

ESTATE PLANNING GUIDE

1. Client:

Date: _____

Full Name: _____

Other Names Used(Include Maiden Name) _____

Age: _____

Date of Birth: _____

Citizenship: U.S.A. _____ Other _____

Address: _____

States of Prior Residence: _____

Home Phone: _____

Business Phone: _____

Social Security Number: _____

Occupation: _____

Employer and Address: _____

Do you have a Will: Yes _____ No _____

If yes please provide a copy.

Have you executed a power of Attorney: Yes _____ No _____

If so, to whom? _____

2. Spouse

Spouse's Full Name: _____

Other Names Used (Include Maiden Names) _____

Age: _____

Date of Birth: _____

Citizenship: U.S.A. _____ Other _____

Address: _____

States of Prior Residence: _____

Date and Location of Marriage to Spouse: _____

Home Phone: _____

Business Phone: _____

Social Security Number: _____

Occupation: _____

Employer and Address: _____

Do your spouse have a Will: Yes _____ No _____

If yes please provide a copy.

3. Prenuptial Agreement

Is there a prenuptial or similar agreement between you and your spouse?

Yes _____ No _____

If yes, please provide a copy.

If yes, briefly describe any testamentary obligations provided for in this agreement.

4. Living Children

None: _____

<u>Information</u>	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>
Full Name:	_____	_____	_____	_____
Age:	_____	_____	_____	_____
Date of Birth:	_____	_____	_____	_____
Address:	_____	_____	_____	_____
Occupation:	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____
Children:	_____	_____	_____	_____
Age:	_____	_____	_____	_____
Adopted?	_____	_____	_____	_____
Special Needs?	_____	_____	_____	_____

5. Deceased Children

None: _____

<u>Full Names</u>	<u>Other Parent</u>	<u>Date of Birth</u>	<u>Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Children of deceased children

<u>Information</u>	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>
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Full Name: _____

Age: _____

Date of Birth: _____

Address: _____

Occupation: _____

Spouse: _____

Children: _____

Age: _____

Adopted? _____

Special Needs? _____

7. Former Spouse(s)

None: _____

First Spouse:

Full Name: _____

Address: _____

Date of Marriage to you: _____

Date of Death: _____ or Divorce from you _____

If divorced, court where divorce judgment was entered: _____

Second Spouse:

Full Name: _____

Address: _____

Date of Marriage to you: _____

Date of Death: _____ or Divorce from you _____

If divorced, court where divorce judgment was entered: _____

8. Agreements with former spouse(s)

A. Are there any marital property, separation, support or similar between you and any former spouse?

Yes _____ No _____

If yes, briefly describe any aspects of these agreements which bear upon your estate plan:

If yes, please provide copies.

B. Are there any judicial orders or stipulations with respect to spousal or child support obligations by you?

If yes, briefly describe these orders or stipulations:

If yes, please provide copies.

C. Are there any maritally related judicial orders or stipulations affecting your property?

If yes, briefly describe these orders or stipulations:

If yes, please provide copies.

9. Parents

Both Deceased: _____

Father/Mother Deceased: _____

<u>Information</u>	<u>Father</u>	<u>Mother</u>
Full Name:	_____	_____
Age:	_____	_____
Date of Birth:	_____	_____
Address:	_____	_____
Occupation:	_____	_____
Spouse: (Other Than Parent)	_____	_____
Children: (Other Than Sibling)	_____	_____
Special Needs?	_____	_____

Is this will or estate plan of either parent (or other relative) likely to affect you or your family (e.g. by making any substantial bequests to your children?)

Yes _____ No _____

If yes, describe how:

10. Siblings

None: _____

<u>Information</u>	<u>Sibling 1</u>	<u>Sibling 2</u>	<u>Sibling 3</u>	<u>Sibling 4</u>
Full Name:	_____	_____	_____	_____
Age:	_____	_____	_____	_____
Date of Birth:	_____	_____	_____	_____
Address:	_____	_____	_____	_____
Occupation:	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____
Children:	_____	_____	_____	_____
Age:	_____	_____	_____	_____
Adopted?	_____	_____	_____	_____
Special Needs?	_____	_____	_____	_____

11. Residence(s)

<u>Location</u>	<u>Owner(s)</u>	<u>Approximate Fair Market Value</u>	<u>Mortgage and Liens</u>	<u>Net Value</u>
Primary Residence:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

12. Other real property

<u>Location</u>	<u>Owner(s)</u>	<u>Approximate Fair Market Value</u>	<u>Mortgage and Liens</u>	<u>Net Value</u>
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13. Tangible personal property

<u>Location</u>	<u>Owner(s)</u>	<u>Approximate Fair Market Value</u>	<u>Mortgage and Liens</u>	<u>Net Value</u>
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14. Bank accounts

<u>Bank & Location</u>	<u>Account #</u>	<u>Type of Account</u>	<u>Owner(s)</u>	<u>Approximate Value</u>
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15. Stocks, bonds, and other securities

<u>Type of security</u>	<u>Owner(s)</u>	<u>Brokerage Account Number & Address</u>	<u>Approximate Value</u>
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16. Life Insurance

<u>Insurer & Policy No.</u>	<u>Beneficiary Primary</u>	<u>Beneficiary Secondary</u>	<u>Insured</u>	<u>Owner</u>	<u>Amount Payable at Death</u>
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17. Employee Benefits

<u>Description</u>	<u>Beneficiary(ies)</u>	<u>Value</u>
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18. Private Retirement Plans

<u>Description</u>	<u>Beneficiary(ies)</u>	<u>Value</u>
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19. Mortgages, Notes and Cash

Description

Value

20. Business Interests

Name, Location and Nature of Business: _____

Please provide a description of your interest in the business: _____

Is there a buy-sell, partnership dissolution or other agreement which will affect any of your business interests?

Yes _____ No _____

If yes, please provide a copy.

Who is the person other than you who is most knowledgeable about this business?

Estimated value of business: _____

21. Powers of appointment

Do you possess a special or general power of appointment?

Yes _____ No _____

If yes, describe that power: _____

Source: _____

Is power taxable: _____

Restrictions on exercise of power: _____

Value of property subject to power: _____

If yes, please provide copies.

22. Tax shelters

<u>Description</u>	<u>General Partner</u>	<u>Broker Purchase Price</u>	<u>Current Value</u>
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23. Other assets

<u>Description</u>	<u>Location</u>	<u>Owners</u>	<u>Mortgages & Liens</u>	<u>Approximate Value</u>
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24. Debts

<u>Description</u>	<u>Payee and Address</u>	<u>Amount</u>
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25. Past gifts

<u>Date Made</u>	<u>Property Gifted</u>	<u>Donee Filed</u>	<u>Gift Tax Return Filed</u>	<u>Amount of Gift Tax Paid</u>	<u>Value At Date of Gift</u>
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26. Past transfers to trust

<u>Date</u>	<u>Type of Trust</u>	<u>Trustee</u>	<u>Beneficiary(ies)</u>	<u>Gift Tax Return Filed</u>	<u>Gift Tax Paid</u>	<u>Value At Date of Transfer</u>
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27. Proposed inheritances

<u>From Whom</u>	<u>Age</u>	<u>Relationship</u>	<u>In Trust</u>	<u>Amount</u>
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28. Summary of probate estate

Residences: _____

Other personal property: _____

Tangible personal property: _____

Bank accounts: _____

Stocks, bonds, other securities: _____

Life insurance payable to estate: _____

Employee benefits payable to estate: _____

Private retirement plan payable to estate: _____

Mortgages, notes and cash: _____

Business interests: _____

Testamentary Powers of appointment exercised in favor of estate: _____

Tax shelters: _____

Other assets: _____

29. Summary of non-probate estate

	<u>To Spouse</u>	<u>To Others</u>
Residence in joint tenancy w/survivorship	_____	_____
Other real property in joint tenancy w/survivorship	_____	_____
Tangible personal property in joint tenancy w/ survivorship	_____	_____
Bank accounts in joint tenancy w/survivorship	_____	_____
Stocks, bonds and other securities in joint tenancy w/survivorship	_____	_____
Bank Accounts "In Trust For" (Totten Trust Accounts)	_____	_____
Uniform gifts to minors custodian bank accounts	_____	_____
Uniform gifts to minors custodian stocks, bonds and securities accounts	_____	_____
Life insurance proceeds	_____	_____
Employee benefits	_____	_____
Private retirement plans	_____	_____
Prior lifetime gifts and exercises of powers of appointment	_____	_____
Trust interests	_____	_____
Other assets	_____	_____