

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?		

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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)

	Child # 1	Child # 2	Child # 3	Child # 4
Name				
Date of Birth				
SS#				
Address				
Phone				
From a Former Marriage? If so, husband or wife?				
Year of Adoption				
Education/Goals				
Occupation				
Child's Spouse's Name & Occupation				
Child's Children'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		

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We will discuss how to select Personal Representatives, Guardians, and Trustees in our meeting. Please insert your tentative choices below.

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: _____

Conservator (to make financial decisions for you children on a day to day basis if you are unable):

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 (please circle): Yes No
- | | | | | |
|------------|------------|------------|--------|--------|
| 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? *(Please furnish copies of these documents)* Yes No
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

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ASSET INFORMATION:

Real Estate

Description & Location	Ownership			Market Value	Balance of Mortgage	Net Equity
	1	2	JT			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____

Mortgages, Notes, Receivables:

	Ownership			Date of Note	Amount Due
	1	2	JT		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

Cash Accounts:

Name of Institution	Ownership			TYPE (Checking, etc)	Account #	Value
	1	2	JT			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____

Safe Deposit Box: _____ Name of Institution _____

Branch _____ Box No.: _____ Ownership: 1 2 Jt

Miscellaneous:

(List only valuable personal effects such as jewelry, paintings, coin collections, stamp collections, etc.)

	Ownership			Net Value
	1	2	JT	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Investments: (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account)

	Ownership			Account #	Value
	1	2	JT		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Homeowner's/Liability Insurance

Agent's Name And Address	Insurance Company	Property Covered	Policy Number

Life Insurance/Annuities

Company	Owner	Insured	Policy Number	Type of Policy	Death Benefit	Primary Beneficiary	Contingent Beneficiary

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Retirement Benefits (Including IRA's):

Company	Owner	Account #	Type of Account	Value	Primary Beneficiary	Contingent Beneficiary

Business Interests: (For type use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)

Name of Business	1	2	JT	Type				% Interest	Value
				C	P	LLC	SP		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Client # 1

Client # 2

What is your approximate annual income at this time? \$ _____ \$ _____

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

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Estate Summary:

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

We will need you to provide us with current copies of all your bank, brokerage accounts, retirement, and life insurance policies. This documentation needs to include the name and address of the financial institution, the ownership registration, the account/policy numbers, and a contact name if applicable.