

CLIENT INFORMATION FOR ESTATE PLAN

Husband's Legal Name: _____

Other Names used by Husband: _____

Address: _____

City, State, Zip: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

US citizen? Yes No. If no, what nationality: _____

Business/Employment: _____

Wife's Legal Name: _____

Other Names used by Wife: _____

Date of Birth: _____ Social Security No.: _____

Business/Employment: _____

US citizen? Yes No. If no, what nationality: _____

Prior Marriages?

Husband: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Wife: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN OF THIS MARRIAGE: None

DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: _____

Range of Ages: _____

CHILDREN FROM PRIOR MARRIAGE:

	WIFE	HUSBAND	DOB
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage? No Yes

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Any deceased children?
If yes, name: _____
If yes, survived by issue i.e., grand child? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children?
If yes, name: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you believe any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Marital Property Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |

YES **NO**

- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's child?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?
- The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death, i.e., Personal Representative, Trustee:

- The name of the person(s), i.e., a Guardian, that you want to raise a child that is under 18, if both spouses die (if applicable):

- The name of the person(s) in addition to the surviving spouse that you want to make any major medical decisions on your behalf:

- Please indicate how you want your estate distributed among your beneficiaries after the death of both of you?

- If you leave no children, grandchildren, great grandchildren, etc., how do you want your estate distributed?

To brothers, sisters, other family, charitable?

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

ESTIMATED VALUE OF ESTATE**

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>JOINT PROPERTY</u>
• REAL ESTATE **: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
 TOTAL:	 \$ _____	 \$ _____	 \$ _____

* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

** Please provide a copy of current deed for each real estate interest for Living Trust.

