



ESTATE PLANNING DATA SHEET

FULL NAME: _____ **DOB:** _____

ADDRESS: _____ **DOD:** _____

SOCIAL SECURITY NUMBER: _____
(Only provide if asked for by your attorney)

FULL NAME: _____ **DOB:** _____

ADDRESS: _____ **DOD:** _____

SOCIAL SECURITY NUMBER: _____
(Only provide if asked for by your attorney)

PHONE NUMBERS: HOME: _____ **OFFICE:** _____

EMAIL: _____ **EMAIL:** _____

CELL(1): _____ **CELL(2):** _____

PLEASE BRING TO THE FIRST CONFERENCE AS MANY OF THE FOLLOWING DOCUMENTS AS ARE

APPLICABLE TO YOU (check those which apply):

- Existing Wills, Trusts, Powers of Attorney, Advance Medical Directives;
- Deed(s) to Real Estate;
- Premarital Agreements;
- Business Related Documents;
- Military Service Records (if applicable);
- Any Other Information That Might Be Important Based On Following Questions.

I. CHILDREN: (If any children listed are from a prior marriage or are adopted, please so indicate.)

1. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE'S NAME _____

FULL ADDRESS AND PHONE NUMBER: _____
_____ PHONE _____

MINOR CHILDREN? YES NO

CHILDREN'S NAMES _____

2. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE'S NAME _____

FULL ADDRESS AND PHONE NUMBER: _____
_____ PHONE _____

MINOR CHILDREN? [] YES [] NO

CHILDREN'S NAMES _____

3. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE'S NAME _____

FULL ADDRESS AND PHONE NUMBER: _____
_____ PHONE _____

MINOR CHILDREN? [] YES [] NO

CHILDREN'S NAMES _____

4. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE'S NAME _____

FULL ADDRESS AND PHONE NUMBER: _____
_____ PHONE _____

MINOR CHILDREN? [] YES [] NO

CHILDREN'S NAMES _____

5. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE'S NAME _____

FULL ADDRESS AND PHONE NUMBER: _____
_____ PHONE _____

MINOR CHILDREN? [] YES [] NO

CHILDREN'S NAMES _____

II. KEY PEOPLE IN YOUR ESTATE PLAN:

A. EXECUTOR(S) AND / OR TRUSTEE(S) OF TRUSTS (List persons, banks or trust companies that you would like to consider as potential Trustee(s) or Executor(s). A Trustee or Executor is someone who will manage your estate (i.e. pay debts, funeral expenses and distribute your estate to beneficiaries after your death(s)):

Original(s) Spouse Other _____
Typically the names of each spouse or your own name if unmarried.

1ST Successor _____

2ND Successor _____

3RD Successor _____

B. GUARDIANS FOR MINOR CHILDREN (A Guardian is a person(s) who will take care of your children upon your death):

First _____

Second _____

Are there any special instructions that you would like the Guardian(s) to follow? _____

III. DISPOSITION OF YOUR ESTATE (Where your assets are to go after death):

A. If your spouse survives you, how would you desire your assets to be distributed? For example: for most married couples, the surviving spouse would be the primary beneficiary. Alternatively, if you are single, who would be your beneficiaries in the event that you pass away?:

Name of Beneficiary

Share or Percentage of Remaining Estate

Example: Surviving Spouse

Example: 100% of remaining estate

Other Beneficiaries (if applicable):

B. If you (or if married both you and your spouse) pass away how would you like your estate distributed? If you plan on passing your estate to your children, consider whether you would like to establish a trust for their benefit until they reach a certain age (ex: 1/3 of my estate to pass to my child at 25, 30 and in full at 35) or upon a certain event (ex: graduating from an accredited college). In addition, consider distributing your estate in percentages or shares rather than by dollar amounts. Please use notes section if more space is needed.

<u>Name of Beneficiary & Relationship</u>	<u>Share or Percentage (%) of Remaining Estate</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes Relating to Above Distributions:

C. If you plan to make *specific bequests of cash* (i.e. \$5,000.00 to my grandchild) complete the following:

Beneficiary Name, Relationship, Amount of Bequest:

D. Are there any charitable beneficiaries for your estate? If so, please list the name, address of the charity and the amounts or percentages for distribution:

<u>Name of Charity or Non-Profit Organization</u>	<u>Amount, Share or Percentage of Distribution</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. Are there any other beneficiaries that you would like listed in your estate plan?

IV. INFORMATION FOR ADVANCE MEDICAL DIRECTIVE: If you (or your spouse) were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult and make decisions about your care? **(List complete names, along with middle initials, in the appropriate order of priority):**

A) Husband's Selection

Name Address & Phone Number

Selection 1: _____
(Selection 1 is typically the wife for married couples)

Selection 2: _____

Selection 3: (A third selection is not required) _____

Do you wish to make anatomical gifts? ____ Yes ____ No

B) Wife's Selection

Name Address & Phone Number

Selection 1: _____
(Selection 1 is typically the husband for married couples)

Selection 2: _____

Selection 3: (A third selection is not required) _____

Do you wish to make anatomical gifts? ____ Yes ____ No

C) If Single, please complete your agent selection below:

Selection 1: _____

Selection 2: _____

Selection 3: (A third selection is not required) _____

Do you wish to make anatomical gifts? ____ Yes ____ No

V. INFORMATION FOR DURABLE POWER OF ATTORNEY: Who would you like to appoint as Power of Attorney? This power allows another to make legal and financial decisions for you in the event that you become incapacitated. Typically, the persons selected are the same persons selected as Executor(s) or Trustee(s) on your estate: **(List complete names, along with middle initials, in the appropriate order of priority):**

A) Husband's Selection

Name Address & Phone Number

Selection 1: _____
(Selection 1 is typically the wife for married couples)

Selection 2: _____

Selection 3: (A third selection is not required) _____

B) Wife's Selection

Name Address & Phone Number

Selection 1: _____
(Selection 1 is typically the husband for married couples)

Selection 2: _____

Selection 3: (A third selection is not required) _____

C) If Single, please complete your agent selection below:

Selection 1: _____

Selection 2: _____

Selection 3: (A third selection is not required) _____

VI. ASSET INFORMATION *(Please provide the below information on separate paper as needed):*

A. Do you own a business? (Please list legal name, address, type (Corp., LLC, etc) and how many shares you own):

<u>Business Name</u>	<u>Summary of Business Purpose</u>	<u>Shares or Percentage of Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the business have a written succession plan in the event that another shareholder, member or partner dies or becomes incapacitated? _____

Notes Relating to Business: _____

B. Do you have an IRA (or other retirement account(s)), Stocks, Bonds or other securities? (If so, list current estimated value and company where held. You may also attach a brokerage quarterly statement or other financial statement if more convenient.)

<u>Retirement Account, Brokerage, Independent Stocks, or Bonds</u>	<u>Current Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(Used for additional notes / information relating to above accounts)

C. Do you own life insurance? If so, list estimated cash value(s) and death benefit amount(s) and companies where held.

<u>Life Insurance Company</u>	<u>Cash Value Amount</u>	<u>Death Benefit Amount</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

D. Do you own an Annuity? If so, list the total principal amount held by the annuity, the amount of yearly income it produces (if any) and whether it is a “deferred” (meaning it is tax deferred like an IRA or other retirement account) or “non-qualified” (meaning it is not setup to defer taxes over the life of the annuity).

<u>Annuity Company</u>	<u>Cash or Principal Value</u>	<u>Monthly or Yearly Income Amount</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

E. What is the estimated value of your monies located in Bank Accounts, Saving Accounts, Money Market Accounts, Certificate of Deposits and / or other money depository holding accounts?

<u>Type of Account (i.e. Checking, Savings, Money Market, etc.)</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Notes Relating to Above Accounts:

F. Do you own any real property (such as a house, condo, co-op or timeshare unit)? If so, what is the estimated value minus any debts or liens? (also list whether the property is owned out of state)?

<u>Address of Real Estate Owned</u>	<u>Names of Owner(s)</u>	<u>Estimated Value Minus any Debts or Liens</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- Are you currently receiving any tax-relief from the city on any real estate? _____
- Please provide a separate list of additional real estate owned, if applicable.

G. What is the estimated value of your personal property items (i.e: jewelry, paintings, antiques, etc.)? _____

H. What is the model, make, year and estimated value of your personal automobiles?

I. Do you have any other assets soon to enter your own estate? These would include personal injury settlement claims, monies held in trust, inheritances, etc. _____

J. Do you hold any assets jointly with another (other than your spouse) and, if so, with whom and how held? _____

K. Do you (and / or your spouse) have a Long-term Care Insurance Policy? Yes* No
(*If yes, please provide a copy of the policy to your attorney for review.)

Name of Company: _____

Policy Summary: _____

L. Have you or your spouse ever made gifts of over \$15,000.00 dollars to another person within a particular year? If so, to whom and how much have you gifted?

M. What is the estimated value of your estate, minus any debts or liens that you might have on real estate or other property?

\$ _____ Notes Related to Question: _____

N. Are you, your spouse or any beneficiaries in your estate plan deemed to be disabled, have special needs, suffer from disabilities or are currently collecting a government benefit like SSI, Medicaid, Disability or some other government pension or needs based benefit?

O. Are there any beneficiaries in your estate plan who are irresponsible with money, have had previous problems with substance abuse, have had relationship problems, bankruptcies, etc.? Yes* No

*(Note: no further explanation is required on the questionnaire, as it will be discussed at your meeting with your attorney.)

P. Have you or your spouse (even if deceased) ever served in the US Military? ____ Yes ____ No

<u>Branch of Service</u>	<u>Years of Service</u>	<u>Type of Discharge (i.e. Honorable, Dishonorable, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Q. What is your and / or your spouse's income? (**DO NOT COMPLETE UNLESS DIRECTED BY YOUR ATTORNEY**)

<u>Source(s) of Income (Ex: Social Security, Pension, Etc.)</u>	<u>Monthly Amount of Income</u>
Husband: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Wife: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Yourself if Single: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

R. Are you interested in asset protection and safeguarding your assets from lawsuits, creditor claims or Medicaid "spend downs" during your life? ____ Yes ____ No

S. Are you interested in keeping assets in the same generational line upon your passing for years to come in order to keep your assets from being eventually distributed to beneficiaries not part of your family? ____ Yes* ____ No

*(If yes, ask your attorney about the Dynasty Trust option.)

T. Do you have Pets and are there any special instructions for their care after your death? _____

ESTATE PLANNING NOTES:

Notes and Comments for Client(s) use:

Notes and Comments for Attorney and Staff use only:

Physical and Mental Status of Client(s):

Husband:

Wife:

Single or Widow:

RMMES:

Type of Trust to be prepared:

Flat Fee Amount:

Retainer Amount:

Date of Signing:

Other attorney drafting and planning notes:

Referral Info: