

Estate Planning Client Information Record

Confidential Personal Information
For Estate Planning

Date: _____

Individual

Husband

Wife

Name

Also known as

Social Security No.

Birth Date

US Citizen

Living Parents

Former Spouse

Employer

Business Address

Telephone number

Fax number

e-mail address

Home address

County of Residence

Date of Marriage

Other Marriages

CHILDREN

Living children (indicate children from prior marriages and adopted children)

| <i>Name</i> | <i>Birth Date</i> | <i>SS number</i> | <i>No of Children</i> | <i>Spouse</i> |
|-------------|-------------------|------------------|-----------------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Do any members of your family have any special physical or mental challenges or needs?
__ Yes __ No

Deceased Children _____
Living Children of deceased children _____

Note: If there are no living children or grandchildren, list the brothers and sisters (living and deceased) of the husband and the wife.

Agents and Brokers

| | | |
|--------------------|-------------|----------------|
| Safety-deposit box | ___ Y ___ N | Location _____ |
| Accountant | ___ Y ___ N | Name _____ |
| Insurance Agent | ___ Y ___ N | Name _____ |
| Stockbroker | ___ Y ___ N | Name _____ |

**Confidential Property Information
for Estate Planning**

Date:

Real Estate (including land contracts)

Description

| <i>(include owner: H-husband, W-wife, J-joint)</i> | <i>Mortgage Balance</i> | <i>Market Value</i> |
|--|-------------------------|---------------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

| | | |
|-------|----------|----------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

Cash (checking, savings, CD, money market, credit union)

| <i>Location of account (include owner: H, W, J)</i> | <i>Amount</i> |
|---|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Stocks and bonds (if in a brokerage account, list firm name)

| <i>Security or brokerage account</i> | <i>Owner</i> | <i>Amount</i> |
|--------------------------------------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Closely held (family) securities or LLC | # of shares | Owner |
|--|--------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Life insurance (include insured, insurance company, insurance type, owner, beneficiary) | Face Value |
|--|-------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Do you have long term care insurance? H ___yes___no W ___yes___no

Retirement benefits (list companies, owner, beneficiary, value)

IRA (List location, type (traditional or Roth), beneficiary, and amount)

Miscellaneous

Household furnishings, autos, collections _____

Money owed by others to you _____

Miscellaneous (trusts, etc.) _____

Expected Inheritances _____

List all gifts made by you over \$500 in value (date and beneficiary) _____

Any gift tax return filed ___Y___N Years filed _____

List significant debts or obligations other than mortgages listed above _____

Current Income

Social Security _____ H _____ W
Pension _____ H _____ W
Other _____ H _____ W

Medical Insurance

Retiree Plan _____ H _____ W
Medicare _____ H _____ W
Medicare Advantage Plan _____ H _____ W
Medicaid _____ H _____ W
Private Insurance _____ H _____ W
Supplemental Insurance _____ H _____ W

Primary Care Physician

Name _____ H _____ W
Address _____
Phone _____

Current Estate Planning Documents

Last Will and Testament _____ Y _____ N (Husband) _____ Y _____ N (Wife)
Medical Power of Attorney _____ Y _____ N (Husband) _____ Y _____ N (Wife)
Financial Power of Attorney _____ Y _____ N (Husband) _____ Y _____ N (Wife)
Revocable Trust _____ Y _____ N (Husband) _____ Y _____ N (Wife)
Irrevocable Trust _____ Y _____ N (Husband) _____ Y _____ N (Wife)
Other _____ Y _____ N (Husband) _____ Y _____ N (Wife)

To Be Completed by Client and reviewed by Attorney:

Preferences of Client

1. Personal Representative of Will and Trustees (of any trust) and Attorney-in-Fact for Durable Power of Attorney (Name and Addresses)

Client 1:

First Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Second Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Third Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Client 2:

First Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Second Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Third Choice

Name _____
Address _____
Phone Number _____
Designation: _____

2. Proposed Guardian of Any Minor Children (Names and addresses)

First Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Second Choice

Name _____

Address _____
Phone Number _____
Designation: _____

Third Choice

Name _____
Address _____
Phone Number _____
Designation: _____

3. Patient Advocate for Patient Advocate Designation

Client 1:

First Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Second Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Third Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Client 2:

First Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Second Choice

Name _____
Address _____
Phone Number _____
Designation: _____

Third Choice

Name _____

Address _____

Phone Number _____

Designation: _____

Please list the names and addresses of those who are to be the primary beneficiaries of your estate.

Please provide the name, address, and relationship of those to whom you would leave your estate (final takers) and the percentages for each in case all of your primary beneficiaries predecease you.

If you wish to make any charitable or other special gifts, please indicate the charity and the amount you wish to donate.

**DOCUMENTS TO BRING TO YOUR APPOINTMENT
FOR ESTATE PLANNING ANALYSIS**

1. Copies of Wills and Testaments, Revocable Living Trust Agreements, Durable Power of Attorney for Health Care and Finances and/or any additional estate planning documentation which may currently be in effect.
2. Copies of deeds for all real estate holdings wherever situated and the tax bills and assessments for each property.
3. Copies of Partnership Agreements, Operating Agreements for partnerships and LLC or other entities in which the client is a member of or other participant.
4. Current personal balance sheet, if available. Financial statements and beneficiary designations.
5. Copies of life insurance policies, LTC policies, and current statements regarding the same.