

ESTATE PLANNING INFORMATION FORM

Referred by: _____

Date: _____

Names: *Please provide us with all name variations used in the titles to your assets. Some estate planning documents will include a list of these name variations for each of you. In order for these documents to work effectively, it is advisable to include all name variations which could appear on the title to any of your assets.*

Husband: _____

Wife: _____

CONTACT INFORMATION:

Residence Address:			
City:	State:	Zip Code:	County:

Mailing Address (if different):		
City:	State:	Zip Code:

Seasonal Residence Address and Dates Occupied:			
City:	State:	Zip Code:	County:

Please check the best method(s) of contact.

Home Phone:	Seasonal Home Phone:	Mail:	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Husband:	Work Phone :	Mobile Phone:	e-mail:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wife:	Work Phone :	Mobile Phone:	e-mail:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL DATA:

Husband:	1. Date of Birth:	2. Citizenship:	3. Social Security Number:
Wife:	4. Date of Birth:	5. Citizenship:	6. Social Security Number:

7. **Date of Marriage:** _____

8. **Please check any community property states in which you lived while married:**

- Alaska (*elective community property*)
 Arizona
 California
 Idaho
 Louisiana
 Nevada
 New Mexico
 Texas
 Washington
 Wisconsin

9. **Marital Agreement:** Yes No

If yes, please bring a copy of the marital agreement(s) to the office conference.

10. **Previous Marriage(s): Husband:** Widowed Divorced **Wife:** Widowed Divorced

If applicable, please bring a copy of any divorce decree(s) to the office conference.

11. **Your Health:**

Husband: _____ Wife: _____

12. **Your Children:**

Name:	Date of Birth:	From Previous Marriage?	Child's Marital Status:	Number of His/Her Children:	His/Her Children's Birth Dates:
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> No <input type="checkbox"/> H <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> No <input type="checkbox"/> H <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> No <input type="checkbox"/> H <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> No <input type="checkbox"/> H <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> No <input type="checkbox"/> H <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		

13. **Have you created any accounts for the benefit of children or grandchildren (e.g. UTMA, 529 Plans)?**

14. **Do any members of your family have any special needs for support or medical care?**

FINANCIAL DATA:

Husband:	1. Present Employer:	2. Annual Salary or Wages:	3. Annual Income From Dividends, Interest, or Other Unearned Sources:
Wife:	4. Present Employer:	5. Annual Salary or Wages:	6. Annual Income From Dividends, Interest, or Other Unearned Sources:

7. Accountant and Financial Advisors:

Name:	Firm:	Contact Information:	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Real Property: *Please bring a copy of the deed(s) to the office conference. If there are two or more owners, specify whether the property is titled in joint tenancy or tenancy in common.*

Address or Description:	Owner(s):	Current Market Value:	Mortgage Balance:	Date Acquired:
				<input type="checkbox"/> 1031 exchange
<i>Type of Property:</i> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other:				
				<input type="checkbox"/> 1031 exchange
<i>Type of Property:</i> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other:				
				<input type="checkbox"/> 1031 exchange
<i>Type of Property:</i> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other:				
				<input type="checkbox"/> 1031 exchange
<i>Type of Property:</i> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other:				

9. Retirement Plans: *Please indicate the type and please bring a copy of plan agreement to your conference.*

Company/Employer:	Account #:	Approximate Balance:	Owner:	Primary Beneficiary:	Contingent Beneficiary:
<i>Type of Plan:</i> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401(k) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other:					
<i>Type of Plan:</i> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401(k) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other:					
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<i>Type of Plan:</i> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401(k) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other:					

10. Securities (not in retirement plans):

a. Stocks: *If there are two or more owners, please specify whether the stocks are titled in joint tenancy or tenancy in common.*

Corporation:	Current FMV:	Date Acquired:	Owner(s):	POD/TOD Beneficiary:

b. Bonds: *If there are two or more owners, please specify whether the bonds are titled in joint tenancy or tenancy in common.*

Company Name or Government Institution:	Current FMV:	Date Acquired:	Owner(s):	POD/TOD Beneficiary:

c. Mutual Funds: *If there are two or more owners, please specify whether the funds are titled in joint tenancy or tenancy in common.*

Institution Name/Fund:	Current FMV:	Date Acquired:	Owner(s):	POD/TOD Beneficiary:

11. Savings Accounts, Checking Accounts, Certificates of Deposit: *If there are two or more owners, please specify whether the accounts are titled in joint tenancy or tenancy in common.*

Institution:	Type of Account:	Approximate Balance:	Owner(s):	POD Beneficiary:

12. Life Insurance: *Please specify individual or group, single life or joint/survivor.*

Company Name:	Type (Term, Whole Life, Group or Other):	Face Amount:	Name of Insured:	Owner(s):	Primary Beneficiary:	Contingent Beneficiary:

13. Annuities:

Company Name:	Policy Number:	Face Amount:	Total Contributions:	Owner(s):	Primary Beneficiary:	Contingent Beneficiary:

17. Possible Inheritances:

Person Leaving Inheritance:	Relationship:	Estimated Amount:
	<input type="checkbox"/> H's <input type="checkbox"/> W's	
	<input type="checkbox"/> H's <input type="checkbox"/> W's	

18. Do you have a safety deposit box? Yes No

Name(s) of Box Owner(s):	
Institution:	Address:

19. Liabilities: *Other than those previously listed and current credit card balances.*

Description:	Estimated Amount:

20. Are there any pending or threatened lawsuits against you? Yes No

21. Do you have long term care insurance? Yes No

22. Did you receive any of your assets by gift, inheritance or distribution from an estate or trust?
Yes No

ESTATE PLANNING DATA:

1. Please indicate whether you have executed any prior estate planning documents: *If you have any of these documents, please bring a copy to the office conference.*

Husband:

- Will
- Trust
- Power of Attorney
- Living Will
- Memorandum for Personal Property
- Appointment of Guardian or Conservator

Wife:

- Will
- Trust
- Power of Attorney
- Living Will
- Memorandum for Personal Property
- Appointment of Guardian or Conservator

2. Have you made any taxable gifts or filed gift tax returns? (The gift tax annual exclusion currently allows gifts of \$15,000 per year per donee as non-taxable gifts.)

Husband: Yes No Years: _____

Wife: Yes No Years: _____

3. Do you have any desires concerning disposition of personal property?

Husband: _____

Wife: _____

4. Do you wish to leave bequests of specific assets or sums of money?

Husband: _____

Wife: _____

5. Who do you wish to be the beneficiary of your Residuary Estate? *This is the remainder of your estate after taxes and expenses are paid and specific gifts have been distributed.*

Husband: _____

Wife: _____

6. Is there a remote contingent beneficiary that you wish to name in the unlikely event that all named beneficiaries predecease you or die in a common accident (can be a person or a charity):

7. If you have minor children, who would you like to nominate as guardian for them?

Guardian: _____ Successor(s): _____

8. Who would you like to nominate as personal representative (executor) and successor personal representative of your estate? *You may wish to name your spouse first.*

Husband: 1: _____ 2: _____ 3: _____

Wife: 1: _____ 2: _____ 3: _____

9. Who would you like to nominate as trustee and successor trustee of any trusts under your will?

Husband: 1: _____ 2: _____ 3: _____

Wife: 1: _____ 2: _____ 3: _____

10. Who would you like to nominate as agent and successor agents under your general (financial) power of attorney? *You may wish to name your spouse first.*

Husband: 1: _____ 2: _____ 3: _____

Wife: 1: _____ 2: _____ 3: _____

