECTED INHERITANCES?

Do you expect to receive any **inheritances**? _____ Yes _____ No

From Whom _____

Approximate Value _____

POWERS OF APPOINTMENT/BENEFICIARIES

Do you have any **powers of appointment**? _____ Yes _____ No

Details: _____

Are you the **beneficiary under any Trust**? _____ Yes _____ No

Details: _____

Are you **holding any property for the benefit of your children or others** (i.e. as a custodian or trustee?)
_____ Yes _____ No

Details: _____

BANK ACCOUNTS AND SAVINGS ACCOUNTS

Do you have any **bank accounts**? _____ Yes _____ No

Name of Bank, Savings & Loan or Credit Union _____

Type of Account: _____ Account Number: _____

In whose name? _____ Average Balance: _____

Name of Bank, Savings & Loan or Credit Union _____

Type of Account: _____ Account Number: _____

In whose name? _____ Average Balance: _____

Name of Bank, Savings & Loan or Credit Union _____

Type of Account: _____ Account Number: _____

In whose name? _____ Average Balance: _____

Name of Bank, Savings & Loan or Credit Union _____
 Type of Account: _____ Account Number: _____
 In whose name? _____ Average Balance: _____

Name of Bank, Savings & Loan or Credit Union _____
 Type of Account: _____ Account Number: _____
 In whose name? _____ Average Balance: _____

STOCKS, BONDS, AND MUTUAL FUNDS

Do you own any **stocks, bonds, and/or mutual funds**? _____ Yes _____ No

# of shares	Name of Company	Description of Security	In whose name?	Fair Market Value	Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Do you 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 own any **annuities**? _____ Yes _____ No

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

STOCK OPTIONS:

Do you own any **stock options**? _____ Yes _____ No

Details:

BUSINESS INTEREST

Do you 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 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 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)? _____

LIFE AND ACCIDENTAL DEATH INSURANCE

Do you 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: _____

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 **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

Have you **made any gifts** in excess of \$10,000 in the past? _____ Yes _____ No

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

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.

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? _____