

PERSONAL DATA SHEET FOR ESTATE PLANNING

Attorney: _____

SECTION I GENERAL INFORMATION

Date: _____

Your Name as You Would Like It to Appear on Your Documents:

Mr. /Ms. /Mrs. _____

Single/ Married (1st, 2nd, 3rd)

Spouse's Name as You Would Like It to Appear on Your Documents:

Mr./Ms./ Mrs./ _____

Single/ Married (1st, 2nd, 3rd)

Husband's Soc. Sec. No. / / Place & Date of Birth / / Wife's Soc. Sec. No. / / Place & Date of Birth

Home Address (Number, Street) City State Zip County

Mailing Address if Different from above City State Zip County

Email Address(es): _____

Home Phone Husband's Cell Phone Wife's Cell Phone Fax Number

Husband's Occupation/ Company Name: Wife's Occupation/ Company Name:

Are you a U. S. Citizen? Yes No Is your Spouse a U.S. Citizen? Yes No

If you or your spouse is a non-U.S. citizen, did you purchase any property between 1981 and July 14, 1988?
Yes No

If Married, Date and Place of Marriage: _____

SECTION II GENERAL QUESTIONS

1. Do you have an existing will? Yes No If yes, date _____

2. Do you have an existing trust? Yes No If yes, date _____

3. Do you have any general powers of attorney or advanced medical directives:
Yes No If yes, date _____

4. Have you previously been married? Yes No
If yes, please describe any continuing obligations under a divorce decree and attach a copy if available.

5. Do you have a prenuptial or marital agreement? Yes No

6. Does either of you have any community property? Yes No
(Generally, all property acquired by a husband and wife during their marriage from earnings of either spouse while domiciled in a community property state, as well as property located in a community property state and acquired during marriage, is owned equally by them and is called "community property." The following are community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.)

If you do have community property, please specify the name of the state and the dates of residence:

7. Do you own any real estate acquired before 1977?
8. What is your state of domicile? Do you spend more than a nominal amount of time in another state or country.
9. Have you or your spouse made any gifts exceeding \$10,000.00 per year to any person or created any trusts? Yes No
10. Have you ever filed a gift tax return form 709? Yes No
11. Do you or your spouse have a power of appointment or other interest under a will or trust of another person? Yes No *If yes, please supply copy of document if available.*
12. Do you or your spouse have any prospective inheritances? Yes No
If "Yes" please indicate the estimated amount.
13. Are you or your spouse self-employed or a member of a partnership or small business subject to any buy/sell arrangements? Yes No
If yes, please supply a copy of any pertinent documents.
14. Do you or your spouse hold stock in closely-held corporation? Yes No
If yes, give details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable to you.
15. Do you or your spouse have any health concerns we should be aware of for planning purposes?
16. Do you have long term care insurance?
17. Please consider whom you may wish to name as executor, trustee, guardian of minor children, and attorney-in-fact under durable power of attorney.
18. How did you first learn about our firm?

SECTION III BENEFICIARY INFORMATION

Children (from oldest to youngest) (If applicable, please indicate if from a prior marriage):

<u>Name of Child and Social Security Number as You Would Like It to Appear on Your Documents</u>	<u>Date of Birth/Age</u>	<u>Married?</u>	<u>Address</u>	<u>Children? If yes Names & Ages</u>
1 _____	_____	Yes No	_____	_____
2 _____	_____	Yes No	_____	_____
3 _____	_____	Yes No	_____	_____
4 _____	_____	Yes No	_____	_____
5 _____	_____	Yes No	_____	_____
6 _____	_____	Yes No	_____	_____

Other Persons or Institutions:

<u>Names as You Would Like Them To Appear on Your Documents</u>	<u>City and State</u>	<u>Relationship (If any)</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

SECTION IV FINANCIAL INFORMATION

*Please identify which if any accounts receive direct deposits

Assets (Estimated Current Fair Market Value)	<u>Titled Jointly</u>	<u>Titled in Husband's Name Only</u>	<u>Titled in Wife's Name Only</u>
1. Home Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
2. Other Real Estate	_____	_____	_____
3. Mineral Interests	_____	_____	_____
4.a. Savings Account	_____	_____	_____
4.b. Money Market Account	_____	_____	_____
4.c. Brokerage Account	_____	_____	_____
5. Checking Account	_____	_____	_____
6. Stocks & Bonds	_____	_____	_____
7. Business Interests(s)	_____	_____	_____
8. Certificates of Deposit	_____	_____	_____
9. Notes(s) Receivable	_____	_____	_____
10. Personal Effects & Furnishings	_____	_____	_____
11. Automobiles	_____	_____	_____
TOTAL	_____	_____	_____
Total Assets	_____	_____	_____
Liabilities			
Home Mortgage	_____	_____	_____
Other Real Estate Mortgages	_____	_____	_____
Other Loans	_____	_____	_____
Total Liabilities	_____	_____	_____
NET ASSETS	_____	_____	_____

PROFIT SHARING, IRA, PENSION PLANS, 401K, ETC.

OWNER	DESCRIPTION	BENEFICIARY	CURRENT VALUE

Husband's Total Retirement Benefits: _____ Wife's Total Retirement Benefits: _____

COMBINED TOTAL RETIREMENT BENEFITS: _____

LIFE INSURANCE (Bring Policies to Interview)

TYPE OF INSURANCE (e.g., term, group, whole life, accidental death)	FACE AMOUNT OF DEATH BENEFIT	CASH VALUE	OWNER	INSURED	PRIMARY BENEFICIARY	SECONDARY BENEFICIARY

Husband's Total Insurance: _____ Wife's Total Insurance: _____

COMBINED TOTAL INSURANCE: _____

$$\text{NET ASSETS} + \text{COMBINED TOTAL RETIREMENT BENEFITS} + \text{COMBINED TOTAL INSURANCE} = \text{GROSS TAXABLE ESTATE}$$

Husband's

Wife's

1/2 Joint _____
 Sole _____
 QP _____
 LIP _____

1/2 Joint _____
 Sole _____
 QP _____
 LIP _____

SECTION V PROFESSIONAL ADVISORS

ADVISOR	NAME, FIRM AND TELEPHONE	ADDRESS
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Other		

**All information provided on this form shall be treated as privileged and confidential.