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FAMILY AND BENEFICIARY INFORMATION

Children's Names	Date of Birth	Marital Status

Please note if any children are not the children of both spouses.

Grandchildren's Names	Parents	Date of Birth	Marital Status

Other Beneficiaries' Names	Relationship	Date of Birth	Marital Status

ESTATE PLAN INFORMATION

	Client		Spouse	
Do you presently have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you presently have a power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you presently have a living will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed a federal gift tax return? If so, please provide a copy of returns.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were there any previous marriages? Please provide a copy of settlement agreement, if applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your children not from your current marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you entered into any agreements with your spouse (such as a pre-nuptial or community property agreement)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any serious health problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe briefly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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ASSET AND LIABILITY INFORMATION

Checking Accounts

Institution	Owner (Client/Spouse/Joint)	Amount

Total \$_____

Savings Accounts

Institution	Owner (Client/Spouse/Joint)	Amount

Total \$_____

Certificates Of Deposit

Institution	Owner (Client/Spouse/Joint)	Amount

Total \$_____

Mutual Funds

Fund	Owner (Client/Spouse/Joint)	Market Value

Total \$_____

Government Bonds

Issued By	Owner (Client/Spouse/Joint)	Denomination	Market Value

Total \$_____

Municipal Bonds

Issued By	Owner (Client/Spouse/Joint)	Denomination	Market Value

Total \$_____

Corporate Bonds

Issued By	Owner (Client/Spouse/Joint)	Denomination	Market Value

Total \$_____

Stocks

Corporation	Owner (Client/Spouse/Joint)	Market Value

Total \$_____

Annuities

Company and Policy Number	Issue Date	Owner (Client/Spouse)	Beneficiary	Present Value

Total \$_____

Residences

Address	Owner (Client/Spouse/Joint)	Market Value

Total \$_____

Real Estate Held For Investment

Type	Location	Owner (Client/Spouse/Joint)	Market Value

Total \$_____

Retirement Plans: Profit-Sharing, Pension, IRA, Keogh

Owner (Client/Spouse)	Type	Beneficiary	Amount

Total \$_____

Business Interests

Business	Owner (Client/Spouse/ Joint)	Type of Equity (Corporation/ Partnership/LLC)	Percentage Ownership	Total Value of Business

Total \$ _____

Life Insurance

Name of Owner/Insured	Beneficiary	Face Amount	Insurance Company	Type of Policy

Total \$ _____

Jewelry And Art

Item	Owner (Client/Spouse/Joint)	Market Value

Total \$ _____

Automobiles

Item	Owner (Client/Spouse/Joint)	Market Value

Total \$ _____

Household Furnishings And Assets Not Listed Previously

Item	Owner (Client/Spouse/Joint)	Market Value
Household Furnishings		

Total \$ _____

Liabilities (significant liabilities only)

Creditor	Current Balance

Total \$ _____



ESTATE PLANNING DOCUMENTS

1. **SPECIFIC GIFTS.** Please list any charitable gifts (such as to a church or other institution) or a special gift to a particular person (such as a piece of jewelry to a particular child) which you would like to make under your Will.

2. **RESIDUE OF ESTATE.** Briefly describe how you would want all assets other than specific gifts distributed. Do not worry about tax planning or other considerations in answering this question. I will consider those details later if needed.

All to spouse; then equally among children and, if a child does not survive, the deceased child's children would take the share of the deceased child

All to spouse, then equally among surviving children only

All to spouse, then _____

As follows: _____

3. **AGE OF DISTRIBUTION.** If you establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age or you may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 22, 1/3 at 25, and 1/3 at 30. You may use any age or combination of ages that you choose.

4. **DEFAULT DISTRIBUTION.** You should provide for the distribution of your property if neither you, your spouse nor your children or other beneficiaries named above survive.

5. **EXECUTOR.** Your Will should name a personal representative (executor or administrator) to probate your estate. Most people name their spouse as the primary personal representative, with a child, relative, friend or financial institution as the alternate.

Personal Representative: _____

Alternate: _____

Second Alternate: _____

6. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for a beneficiary until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company or other person you trust to manage and distribute assets according to your wishes. The trustee can be the same person named as the guardian or could be a different person.

Testamentary Trustee: _____
Alternate: _____

7. **GUARDIAN OF MINOR CHILDREN.** If you have minor children or a beneficiary with disabilities, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event that your first choice cannot serve.

Guardian: _____
Alternate: _____

8. **REVOCABLE TRUST TRUSTEE.** If you choose to avoid probate of your estate by executing a revocable trust during your lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you, or in the case of a joint trust, either you or your spouse, could not manage assets due to incapacity. The successor trustee would distribute assets to beneficiaries after your death or, in a joint trust, when neither you nor your spouse is living.

Successor Trustee: _____
Alternate: _____

9. **FINANCIAL POWER OF ATTORNEY.** Your Power of Attorney will name an agent to make all financial decisions on your behalf if you were unable to make these decisions. Typically, the primary agent is the spouse. You should also name an alternate, however, it is not necessary to appoint the same person who is your successor trustee or personal representative as your agent(s).

Agent: _____
Alternate: _____

10. **HEALTH CARE POWER OF ATTORNEY.** Your Health Care Power of Attorney appoints an agent to make health care decisions on your behalf if you are unable to make these decisions. In addition, it sets forth your feelings about life-sustaining treatments and measures. Typically, the primary agent is the spouse. You should also name an alternative; however, it is not necessary to appoint the same person who is your successor financial agent as your health care agent(s).

Agent _____
Alternate: _____



NOTES AND QUESTIONS

Please note any additional information that may be of importance in planning your estate and note any questions you may have.