

ESTATE PLANNING DATA

The following data is for the use in preparing and evaluating estate planning for you. Please answer every question fully and accurately to the best of your ability. All of the questions asked are important. Some questions probe into some very personal matters, but they are matters which are of great concern to your estate planning. Incomplete or inaccurate answers could very well be a detriment to your complete estate plans. After you have completed this form, you should provide it to your attorney so that your estate plan alternatives may be discussed, and necessary documents can be drafted.

1. CLIENT INFORMATION

- a. FULL NAME (aliases and maiden) _____
- b. ADDRESS _____
- c. PHONE NO. Home _____ Work _____
- d. EMAIL _____
- e. SOCIAL SECURITY NO. _____
- f. DATE OF BIRTH _____
- g. MARITAL STATUS
 - i. Married _____
 - (1) First Marriage Y N
 - (2) Date of Marriage _____
 - (3) Place of Marriage _____
 - ii. Divorced _____
 - iii. Widow(er) _____
 - iv. Never Married _____
- h. SPECIAL ADVISERS
 - i. Attorney _____
 - ii. Accountant _____
 - iii. Trust Officer _____

- iv. Stock Broker _____
- v. Banker _____
- vi. Life Insurance Agent _____
- vii. Estate Planner _____

2. SPOUSE INFORMATION

- a. FULL NAME (aliases and maiden) _____
- b. EMAIL _____
- c. PHONE NO. Work _____
- d. SOCIAL SECURITY NO. _____
- e. DATE OF BIRTH _____
- f. FIRST MARRIAGE Y N

3. CHILDREN OF THIS MARRIAGE

	NAME	DOB	SS NO.	ADDRESS	CHILD'S SPOUSE
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

4. DECEASED CHILDREN

	CHILD'S NAME	DOB	SS NO.	ADDRESS	SPOUSE
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

5. CLIENT'S CHILDREN OF A DIFFERENT MARRIAGE

	NAME	DOB	SS NO.	ADDRESS	FORMER SPOUSE
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

6. **SPOUSE'S CHILDREN OF A DIFFERENT MARRIAGE**

	NAME	DOB	SS NO.	ADDRESS	FORMER SPOUSE
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

7. **SPECIAL NEEDS CHILDREN OR DEPENDENTS**

	NAME	DESCRIPTION OF SPECIAL NEEDS
a.	_____	_____
b.	_____	_____
c.	_____	_____

8. **MARRIAGE AGREEMENTS**

a. Pre-nuptial Y N

b. Post-nuptial Y N

9. **PROPOSED PERSONAL REPRESENTATIVE**

a. _____

b. _____

c. Bank or Trust Company _____

10. **PROPOSED TRUSTEE**

a. _____

b. _____

c. Bank or Trust Company _____

11. **PROPOSED GUARDIAN FOR YOUR MINOR CHILDREN**

a. _____

b. _____

c. _____

12. LIVING PARENTS

	NAME	ADDRESS
a.	_____	_____
b.	_____	_____
c.	_____	_____

13. SPOUSE'S LIVING PARENTS

	NAME	ADDRESS
a.	_____	_____
b.	_____	_____
c.	_____	_____

14. POTENTIAL INHERITANCES

	INHERITANCE	ESTIMATED VALUE	FROM WHOM
a.	_____	\$ _____	_____
b.	_____	\$ _____	_____
c.	_____	\$ _____	_____

15. LOCATION OF IMPORTANT DOCUMENTS

a. _____

b. _____

c. _____

16. DISTRIBUTION INSTRUCTIONS

17. **BURIAL/CREMATION INSTRUCTIONS**

18. **PARTICIPATION IN ANY ENTITY OR BUSINESS**

- a. TRUST Y N
- b. GENERAL PARTNERSHIP Y N
- c. LIMITED PARTNERSHIP Y N
- d. LIMITED LIABILITY COMPANY Y N
- e. CORPORATION Y N

19. **IF YES TO ANY OF THE ABOVE**

NAME OF THE ENTITY	TYPE	SHARE/INTEREST	RECORDS LOCATION
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

20. **GIFTS OVER \$10,000.00 PER YEAR**

GIFT (VALUE)	RECIPIENT	YEAR	GIFT TAX RETURN
a. _____	_____	_____	Y N
b. _____	_____	_____	Y N
c. _____	_____	_____	Y N
d. _____	_____	_____	Y N

21. **IRA, KEOGH, 401K, OR OTHER PENSION OR PROFIT SHARING PLAN**

PLAN TYPE	OWNER	BENEFICIARY	VALUE	P L A N MANAGER
a. _____	_____	_____	\$ _____	_____
b. _____	_____	_____	\$ _____	_____
c. _____	_____	_____	\$ _____	_____
d. _____	_____	_____	\$ _____	_____

22. **CHARITABLE INTERESTS (Describe)**

23. **ASSETS**

a. Bank Accounts

	Financial Institution	Type of Account	How Owned	Account No.	Value
i.	_____	_____	_____	_____	\$ _____
ii.	_____	_____	_____	_____	\$ _____
iii.	_____	_____	_____	_____	\$ _____
iv.	_____	_____	_____	_____	\$ _____
v.	_____	_____	_____	_____	\$ _____
vi.	_____	_____	_____	_____	\$ _____
vii.	_____	_____	_____	_____	\$ _____

b. Residence

- i. Value \$ _____
- ii. How Owned _____
- iii. Legal Description _____

c. Investments

	Name	Broker	Current Value
i. Stocks	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
ii. Bonds	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
iii. Mutual Funds	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

d. Real Estate (Farm, Ranch, Rentals, etc.)

Type & Use	How Owned	Legal Description/Address	Current Value
i. _____	_____	_____	\$ _____
ii. _____	_____	_____	\$ _____
iii. _____	_____	_____	\$ _____
iv. _____	_____	_____	\$ _____
v. _____	_____	_____	\$ _____

e. Valuables (Antiques, Jewelry, Paintings, etc.)

Description	Location	Current Value
i. _____	_____	\$ _____
ii. _____	_____	\$ _____
iii. _____	_____	\$ _____
iv. _____	_____	\$ _____
v. _____	_____	\$ _____

f. Cash, growing crops, stored crops, livestock, etc.

Description	Location	Current Value
i. _____	_____	\$ _____
ii. _____	_____	\$ _____
iii. _____	_____	\$ _____
iv. _____	_____	\$ _____
v. _____	_____	\$ _____

g. Life Insurance

Company	Policy No.	Owner	Beneficiary	Cash Value	Face Value
i. _____	_____	_____	_____	\$ _____	\$ _____
ii. _____	_____	_____	_____	\$ _____	\$ _____
iii. _____	_____	_____	_____	\$ _____	\$ _____
iv. _____	_____	_____	_____	\$ _____	\$ _____
v. _____	_____	_____	_____	\$ _____	\$ _____

24. **DEBTS**

a. Real Estate Mortgages

Secured Property	Lending Institution	Credit Life	Current Debt
i. _____	_____	Y N	\$ _____
ii. _____	_____	Y N	\$ _____
iii. _____	_____	Y N	\$ _____
iv. _____	_____	Y N	\$ _____

b. Other Secured Loans

Security	Lending Institution	Credit Life	Current Debt
i. _____	_____	Y N	\$ _____
ii. _____	_____	Y N	\$ _____
iii. _____	_____	Y N	\$ _____

iv. _____ Y N \$ _____

c. Unsecured Loans, Credit Cards, Debts, etc.

Creditor	Purpose	Current Debt
i. _____	_____	\$ _____
ii. _____	_____	\$ _____
iii. _____	_____	\$ _____
iv. _____	_____	\$ _____
v. _____	_____	\$ _____
vi. _____	_____	\$ _____

25. **INSURANCE**

- a. Health/Medicare Supplemental Y N
 - i. Provider _____
- b. Long Term Care Insurance Y N
 - i. Husband's Provider _____
 - ii. Wife's Provider _____
- c. Disability Y N
 - i. Husband's Provider _____
 - ii. Wife's Provider _____

26. **DOCUMENTS TO PROVIDE TO ATTORNEY AT FIRST MEETING**

- a. Current Wills, Power of Attorney, Trusts, Living Wills, and Other Testamentary Documents
- b. Gift Tax Returns
- c. Business Agreements (Buy/sell, Operating, Partnership, Management Agreements, etc.)
- d. Court Decrees or Judgment Orders
- e. Annuities, Stock Investments, Life Insurance Policies
- f. Personal & Business Balance Sheet or Financial Statement
- g. Deeds and Land Purchase Agreements
- h. Documentation of Pension & Profit Sharing Plans
- i. Last Two Years Tax Documents