

ESTATE PLANNING DATA

This form assists us in preparing and evaluating your unique estate plan. Please answer every question fully and accurately to the best of your ability, as each piece of information on here is important for the full picture. Some questions probe into very personal matters, but they are matters which can greatly impact your estate planning. Incomplete or inaccurate answers could very well be a detriment to your complete estate plans.

CLIENT INFORMATION

FULL LEGAL NAME: _____

NAME OR NICKNAME YOU GO BY: _____

PREVIOUSLY USED NAMES: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different): _____

PHONE: Home _____ Cell _____ Work _____

EMAIL: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

MARITAL STATUS:

Married

Is this your first marriage? Y N

If no, when and how did any previous marriages end?

Date of Marriage: _____

Place of Marriage: _____

Do you have a Prenuptial Agreement? Y N Postnuptial Agreement? Y N

Divorced (Date of Divorce(s): _____)

Widow(er) (Date of Spouse's Death: _____)

Never Married

SPECIAL ADVISERS

Attorney: _____

Accountant: _____

Trust Officer: _____

Stock Broker: _____

Banker: _____

Life Insurance Agent: _____

FAMILY INFORMATION

SPOUSE

FULL LEGAL NAME: _____

PREFERRED NAME/NICKNAME: _____

PREVIOUSLY USED NAMES: _____

PHYSICAL ADDRESS (if different): _____

MAILING ADDRESS (if different): _____

PHONE: Home _____ Cell _____ Work _____

EMAIL: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

Is this your spouse's first marriage? Y N

If no, when and how did any previous marriages end?

Date of Marriage: _____

Place of Marriage: _____

CHILDREN – Please name any children born to you or legally adopted by you.

NAME: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

IS THIS CHILD ALSO YOUR SPOUSE'S CHILD? Y N

SSN: _____

ADDRESS: _____

SPOUSE: _____

CHILDREN: _____

NAME: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

IS THIS CHILD ALSO YOUR SPOUSE'S CHILD? Y N

SSN: _____

ADDRESS: _____
SPOUSE: _____
CHILDREN: _____

NAME: _____
DATE OF BIRTH: _____
DATE OF DEATH: _____

IS THIS CHILD ALSO YOUR SPOUSE'S CHILD? Y N

SSN: _____
ADDRESS: _____
SPOUSE: _____
CHILDREN: _____

NAME: _____
DATE OF BIRTH: _____
DATE OF DEATH: _____

IS THIS CHILD ALSO YOUR SPOUSE'S CHILD? Y N

SSN: _____
ADDRESS: _____
SPOUSE: _____
CHILDREN: _____

NAME: _____
DATE OF BIRTH: _____
DATE OF DEATH: _____

IS THIS CHILD ALSO YOUR SPOUSE'S CHILD? Y N

SSN: _____
ADDRESS: _____
SPOUSE: _____
CHILDREN: _____

NAME: _____
DATE OF BIRTH: _____
DATE OF DEATH: _____

IS THIS CHILD ALSO YOUR SPOUSE'S CHILD? Y N

SSN: _____
ADDRESS: _____
SPOUSE: _____
CHILDREN: _____

ADDITIONAL DEPENDENTS

NAME: _____
DATE OF BIRTH: _____
DATE OF DEATH: _____
RELATIONSHIP OF THIS DEPENDENT: _____
SSN: _____
ADDRESS: _____
SPOUSE: _____
CHILDREN: _____

NAME: _____
DATE OF BIRTH: _____
DATE OF DEATH: _____
RELATIONSHIP OF THIS DEPENDENT: _____
SSN: _____
ADDRESS: _____
SPOUSE: _____
CHILDREN: _____

Do any of the above children or dependents have any special needs or special considerations? If yes, please list child/dependent and fully describe the special needs or considerations.

Are your parents living?

Name: _____

Address: _____

Name: _____

Address: _____

Are your spouse's parents living?

Name: _____

Address: _____

Name: _____

Address: _____

Any special information you would like us to know about your family? _____

POWER OF ATTORNEY AND WILL INFORMATION

DURABLE POA

Immediate or at Incapacity? _____

Proposed POA _____

Secondary POA _____

Subsequent POA _____

MEDICAL POA

Proposed POA _____

Secondary POA _____

Subsequent POA _____

Individual/ Jointly? _____

END OF LIFE WISHES: _____

ORGAN & TISSUE DONOR? Y N

Special Instructions: _____

FUNERAL AND BURIAL WISHES: (Cremation/Burial, location, special words, etc.) _____

LAST WILL AND TESTAMENT

Proposed Guardian for Minor Children _____

Secondary Proposed Guardian for Minor Children _____

Proposed Conservator for Minor Children _____

Secondary Proposed Conservator for Minor Children _____

Proposed Personal Representative/Trustee _____

Secondary Personal Representative/Trustee _____

Subsequent Personal Representative(s)/Trustee(s) _____

Bank or Trust Company _____

CHARITIES OF INTEREST TO YOU:

Name _____

Purpose of Charity _____

Contact information and Address _____

Name _____

Purpose of Charity _____

Contact information and Address _____

Name _____

Purpose of Charity _____

Contact information and Address _____

DISTRIBUTION INSTRUCTIONS (How do you want your estate divided up?)

ASSETS AND DEBTS

ASSETS

Bank Accounts:

Financial Institution _____

Type of Account _____

How Owned _____

Account Number _____

Value _____

Financial Institution _____

Type of Account _____

How Owned _____

Account Number _____

Value _____

Financial Institution _____

Type of Account _____

How Owned _____

Account Number _____

Value _____

Financial Institution _____

Type of Account _____

How Owned _____

Account Number _____

Value _____

Financial Institution _____

Type of Account _____

How Owned _____

Account Number _____

Value _____

Real Estate

Primary Residence or Family Home:

Legal Description _____

Value \$ _____

How Titled _____

Other Real Estate (Rental, Vacation, Farm, Ranch, etc.)

Type and Use _____

Address _____

Legal Description _____

Value \$ _____

How Titled _____

Type and Use _____

Address _____

Legal Description _____

Value \$ _____

How Titled _____

Type and Use _____

Address _____

Legal Description _____

Value \$ _____

How Titled _____

Type and Use _____

Address _____

Legal Description _____

Value \$ _____

How Titled _____

Other Real Property (boats, RVs, vehicles, equipment, etc.)

Type and Use _____

VIN (if applicable) _____

Value \$ _____

How Titled _____

Type and Use _____

VIN (if applicable) _____

Value \$ _____

How Titled _____

Type and Use _____

VIN (if applicable) _____

Value \$ _____

How Titled _____

Type and Use _____

VIN (if applicable) _____

Value \$ _____

How Titled _____

Type and Use _____

VIN (if applicable) _____

Value \$ _____

How Titled _____

Type and Use _____

VIN (if applicable) _____

Value \$ _____

How Titled _____

Investments

Type _____

Name _____

Value \$ _____

Broker _____

Type _____

Name _____

Value \$ _____

Broker _____

Type _____

Name _____

Value \$ _____

Broker _____

Type _____

Name _____

Value \$ _____

Broker _____

Type _____

Name _____

Value \$ _____

Broker _____

Type _____

Name _____

Value \$ _____

Broker _____

Valuables (paintings, jewelry, antiques, etc.)

Type and Description _____

Location _____

Value \$ _____

Type and Description _____

Location _____

Value \$ _____

Type and Description _____

Location _____

Value \$ _____

Type and Description _____

Location _____

Value \$ _____

Type and Description _____

Location _____

Value \$ _____

Miscellaneous (Cash, growing crops, stored crops, livestock, etc.)

Type _____

Location _____

Value \$ _____

Type _____

Location _____

Value \$ _____

Type _____

Location _____

Value \$ _____

Type _____
Location _____
Value \$ _____

Type _____
Location _____
Value \$ _____

Life Insurance

Company _____
Policy Number _____
Owner _____
Beneficiary _____
Cash Value \$ _____ Face Value \$ _____

Company _____
Policy Number _____
Owner _____
Beneficiary _____
Cash Value \$ _____ Face Value \$ _____

Company _____
Policy Number _____
Owner _____
Beneficiary _____
Cash Value \$ _____ Face Value \$ _____

Company _____
Policy Number _____
Owner _____
Beneficiary _____
Cash Value \$ _____ Face Value \$ _____

DEBTS

Real Estate Mortgages

Lending Institution _____

Secured Property _____

Date Obtained _____

Current Debt _____

Lending Institution _____

Secured Property _____

Date Obtained _____

Current Debt _____

Secured Mortgages

Lending Institution _____

Secured Property _____

Date Obtained _____

Current Debt _____

Secured Debt

Lending Institution _____

Secured Property _____

Date Obtained _____

Current Debt _____

Lending Institution _____

Secured Property _____

Date Obtained _____

Current Debt _____

Lending Institution _____

Secured Property _____

Date Obtained _____

Current Debt _____

Unsecured Loans, Credit Cards, other Debts

Lending Institution or Creditor _____

Purpose _____

Current Debt _____

Lending Institution or Creditor _____

Purpose _____

Current Debt _____

Lending Institution or Creditor _____

Purpose _____

Current Debt _____

ADDITIONAL INFORMATION

INSURANCE

Health Insurance or Medicare Supplemental Provider _____

Long Term Care Insurance Provider _____

Disability Insurance Provider _____

POTENTIAL INHERITANCES

Description _____

Estimated Value _____

From Whom _____

Description _____

Estimated Value _____

From Whom _____

Important Documents:

Type of Document _____

Location _____

Type of Document _____

Location _____

Type of Document _____

Location _____

Type of Document _____

Location _____

Do you Participate in any **Entity or Business?** If yes,

Name of Entity _____

Type of Entity/Business _____

Share/Interest Held _____

Records Location _____

Name of Entity _____

Type of Entity/Business _____

Share/Interest Held _____

Records Location _____

Name of Entity _____

Type of Entity/Business _____

Share/Interest Held _____

Records Location _____

Name of Entity _____

Type of Entity/Business _____

Share/Interest Held _____

Records Location _____

Gifts over \$10,000 per year:

Gift and Value _____

Recipient _____

Year _____ Gift Tax Return? Y N

Gift and Value _____

Recipient _____

Year _____ Gift Tax Return? Y N

Gift and Value _____

Recipient _____

Year _____ Gift Tax Return? Y N

Gift and Value _____

Recipient _____

Year _____ Gift Tax Return? Y N

IRA, KEOGH, 401K, OR OTHER PENSION OR PROFIT SHARING PLAN

Plan Type _____

Owner _____

Beneficiary _____

Value _____

Plan Manager _____

Plan Type _____

Owner _____

Beneficiary _____

Value _____

Plan Manager _____

Plan Type _____

Owner _____

Beneficiary _____

Value _____

Plan Manager _____

Plan Type _____

Owner _____

Beneficiary _____

Value _____

Plan Manager _____

Plan Type _____

Owner _____

Beneficiary _____

Value _____

Plan Manager _____

DOCUMENTS WHICH ARE HELPFUL FOR US TO SEE:

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