

STOVER & SPITZ LLC
ATTORNEYS AT LAW

ESTATE PLANNING INFORMATION FORM

Referred by: _____

Date: _____

PLEASE PRINT CLEARLY

Name (please include all variations used in the titles to your property):

CONTACT INFORMATION:

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

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

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

Please check best method of contact:

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

PERSONAL DATA:

1. Date of Birth:	2. Citizenship:	3. Social Security Number:
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4. Deceased Spouse:

Yes No Name and date of death: _____

5. Previous Marriage(s) Terminated by Divorce:

Yes No *If yes, please bring a copy of the divorce decree(s) to the office conference.*

6. Please check any community property states in which you lived while married, if applicable:

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

7. Your Health:

8. Your Children:

Name:	Date of Birth	Child's Marital Status	Number of His/Her Children	His/Her Children's Birth Dates
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	___/___/___ <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		

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

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

FINANCIAL DATA:

1. Present Employer:	2. Annual Salary or Wages:	3. Annual Income From Dividends, Interest, or Other Unearned Sources:

4. 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

5. 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:				

6. Retirement Plans (check type and please bring a copy of plan agreement to the office 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:					
<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:					

7. Securities (not in retirement plans):

a. Stocks (if there are two or more owners 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 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 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:

8. Savings Accounts, Checking Accounts, Certificates of Deposit (if there are two or more owners specify whether the accounts are titled in joint tenancy or tenancy in common):

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

9. 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:

10. Annuities:

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

11. Business Interests (check if applicable and bring a copy of Partnership, LLC Operating or Shareholder's Agreement to the office conference):

Business Name:	% Owned:	Approximate Value of Your Interest:	Type of Entity:
			<input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corp
			<input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corp
			<input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corp

12. Promissory Notes of Which You are the Holder:

Borrower:	Amount:	Terms:	Maturity Date:
		<input type="checkbox"/> Signed Paper Note Exists	
		<input type="checkbox"/> Signed Paper Note Exists	

13. Personal Property of Unusual Value and Any Other Significant Assets:

Item Description:	Approximate Value:	Amount Owed:
Vehicle 1: <input type="checkbox"/> Signed Beneficiary Designation Exists		
Vehicle 2: <input type="checkbox"/> Signed Beneficiary Designation Exists		
Vehicle 3: <input type="checkbox"/> Signed Beneficiary Designation Exists		
Furnishings:		

14. Possible Inheritances:

Person Leaving Inheritance:	Relationship:	Estimated Amount:

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

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

16. Liabilities (other than those previously listed and current credit card balances):

Description:	Estimated Amount

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

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

19. 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):

- | | |
|--|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Memorandum for Personal Property |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> 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.)

Yes No Years: _____

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

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

5. Who do you wish to be the beneficiary of your Residuary Estate (the remainder of your estate after taxes and expenses are paid and specific gift have been distributed)?

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

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

Guardian(s): _____ Successor(s): _____

8. Who would you like to nominate as personal representative (executor) and successor personal representative of your estate?

1: _____ 2: _____ 3: _____

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

1: _____ 2: _____ 3: _____

10. Who would you like to nominate as agent and successor agents under your financial power of attorney?

1: _____ 2: _____ 3: _____

11. Who would you like to nominate as agent and successor agents under your medical power of attorney?

1: _____ 2: _____ 3: _____

12. Are you a beneficiary of any trusts? Yes No

Description: _____

If yes, do you have any powers of appointment? _____

13. Are you serving as guardian, trustee, or conservator for anyone? Yes No

Description: _____

14. Please set forth any other or additional information that you believe may be helpful in planning your estate or in settling your estate and distributing your property:

