

PERSONAL INFORMATION AND GOALS

Date: _____

Full Legal Names (Also list any other names used)

Husband: _____

Wife: _____

Current address: _____

(Including County and Zip Code) _____

Home Phone Number: (_____) _____ e-mail: _____

Husband's Work #: (_____) _____

Wife's Work #: (_____) _____

Date of Birth

U.S. Citizenship

Husband: _____

Yes _____ No _____

Wife: _____

Yes _____ No _____

Social Security Number

Husband: _____

Wife: _____

Employer

Husband Co. Name: _____

Wife Co. Name: _____

Please list the name and/or organization (if applicable) of the person who referred you for estate planning. _____

Current Marriage

Date of Marriage _____

Have you ever entered into a pre-nuptial or post-nuptial agreement with your spouse? Yes _____ No _____
(If yes, attach copy.)

Have you ever resided in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)? (If so, list state and dates of residency.)

Prior Marriages

If either of you have been married before, please state the name of your prior spouse, date marriage ended and indicate whether by divorce, annulment or death.

Husband:

Wife:

Do you have any obligations under a divorce decree (or separation agreement)? Yes _____ No _____
(If yes, attach copy.)

Children (Note if children are from a previous marriage.)

<u>Name</u>	<u>Birth date</u>	<u>SS#</u>	<u>Complete Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any deceased children, list their names and dates of death, and any of their children who survived them.

Executors (An executor administers the affairs of your estate.)

First preference

Name: _____
Address: _____
(Include _____
County & _____
Zip Code.) _____
Relationship: _____

Second preference

Name: _____
Address: _____
(Include _____
County & _____
Zip Code.) _____
Relationship: _____

Trustees (A Trustee administers the affairs of your trust.)

First preference

Name: _____
Address: _____
(Include _____
County & _____
Zip Code.) _____
Relationship: _____

Second preference

Name: _____
Address: _____
(Include _____
County & _____
Zip Code.) _____
Relationship: _____

Guardians & Conservators (A guardian is someone who would have the care and custody of your minor children. List separate Conservator if different than guardian.)

First preference

Name: _____
Address: _____
(Include _____
County & _____
Zip Code.) _____
Relationship: _____

Second preference

Name: _____
Address: _____
(Include _____
County & _____
Zip Code.) _____
Relationship: _____

Living Parents (Include complete names and addresses.)

Husband: _____

Wife: _____

Possibilities for Inheritance (Give source and amount)

Husband: _____
Wife: _____

Have you inherited any property or received a gift of more than \$10,000 within the last 10 years? (If so, provide details.)

Husband: _____
Wife: _____

Are you a beneficiary under, the trustee of, or the grantor of any trust? (If so, provide a copy of the trust.)

Husband: _____
Wife: _____

Gift Tax Returns

Have you ever filed a gift tax return? (If so provide details or a copy of the gift tax returns.)

Husband: _____
Wife: _____

Names of Other Professionals (Such as accountant, stockbroker, insurance agent.)

Disposition of Property

Specific Bequests/Devises of Property:

<u>Item</u>	<u>Person/Entity</u>	<u>Address/Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Residuary Estate:

- _____ Disposition to spouse outright, then to children.
- _____ Disposition to spouse with trust for minors as follows:

Other:

ASSETS

Describe all assets you own in the categories below. Indicate how an asset is titled by putting its value in the appropriate column. The value should be the estimated resale value. Use the following as an example to go by:

	<u>Husband's Property</u>	<u>Joint Property</u>	<u>Wife's Property</u>
<u>Description</u>			
1990 Ford Truck	\$10,000		
1991 BMW			\$18,000

Tangible Personal Property (List separately collections, valuable personal property such as artwork, jewelry & furs, and vehicles such as cars, campers, recreational vehicles, boats and airplanes.)

	<u>Husband's Property</u>	<u>Joint Property</u>	<u>Wife's Property</u>
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Description
Household Goods

Personal Effects

Further Explanation:

(Note if there are loans secured by any of this property.)

Real Estate (Include residence, rental, vacation or retirement homes, vacant lots, farms, business property, oil and gas interests. Note if deed is pre or post 1987.)

	<u>Husband's Property</u>	<u>Joint Property</u>	<u>Wife's Property</u>	<u>County & State</u>
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Description

List Mortgages on any of the above real estate

Cash Accounts

(Checking, Savings, CD's, Money Market, Credit Union...)

<u>Description</u>	<u>Husband's Property</u>	<u>Joint Property</u>	<u>Wife's Property</u>	<u>Type of Account</u>
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Stocks, Mutual Funds, Brokerage Accounts

<u>Company/Fund</u>	<u>Husband's Property</u>	<u>Joint Property</u>	<u>Wife's Property</u>	<u>Number of Shares</u>
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Bonds, Debentures, Promissory Notes, Government Securities

<u>Description</u>	<u>Husband's Property</u>	<u>Joint Property</u>	<u>Wife's Property</u>
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Business Activities (List any business activities you are actively involved in such as a sole proprietorship, partnership or corporation; indicate whether there is a buy-sell agreement; and for any corporation indicate if it is an S corporation for tax purposes.)

<u>Description</u>	<u>% of Interest</u>	<u>Husband's Property</u>	<u>Joint Property</u>	<u>Wife's Property</u>
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Retirement Plans (Pension, Profit Sharing, 401(k), KEOGH, IRA's, 403(b) Annuities; note if plans include life insurance.)

<u>Name of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>
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Life Insurance (Including Credit Life)

On Husband's Life:

<u>Company & No.</u>	<u>Policy Owner</u>	<u>Term/ Whole Life</u>	<u>Bene- ficiary</u>	<u>Cash Value</u>	<u>Face Value</u>

On Wife's Life:

<u>Company & No.</u>	<u>Policy Owner</u>	<u>Term/ Whole Life</u>	<u>Bene- ficiary</u>	<u>Cash Value</u>	<u>Face Value</u>

Others:

<u>Company & No.</u>	<u>Policy Owner</u>	<u>Term/ Whole Life</u>	<u>Bene- ficiary</u>	<u>Cash Value</u>	<u>Face Value</u>

If you are unsure about this information, please bring your insurance policies to the meeting.
 *(Note if there are any loans against the policy.)

DEBTS

Explain below the character and amount of any major debts or obligation not already indicated above.

<u>To Whom Debt Owed</u>	<u>Husband's Obligation</u>	<u>Joint Obligation</u>	<u>Wife's Obligation</u>

The above information was given to the following attorney on the ____ day of _____, _____.

Attorney: _____

If information is being provided by clients please sign the following statement.

The above asset and liability information accurately reflects my/our economic situation for purposes of estate planning.

Name: _____ Date: _____
 Name: _____ Date: _____

LIVING WILL INFORMATION

(This document is designed to dictate your wishes were you to sustain incurable injury or illness such that life sustaining procedures were necessary to keep you living.)

Indicate which of the following procedures you would chose to have **withheld** in such a circumstance:

	<u>Husband</u>	<u>Wife</u>
1) Surgery:	_____	_____
2) Heart-lung resuscitation (CPR):	_____	_____
3) Antibiotics:	_____	_____
4) Mechanical Ventilator (respirator):	_____	_____
5) Tube Feeding:	_____	_____

Indicate the person(s) you authorize your physician to discuss this document with:(Include name, address, county and phone number.)

Husband:

Name: _____ Phone: _____

Address: _____

Wife:

Name: _____ Phone: _____

Address: _____

Indicate whether you would like any of your tissues or organs to be freely donated upon such condition.

Husband: Yes _____ No _____
Wife: Yes _____ No _____

GENERAL POWER OF ATTORNEY

Primary Holder:

(Name/Address) _____

Secondary Holder:

(Name/Address) _____

Indicate whether provision for **gifts** should be included: _____ Yes _____ No

Indicate whether **immediate** or **springing**

Power of Attorney: _____ Immediate _____ Springing

Allow compensation to agent _____ Yes _____ No

HEALTH CARE POWER OF ATTORNEY

Primary Holder:

(Name/Address) _____

Secondary Holder:

(Name/Address) _____