



ESTATE PLANNING CLIENT INFORMATION

CLIENT NAME _____ MARITAL STATUS _____

SPOUSE/PARTNER NAME: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NO: _____ (DRIVERS LICENSE MUST BE ATTACHED)

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

HOME ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

WORK ADDRESS: _____

E-MAIL ADDRESS: _____ SPOUSE E-MAIL _____

SPOUSE/PARTNER EMPLOYER/OCCUPATION: _____

***The attached Estate Planning Worksheet is required to be completed, prior to your consultation.**

WOULD YOU LIKE TO BE INCLUDED IN OUR ELECTRONIC MAILING LISTS FOR NEWSLETTERS AND OTHER IMPORTANT INFORMATION?

YES NO

COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT:

U.S. MAIL (HOME) U.S. MAIL (WORK) E-MAIL

REQUIRED INFORMATION:

REFERRAL SOURCE: BILLBOARD PHONE BOOK EXISTING CLIENT

WEBSITE BLOG OTHER: _____

PERSONAL REFERRAL FROM _____

CHILDREN:

<u>Full Name of Children (Current Marriage)</u>	<u>Date of Birth</u>	<u>Where Does Child Reside?</u>

Any children not of this marriage? Husband: YES NO If yes, how many? _____
Wife: YES NO If yes, how many? _____

<u>Full Name of Other Children</u>	<u>Date of Birth</u>	<u>Child of Husband or Wife?</u>	<u>Where Does Child Reside?</u>

Are any of the children adopted? YES NO

Are any of the children disabled or of poor health? YES NO

Do either of you have any health concerns: Husband: YES NO
Wife: YES NO

Do you presently have a Will? YES NO, IF YES, DATE SIGNED _____

Do you presently have a Trust? YES NO, IF YES, DATE SIGNED _____

Are you a US Citizen? YES NO

Have you and your spouse entered into any agreements (such as prenuptial or community property agreements?) YES NO

Do you and your spouse hold everything jointly, or is some property held separately? Describe.

STATES YOU AND YOUR SPOUSE HAVE LIVED IN: _____

NET WORTH: If you added up the value of all property owned by yourself and your spouse, including real estate, personal property, bank accounts, stocks, bonds, IRAs and everything else you own, except death benefits on life insurance, what is the approximate total value of the estate of yourself and your spouse?

GIFT TAX RETURNS: Have gift tax returns ever been filed to report gifts made?
_ YES _ NO (If yes, please bring copies of the returns to your appointment)

ARE YOU ANTICIPATING AN INHERITENCE? _ YES _ NO

YOUR ESTATE PLANNING GOALS AND OBJECTIVES

- _____ Minimize or eliminate the expense of Probate/Probate avoidance.
 - _____ Guardianship for minor children in the event of my or my spouse's death
 - _____ Business or farm planning
 - _____ To care and provide for my surviving spouse until death
 - _____ To care for my children until they reach a certain age with a distribution of property to them at a certain age.
 - _____ To treat my children equally for inheritance purposes
 - _____ To eliminate or minimize Federal estate taxes and/or gift taxes
 - _____ To benefit my favorite charity or charities, if possible
 - _____ Asset protection for my children/grandchildren/other beneficiaries
 - _____ Other
- _____
- _____
- _____

APPOINTMENTS: (If you have any questions about the appointments, they can be covered in your consultation)

1. **PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) (E.g., spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. IN second marriage situations, spouse as primary personal representative may not be appropriate.)

PERSONAL REPRESENTATIVE: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

2. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during your lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable, or in the case of a joint trust, if neither you nor your spouse were able, to manage assets due to incapacity or incompetence. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survives.

SUCCESSOR TRUSTEE: _____

ALTERNATE: _____
SECOND ALTERNATE: _____

3. **HEALTH CARE AGENT.** Who should be named to make medical decisions on your behalf, including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

HEALTH CARE AGENT: _____ PHONE: _____
ALTERNATE: _____ PHONE: _____
SECOND ALTERNATE: _____ PHONE: _____
PRIMARY CARE PHYSICIAN(S): _____

PLAN OF DISTRIBUTION:

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a house of worship, church, or other institution? Do you wish to make a special gift to a particular person, such as a specific piece of jewelry to a particular child?

4. **AGENT TO HANDLE OTHER AFFAIRS.** Who should be named to handle your financial and other affairs, in the event of your incapacity? (Frequently, this agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee, personal representative or your health care agent.

PRIMARY AGENT: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

5. **GUARDIAN FOR MINOR CHILDREN**

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate category below. Attach a separate page if necessary.

<u>INCOME:</u>	<u>HUSBAND</u>	<u>COMMUNITY/JOINT</u>	<u>WIFE</u>
Earned Monthly Income from Labor			
Monthly Social Security Income			
Monthly Pension Income			
Other Monthly Income			

Type of Asset	Title in Which Held <i>(Husband Sole, Wife Sole, Joint with Spouse, Joint with Third Party, Tenants in Common, etc.)</i>	Current Value
REAL ESTATE <i>(Include type of property e.g. residential, agricultural, commercial, or manufacturing)</i>		
Personal Residence		
Vacant Land		
Other:		
LIQUID ASSETS <i>(Include Account Number and Where Held)</i>		
Cash on Hand		
Government and Publicly Traded Securities		
Unlisted Securities (Not Publicly Traded)		
Money Market Accounts		
BBUSINESS OWNED		
Type	Legal Structure (i.e., corporation, partnership, LLC)	Ownership