

Estate Planning Information Form

ESTATE PLANNING INFORMATION

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Bank affiliation: \_\_\_\_\_

Safe deposit location: \_\_\_\_\_

Have you ever been married? \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Deceased? **Yes/No** Divorced **Yes/No**

Date of Death \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Living children:

<i>Name</i>	<i>Age</i>	<i>Married?</i>	<i>City of Residence (if not at parents')</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deceased children: \_\_\_\_\_

**Parents and Siblings**

I. Parents: Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health M \_\_\_\_\_ F \_\_\_\_\_

Age or Date of Death M \_\_\_\_\_ F \_\_\_\_\_

Est. Size of Estate M \_\_\_\_\_ F \_\_\_\_\_

**2. Brothers and Sisters**

Name \_\_\_\_\_

Age/Date of Death \_\_\_\_\_

Residence: \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_

Age/Date of Death \_\_\_\_\_

Residence: \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_

Age/Date of Death \_\_\_\_\_

Residence: \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_

Age/Date of Death \_\_\_\_\_

Residence: \_\_\_\_\_

Occupation \_\_\_\_\_

## QUESTIONS TO CONSIDER IN ADVANCE OF CONFERENCE

1. Do your children, grandchildren, or others you feel responsible for have any problems or special needs which should be considered in designing your estate plan?
  
2. Do you have the responsibility for supporting anyone?
  
3. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities?
  
4. If you and all of your descendants (children, grandchildren, etc.) were killed in a plane crash, whom would you want to have your property?
  
5. Do you want to designate a guardian of the person for your children under 18 in case the other parent does not survive? (Think about a successor to the original guardian also.) Remember that a guardian primarily makes personal (rather than financial) decisions.
  
6. If you wanted an individual to serve as Executor or Trustee (with or without a Bank as Co-Executor or Co-Trustee), whom would you name? (Think about a successor also.)
  
7. Powers of attorney are often used to authorize someone to act for you under certain conditions, especially legal incapacitation. I will recommend that you consider executing such powers. Whom would you like to name as your agent (and successor agent) under such a power? Powers of attorney are revoked by death. I can condition the effectiveness of the powers on a physician's certifying the principal's inability to manage his or her own affairs.
  
8. Are you a U.S. citizen?

## ESTATE EVALUATION

Your name \_\_\_\_\_

Date \_\_\_\_\_

*KIND OF ASSET*

*VALUE*

- |  |          |
|--|----------|
| 1. Residence                                       | \$ _____ |
| 2. Other real property (include location by state) | \$ _____ |
| 3. Listed or traded securities                     | \$ _____ |
| 4. Closely held and untraded securities            | \$ _____ |
| 5. Partnership or sole proprietor interests        | \$ _____ |
| 6. Cash, savings accounts, CDS, etc.               | \$ _____ |
| 7. Car(s)  | \$ _____ |
| 8. Other personalty                                | \$ _____ |
| 9. Cash value (not face amount) of life insurance  | \$ _____ |
| 10. Pension, profit-sharing, IRAs, etc.            | \$ _____ |
| 11. Other _____                                    | \$ _____ |
| 12. Other _____                                    | \$ _____ |

TOTAL GROSS ESTATE

\$ \_\_\_\_\_

Mortgages

\$ \_\_\_\_\_

Other debts

\$ \_\_\_\_\_

NET TOTAL

\$ \_\_\_\_\_

Are you the beneficiary of any estate or trust assets that have not been distributed to you? (If yes, please bring the governing documents.)

Do you own any property jointly with any other person? (If so, is the ownership a joint tenancy with right of survivorship?)

Note: Having the information requested below would be helpful, but is not absolutely essential. Do the best you can to develop this information, but do not let this effort delay the planning process. If the answers are hard to get or time consuming, put a question mark.

I. Life insurance

<i>Owner Of Insured Policy</i>	<i>Company</i>	<i>Face Value Amount</i>	<i>Primary Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>T (term) WL(wholelife) U (universal policy) O (other)?</i>

II. Benefit plans (pension, profit-sharing, IRAs, deferred compensation, etc.)

<i>Type of Plan</i>	<i>Benefit Provided or Amount</i>	<i>Death Beneficiary (if any)</i>	<i>Comments</i>

III. Do you have any significant contingent liabilities?

IV. Do you expect to inherit any substantial property in the near future which should be considered in planning your estate?

V. Do you have any assets that require special consideration in your will?

VI. It may be helpful for you to bring your present will (if any) and also insurance policies, deeds, trust agreements, buy-sell agreements, or other documents or contracts affecting your estate to the planning session. It would also be helpful for you to show on a separate sheet the names, ages, addresses, and occupations of your parents, sisters, and brothers.

Advisors

Please list the names of other persons who serve as your advisors.

Other Lawyers \_\_\_\_\_

Stockbroker \_\_\_\_\_

Investment Advisor \_\_\_\_\_

Accountant \_\_\_\_\_

Real Estate \_\_\_\_\_

Physicians \_\_\_\_\_

Religious Counselor \_\_\_\_\_