

Estate Planning Information

Date: _____

In order to plan your estate properly it is necessary that we have a thorough understanding of your financial and personal situation. This sheet is intended to be a “first step” in the planning process. We would appreciate your filling it out as completely as you consider appropriate and sending us copies of any documents requested. Thank you.

PERSONAL INFORMATION

Name: _____

Date and place of birth: _____

Social Security Number: _____

Home Address: _____

Telephone Nos: _____

Email Address: _____

Business: Company and Address: _____

Telephone Nos.: _____

Email Address: _____

Have you ever been married? _____

If so, date of marriage _____ and how did that prior marriage end ?

If by divorce, please provide us with the date of the divorce, and, if possible, a copy of the divorce decree. _____

If you were previously married, are there any children by your prior marriage(s)?

Did you make any agreement about your property upon the termination of your marriage? Please give details.

Are you:

a veteran ? _____

If so, are you in active service ? _____ If not, were you honorably discharged from the service? _____

Please provide your dates of service, if possible. _____

Please advise if you served during any wartime. _____

Is any child or parent or former or deceased spouse, as applicable, a veteran or presently in the armed forces ?

Are you:

1. A trustee of any trust? _____

A beneficiary of any trust? _____

2. Custodian of any gift under the Uniform Transfers to Minors Act or Uniform Gifts to Minors Act? _____

If so, please give details.

Have you ever lived in any of the following states while you were married (if applicable): Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas or Washington? _____

If so, please give details.

Are you a United States citizen? _____

If not, please advise us as to your citizenship: _____

Are there any special health or other family considerations that might affect our planning?

INFORMATION CONCERNING FAMILY AND OTHER
POTENTIAL BENEFICIARIES

A. CHILDREN:

<u>Name</u>	<u>Birthdate</u>	<u>Dependent</u>	<u>Married</u>	Any children (i.e., (your grandchildren) If so, <u>how many</u> ?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do your dependent children, if any, have their own assets? _____
 If so, do you intend that they use their own assets for their education? _____
 Please describe:

B. PARENTS (if living):

<u>Name</u>	<u>Age</u>	<u>State of Residence</u>
_____	_____	_____
_____	_____	_____

C. BROTHERS/SISTERS (if living):

<u>Name</u>	<u>Age</u>	<u>State of Residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. OTHER POTENTIAL BENEFICIARIES (INCLUDE CHARITIES):

<u>Name</u>	<u>Relationship</u>	<u>Birthdate, If available</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL INCOME

In the following, please set forth your income, categorizing it as being earned, or on property owned, by you or jointly (JT) with others.

	YOU	JT
A. <u>Description</u>		
Salary	_____	_____
Name of Employer:	_____	
Income from Investment assets	_____	_____
Other:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Do you expect that your income will undergo a significant change over the next several years? _____
If so, please describe:

ASSETS

In each of the following, please show what you own separately, and what you own jointly (JT) with others. If JT, please indicate name and relationship of other owner.

A. CASH (attach a more specific listing, if easily available)

	YOU	JT	Name	Relationship
Checking Accounts	_____	_____	_____	_____
	_____	_____	_____	_____
Savings Accounts	_____	_____	_____	_____
	_____	_____	_____	_____
Money Market Funds	_____	_____	_____	_____
Other:	_____	_____	_____	_____
	_____	_____	_____	_____

B. HOME(S) AND PERSONAL PROPERTY

	YOU	JT	Name	Relationship
Primary Residence Value (approximate) (Less: balance _____ on mortgage)	_____	_____	_____	_____
Vacation Residence Value (approximate) (Less: balance _____ on mortgage)	_____	_____	_____	_____
Jewelry	_____	_____	_____	_____
China, silver, etc.	_____	_____	_____	_____
Antiques	_____	_____	_____	_____
General Household Furnishings	_____	_____	_____	_____
Other Significant Items (e.g., boats, Furs, etc.):	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

C. MARKETABLE SECURITIES (attach a more specific listing, if easily available)

	YOU	JT	Name	Relationship
Stocks	_____	_____	_____	_____
Taxable Bonds	_____	_____	_____	_____
Tax Exempt Bonds	_____	_____	_____	_____
Mutual Funds	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. OTHER INVESTMENT ASSETS (if value based on cost, please so state)

Description (e.g., oil and gas limited partnership, real estate)	YOU	JT	Name	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. BUSINESS INTERESTS

	YOU	JT	Name	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. RECEIVABLES

Description	YOU	JT	Name	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. LIABILITIES (other than mortgages included above)

Description	YOU	JT	Name	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

H. EMPLOYEE BENEFITS (list current value)

	YOU	Name of Beneficiary
Pension Plan	_____	_____
Profit Sharing Plan	_____	_____
Individual Retirement Plan	_____	_____
Keogh Plan	_____	_____
Other (state whether qualified or unqualified):		
_____	_____	_____
_____	_____	_____
_____	_____	_____

I. LIFE INSURANCE

Insured	Beneficiary	Owner	Policy No. & Insurance No.	Face Value	Cash Value* /Type
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*state the amount net of loans; if no cash value payable to the owner because of type or policy (e.g. term, group term, split dollar) please state type of policy in this column.

J. Do you:

1. Expect to receive any substantial inheritance?
2. Have any interest (as beneficiary) under any trusts established by others?
3. Have the power to appoint the income or principal of any trust established by others?

If so, please give details.

POINTS TO CONSIDER

Before discussing estate planning and tax consequences with us, you may want to consider and discuss the following amount yourselves:

1. Which, if any, of your beneficiaries (e.g. friends, children, grandchildren, dependent parents, charities or others) do you want to receive property outright and which, if any, do you want to receive property in trust?
2. To what extent do you want your trust beneficiaries to be able to direct what happens to your property on their deaths?
3. If you have young children, do you want to create one trust for all your children so that the trustee can allocate assets based on need until the youngest reaches a certain age or do you want to divide all assets equally upon your passing? Similarly, at what age or ages do you want your children (or other beneficiaries) to have control over part or all of what you give them?
4. If your children were to adopt any children, would you want the adopted children to be treated the same as natural children?
5. Who do you want to be your executors?
6. If you decide to create a trust, who do you want to be your trustees?
7. If you have minor children, who do you want to be their guardian?

ADDITIONAL DOCUMENTS

Please indicate which of the following documents you have and send us a copy of those that are easily available:

- _____ present Will and Codicils
- _____ gift tax returns
- _____ powers of attorney
- _____ Advance Directives for Health Care
- _____ Advance Directives for Mental Health Care
- _____ Designation of Funeral Representative
- _____ trusts documents of which you are a beneficiary
- _____ any business related agreements (e.g., business buy-sell agreement or deferred compensation agreement); please list:
- _____ any personal agreements (e.g., pre-marital agreements or separation agreements); please list:
- _____ Judgment of Divorce (if previously married)