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ESTATE PLANNING CLIENT INFORMATION SHEET

Note: We are aware that filling out a form like this can be burdensome, difficult, and annoying. However, the information in this document helps to streamline the discussion regarding estate planning. After you complete your estate planning documents, the completed form can also serve as an inventory of your assets and provide important information for anyone who needs to manage your finances in the event of your death or disability.

Please fill out the form to whatever level of detail you are comfortable with.

A. PERSONAL INFORMATION

1. Legal name of spouse 1:_____
Spouse 2:_____

2. Have either of ever been known by any other names (and list maiden name, if using married name) : _____
_____

3. Address: _____

4. Home/work/cell phone numbers and email of spouse 1: _____
_____
Spouse 2:_____

5. Occupation and employer, spouse 1:_____
Spouse 2:_____
_____

6. Have either of you ever been in the military, if so list years of service and any disability:
_____

7. Have you ever been employed by U.S. or state government agency (if so, list dates, agency):_____

8. Date and place of birth and citizenship, spouse 1:_____
Spouse 2:_____

9. Social Security Number, spouse 1:_____ Spouse 1:_____

10. Date and place of marriage:_____

11. Children:

Name	Date and Place of Birth	Married? Children?	Address

12. Are all children born of your present marriage?:_____

If not, identify child and parent of child:_____

Any stepchildren?_____ Any adopted children?_____

Any deceased children?_____ If so, did they leave children now living?_____

_____

13. Any prior marriages, if so list dates and courts issuing divorce decrees:

_____

14. If either of you are a widow/er, list date and place of spouse's death:

_____

15. Do either of you have any ongoing obligation under any separation agreement that might affect your estate plan? _____

Are you making alimony and/or support payments in accordance with either a court order or separation agreement? (provide copy of order or agreement):_____

16. Do you have any pre-nuptial or post-nuptial agreement with your current spouse? (provide copy of agreement):_____

17. Does any child or other family member have a physical or mental condition requiring special treatment? _____

18. Have either of you previously made a Will? _____

Is it in existence now? _____ Location of original:_____

Revoked? _____ How revoked? _____

19. Accountant (name, address and telephone number): _____

_____

20. Insurance agents (name, address, and type of insurance: e.g., life, automobile, health, homeowner):_____

_____

21. Stockbroker / Financial planner (name, address, telephone number):_____

_____

22. Safe deposit box(es) (Location, box number, whether single or joint name):

_____

B. ASSET INFORMATION

Indicate whether the asset is owned solely by one spouse or jointly by both spouses or with a third party. Show form of ownership (tenants by the entirety, in common, joint with right of survivorship (JWROS)). If asset is payable or transferable at death to another, so indicate. Attach sheets if there is not enough room here.

1. Residence (provide copy of deed if readily availble): _____

If an apartment, is it a co-op or condo?:_____

Owner(s):_____ Date of purchase:_____

Approximate fair market value today: _____

Amount of remaining mortgage loan(s):_____

2. Any other real estate? [Provide location and same information as for residence]:

_____

_____

Are you aware of or do you suspect that any of the real property you own has an environmental problem that could affect the sale or use of the property?_____
If so, what is the nature of the problem? _____

3. Checking, money market, savings accounts and certificates of deposit:

(a) Name of institution (include branch):_____

Type of account:_____ Sole/joint: _____ Payable on death? _____

Approximate average balance:_____

(b) Name of institution (include branch):_____

Type of account:_____ Sole/joint: _____ Payable on death? _____

Approximate average balance:_____

(c) Name of institution (include branch):_____

Type of account:_____ Sole/joint: _____ Payable on death? _____

Approximate average balance:_____

4. Stocks & Bonds (location, amounts and owners)

_____

_____

5. Special or unique items of personal property (including jewelry, heirlooms, art works, collections, automobiles and antique furniture) (only list items valued over $1,000):

_____

_____

6. Businesses (describe ownership interest):_____

_____

7. Pension or profit-sharing benefits (qualified and non-qualified, describe and list beneficiaries and alternates):_____

8. Thrift Savings Plan and/or 401(k)-type plan (list separately for each spouse) (describe and list beneficiaries and alternates if known):_____

_____

_____

9. Other retirement-type accounts (Keogh, SEP, IRA, ROTH IRA account(s), provide beneficiary designations if known, and provide estimate of value) (list separately for each spouse):_____

_____

_____

_____

10. Life insurance (list separately for ,ach spouse, state whether whole life, term, life, etc., and list beneficiary designations):

Spouse 1: Company:_____ Policy no.:_____

Beneficiaries:_____ Amount: _____

Spouse 2: Company:_____ Policy no.:_____

Beneficiaries:_____ Amount: _____

Additional: _____

Policy Number and Amount:_____

11. Hospital, long term care and disability insurance (not needed for preparation of Will but as a guideline for needs planning):_____

12. Any anticipated inheritances?_____

13. Any anticipated special obligations to family members?_____

14. Do you have any powers of appointment? (If yes, provide document creating the same):

_____

15. Are you a beneficiary, trustee or grantor of a trust? (If yes, provide the document.)

_____

16. Debts--What is the nature and extent of your indebtedness, including whether or not any of the debts are secured by property previously listed (including contingent liabilities)?

_____

_____

17. Have you made any gifts in excess of the annual exclusion (now $15,000)? Were gift tax returns filed? (Provide a copy):_____

_____

C. ESTATE PLAN

Please provide copies of existing estate planning documents, including current Will, living (revocable) trust, living will, advance medical directive/health care power of attorney, financial power of attorney, power of disposition over bodily remains or real estate power of attorney.

1. How do you wish to dispose of your assets?

_____

_____

_____

2. Taxes--who should bear the transfer tax burden (if any) on assets passing under your Will & outside your Will? (this can be discussed at the consultation):_____

_____

3. Funeral--any directions concerning the funeral (do you wish cremation)?_____

_____

Have you prepaid funeral arrangements? _____ If so, with whom? _____

Do you wish to make an anatomical gift? _____

4. Debts--should mortgage loans be paid off at your death from estate assets?_____

5. Bequests (including alternate dispositions)--state to whom and, where applicable, amounts.

Personal effects:_____

Cash bequests: _____

Real estate:_____

Business interests:_____

Charitable bequests (including alternative disposition):_____

Residuary estate:_____

_____

Outright or in trust:_____

6. Provisions if assets become distributable to a young person: age for distribution of the property; name of fiduciary (trustee or custodian); disposition if beneficiary dies before distribution:_____

_____

7. Names (and addresses if known, bu not required) of:

(a) Beneficiaries:_____

_____

(b) Personal Representative(s):_____

(c) Trustee(s): _____

(d) Guardian(s) (of the person/custodian) for children: _____

_____

8. Does the plan omit a close relative who under ordinary circumstances might expect to receive some benefit through your Will?_____

If so, why?_____

D. HEIRS AT LAW

If your parents are alive, list their names, and list the names of any living brothers and sisters you have and the names of any children of predeceased siblings:

1. Spouse 1: _____

_____

2. Spouse 2: _____

_____

E. FINANCIAL POWER OF ATTORNEY

Whom would you like to designate as the alternate financial attorney in fact (agent) to act for you with respect to transacting business for you if your spouse is unavailable (list relation, name, address and phone number). If you do not wish your spouse be the primary financial attorney in fact, please list a primary and an alternate.

Spouse 1: _____

Spouse 2: _____

F. HEALTH CARE AGENT

Whom would you like to designate as the alternate health care agent to act for you with respect to making medcial decisions if your spouse is unavailable (list relation, name, address and phone number). If you do not wish your spouse be the primary health care agent, please list a primary and an alternate:

Spouse 1: _____

Spouse 2: _____