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

	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		

***Please include your middle name, if any.**

1. Is there a physical possibility of more children? Yes No
2. Do you have a child with a learning disability? Yes No
3. Do you have adopted children? Yes No
4. Do any of your children have special education, medical, or physical needs? Yes No

   Please indicate name(s): ____

5. Are any of your children institutionalized? Yes No

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LIST ALL CHILDREN

Child 1:____________________ DOB:______________ SSN:____________

Address:____________________________________

Home:______________ Cell:______________ Work:______________

Email:____________________ Year of Adoption:______________

If Child is from a former marriage, please indicate whether the parent is Client #1 ___ or Client #2 ___

Married: Yes No Spouse's Name:____________________

Their children's names and ages:____________________

****

Child 2:____________________ DOB:______________ SSN:____________

Address:____________________________________

Home:______________ Cell:______________ Work:______________

Email:____________________ Year of Adoption:______________

If Child is from a former marriage, please indicate whether the parent is Client #1 ___ or Client #2 ___

Married: Yes No Spouse's Name:____________________

Their children's names and ages:____________________

****

Child 3:____________________ DOB:______________ SSN:____________

Address:____________________________________

Home:______________ Cell:__________ Work:__________________

Email:____________________ Year of Adoption:______________

If Child is from a former marriage, please indicate whether the parent is Client #1 ___ or Client #2 ___

Married: Yes No Spouse's Name:____________________

Their children's names and ages:____________________

****

Child 4:____________________ DOB:______________ SSN:____________

Address:____________________________________

Home:______________ Cell:______________ Work:______________

Email:____________________ Year of Adoption:______________

If Child is from a former marriage, please indicate whether the parent is Client #1 ___ or Client #2 ___

Married: Yes No Spouse's Name:____________________

Their children's names and ages:____________________

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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		
Email Address		
State of Health		
Financially Dependent?		

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

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It is important to include all contact information requested. If the same person is indicated several times, it is only necessary to enter their full information once.
For couples, it is assumed that the first choice for all designations is your spouse/partner.

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

1st Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

2nd Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

Personal Representative (carries out the terms of your will):

1st Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

2nd Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

Guardian (to care for minor children):

1st Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

2nd Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

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

1st Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

2nd Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

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:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

2nd Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

Person to make decisions regarding disposition of remains

1st Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

2nd Choice:____________________ Relationship:__________

Address:____________________

Home:__________ Cell:__________ Work:__________

Email:____________________

Do you have a burial plan? Yes No

If so, please provide details:____

____

Do you want specific funeral arrangements? Yes No

If applicable, please specify:____

____

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

Name of Organization	Address and TIN if known	Percentage or Dollar Amount

Specific Gifts (Monetary gifts or specific distributions - you wish to leave to individuals):

Name	Percentage or Dollar Amount		Relationship
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		

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

Name	Percentage or Dollar Amount	Relationship

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, persons or organizations that would receive the residue):

Name	Percentage or Dollar Amount	Relationship

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? Yes No
(If a federal estate tax returns or a state death tax return was filed, please furnish a copy)

7. Have you and your spouse lived in any of the following community property states during marriage (please circle):

Arizona	New Mexico	California	Texas	Idaho
Washington	Louisiana	Wisconsin	Nevada	Alaska

During what periods of time did you reside there?____

8. Have you or your spouse ever filed federal or state gift tax returns? Yes No
(Please furnish copies of these returns)

9. 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)

10. Are both you and your spouse United States citizens? Yes No

10a. If you answered "No", are either you or your spouse:
___ A resident.
___ Nonresident alien.

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Estate Summary:

	Client # 1	**Client # 2**	**Joint**
Real Estate	$	$	$
Bank Accounts	$	$	$
Investments	$	$	$
Retirement Accounts	$	$	$
Business Interests	$	$	$
Receivables	$	$	$
Miscellaneous	$	$	$
Life Insurance	$	$	$
Other	$	$	$
Total	$ 0.00	$ 0.00	$ 0.00

Please provide us with current copies of all your banking, brokerage and investment accounts, statements, retirement, and life insurance policies. This documentation needs to include the name and address of the financial institution or insurer, your account representative or contact person.

ASSET INFORMATION:

Real Estate

Address	Ownership 1	2	JT	Market Est. Value	Balance of Mortgage	Net Equity
____	☐	☐	☐	$____	$____	$____
____	☐	☐	☐	$____	$____	$____
____	☐	☐	☐	$____	$____	$____
____	☐	☐	☐	$____	$____	$____
____	☐	☐	☐	$____	$____	$____

Mortgages, Notes, Receivables:

	Ownership 1	2	JT	Date of Note	Amount Due
____	☐	☐	☐	____	$____
____	☐	☐	☐	____	$____
____	☐	☐	☐	____	$____
____	☐	☐	☐	____	$____

Cash Accounts:

(Checking, Savings, Money Market, etc)

Name of Institution	Ownership 1	2	JT	TYPE	Account # (Last 4 digits)	Value
____	☐	☐	☐	____	____	$____
____	☐	☐	☐	____	____	$____
____	☐	☐	☐	____	____	$____
____	☐	☐	☐	____	____	$____
____	☐	☐	☐	____	____	$____
____	☐	☐	☐	____	____	$____

Safe Deposit Box:

Name and Address of Institution:

Ownership 1 ☐ 2 ☐ JT ☐

____

____

____

Box Number:____

Address:____

____

Miscellaneous:

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

	Ownership 1	2	JT	Net Value
____	☐	☐	☐	$____
____	☐	☐	☐	$____

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

	Ownership 1	2	JT	Account # (Last 4 digits)	Value
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______
______	☐	☐	☐	______	$ ______

Retirement Benefits (Including IRA's):

Company:______________________ Owner:______________________

Type of Account:______________________ Last 4 of Account No.:______________________

Value: $______________Primary/Contingent Beneficiary:______________________

****

Company:______________________ Owner:______________________

Type of Account:______________________ Last 4 of Account No.:______________________

Value: $______________Primary/Contingent Beneficiary:______________________

****

Company:______________________ Owner:______________________

Type of Account:______________________ Last 4 of Account No.:______________________

Value: $______________Primary/Contingent Beneficiary:______________________

*Homeowner's/Liability Insurance**

Insurance Company:______________________ Policy Number:______________________

Address:______________________

Work:______________ Cell:______________ Fax:______________

Email:______________________

Property Covered:______________________

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Insurance Company:______________________ Policy Number:________________________

Address:____

Work:______________________ Cell:__________________ Fax:______________________

Email:____

Property Covered:____

****

Insurance Company:______________________ Policy Number:________________________

Address:____

Work:______________________ Cell:__________________ Fax:______________________

Email:____

Property Covered:____

***Do not include vehicle/auto insurance**

Life Insurance/Annuities

Insurance Company:______________________ Policy Number:________________________

Owner/Insured:____

Policy Type:____

Death Benefit:____

Primary/Secondary Beneficiary:____

****

Insurance Company:______________________ Policy Number:________________________

Owner/Insured:____

Policy Type:____

Death Benefit:____

Primary/Secondary Beneficiary:____

****

Insurance Company:______________________ Policy Number:________________________

Owner/Insured:____

Policy Type:____

Death Benefit:____

Primary/Secondary 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 C	Type P	Type LLC	Type SP	% Interest	Value
______________	☐	☐	☐	☐	☐	☐	☐	________	$ ________
______________	☐	☐	☐	☐	☐	☐	☐	________	$ ________
______________	☐	☐	☐	☐	☐	☐	☐	________	$ ________
______________	☐	☐	☐	☐	☐	☐	☐	________	$ ________

What is your approximate annual income from the business at this time?

Client # 1 $____________

Client # 2 $____________

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

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