

ESTATE PLANNING CONFIDENTIAL INFORMATION SHEET

Date:

Marital Status: Single Married Divorced Widow / Widower Domestic Partner

Would you and your spouse/partner like to be jointly represented by this firm? Yes No

| <i>*Please include your full legal middle name</i> | Client # 1 | Client # 2 (Spouse/Partner) |
|--|-------------------|------------------------------------|
| Full Legal Name* | | |
| Former/Other Name | | |
| Social Security # | | |
| Residence Address | | |
| County of Residence | | |
| Mailing Address | | |
| Residence Phone | | |
| Cell Phone | | |
| Business Phone/Fax | | |
| Email Address | | |
| Birthdate | | |
| Birthplace | | |
| Citizenship | | |
| Occupation | | |
| Are you insurable? | | |

1. Is there a physical possibility of more children Yes No
2. Do you have a child with a learning disability? Yes No
2. Do you have adopted children? Yes No
3. Do any of your children have special education, medical, or physical needs? Please indicate name(s): _____ Yes No
4. Are any of your children institutionalized? Yes No

CHILDREN

Including adopted and children from former marriage (s)

(Continue on reverse if needed)

| | Child # 1 | Child # 2 | Child # 3 |
|--|-----------|-----------|-----------|
| Name | | | |
| Date of Birth | | | |
| SS# | | | |
| Address | | | |
| Phone | | | |
| If from a Former Marriage, husband or wife? | | | |
| Year of Adoption | | | |
| Child's Spouse's Name | | | |
| Grandchildren's Names/Ages | | | |

| Former Marriage (s) | Client # 1 | Client # 2 |
|----------------------------|-------------------|-------------------|
| Former Spouse Name | | |
| Date of Marriage | | |
| Date of Divorce | | |
| Date of Death | | |
| Former Spouse Name | | |
| Date of Marriage | | |
| Date of Divorce | | |
| Date of Death | | |

| Parents | Client # 1 | Client # 2 |
|------------------------|-------------------|-------------------|
| Name | | |
| Address | | |
| Age | | |
| Phone Number | | |
| State of Health | | |
| Financially Dependent? | | |

| Expected Inheritances | Client # 1 | Client # 2 |
|------------------------------|-------------------|-------------------|
| From | | |
| Approximate Value | | |
| From | | |
| Approximate Value | | |

Personal Representative (carries out the terms of your will): It is assumed that the first choice for all designations is your spouse/partner. If your spouse/partner cannot assist who would you like to nominate?

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____

Guardian (to care for minor children):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____

Attorney-In-Fact (to manage your financial affairs if you are unable):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____

Trustee (to manage funds for minor children or to manage funds after death of spouse):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____

Residue of Estate (list who is to receive estate after you have made your general, specific, and charitable gifts):

| Person(s) | Address | Percentage |
|-----------|---------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

It is common for clients to hold assets in trust for their beneficiaries. At what age or ages do you think your beneficiaries will be able to manage their inheritance?

Age: ____ Percentage _____

Age: ____ Percentage _____

Age: ____ Percentage _____

Ultimate Beneficiaries (in the event something should happen to you, your spouse and your heirs, including children or grandchildren):

| Person(s) | Address | Phone |
|-----------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Charitable Bequests. Do you have any colleges, hospitals, religious organizations or other charities that you wish to benefit in your estate plan? If so please provide the name, the amount, or the percentage of your estate you wish to leave these organizations?

| Name of Organization | Address | Item or Amount |
|----------------------|---------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Special Bequests (specific items you wish to give to people):

| Name | Address | Phone | Item or Amount | Relationship |
|----------|---------|-------|----------------|--------------|
| 1) _____ | _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ | _____ |

Health Care Representative (makes health care decisions when you are unable):

This section should be filled out if you are retaining our firm to draft an Advanced Directive on your behalf.

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____

Person to make decisions regarding disposition of remains

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____

Do you have a burial plan? Yes No

Do you want specific funeral arrangements?

If applicable, please specify: _____

Do you want to be an Organ Donor? Yes No

Other Special Provisions Desired:

Important Family Questions:

1. Do any of your family members receive governmental support or benefits? Yes No
2. Are you or your spouse receiving social security, disability, or other governmental benefits? Yes No
3. Do you provide primary or other major financial support to adult children? Yes No
4. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
5. Have you and your spouse ever signed a pre-or post-marriage contract? Yes No
(Please furnish a copy)
6. Have you or your spouse been widowed? *(If a federal estate tax returns or a state death tax return was filed, please furnish a copy)* Yes No
7. Have you and your spouse lived in any of the following community property states during marriage: Yes No
Please circle:
Arizona New Mexico
California Texas
Idaho Washington
Louisiana Wisconsin
Nevada Alaska
- During what periods of time did you reside there? _____
9. Have you or your spouse ever filed federal or state gift tax returns? Yes No
(Please furnish copies of these returns)
10. Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements? Yes No
(Please furnish copies of these documents)
11. Are both you and your spouse United States citizens? Yes No
12. If you answered "No", are either you or your spouse a resident or a Nonresident alien? Yes No

Estate Summary:

| | Client # 1 | Client # 2 | Joint |
|---------------------|-------------------|-------------------|--------------|
| Real Estate | \$ _____ | \$ _____ | \$ _____ |
| Cash Accounts | \$ _____ | \$ _____ | \$ _____ |
| Investments | \$ _____ | \$ _____ | \$ _____ |
| Business Interests | \$ _____ | \$ _____ | \$ _____ |
| Receivables | \$ _____ | \$ _____ | \$ _____ |
| Miscellaneous | \$ _____ | \$ _____ | \$ _____ |
| Life Insurance | \$ _____ | \$ _____ | \$ _____ |
| Retirement Benefits | \$ _____ | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ | \$ _____ |
| TOTAL | \$ _____ | \$ _____ | \$ _____ |

| ADVISORS | | | |
|-------------------------|------|-----------|-----------|
| TITLE | NAME | FIRM NAME | TELEPHONE |
| Attorney | | | |
| Accountant | | | |
| Financial Advisor | | | |
| Primary Personal Banker | | | |
| Life Insurance Agent | | | |
| Stock Broker | | | |