

PERSONAL DATA SHEET FOR ESTATE PLANNING Attorney: _____

SECTION I GENERAL INFORMATION

Date: _____

Please Circle One:

Mr. /Ms. /Mrs. _____ Single / Married (1st, 2nd, 3rd) / Divorced / Widowed

Your Name as You Would Like it to Appear on Your Documents (Soc. Sec. No.) (Place & Date of Birth)

Home Address (Number, Street) (City) (State/Zip) (County)

Mailing Address if Different from above (Number, Street) (City) (State/Zip) (County)

Home Phone

Cell Phone

Email Address

Occupation/ Company Name

Are you a U. S. Citizen? Yes No

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 existing general or medical power of attorney?

a. General Power of Attorney Yes No If yes, date _____

b. Medical Power of Attorney 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. Please state your state of domicile and whether you spend more than a nominal amount of time in another state or country.

6. Have you ever made any gifts exceeding \$10,000.00 per year to any person or created any trusts? Yes No
7. Have you ever filed a gift tax return form 709? Yes No
8. Are you a beneficiary under a will or trust of another person that is now deceased?
Yes No *If yes, please supply copy of document if available.*
9. Are you a current beneficiary under an irrevocable trust of another person?
Yes No *If yes, please supply copy of document if available.*
9. Do you have any prospective inheritances? Yes No
If "Yes" please indicate the estimated amount.
10. Are you a member of a limited liability company, limited partnership or general partnership subject to a operating agreement or partnership agreement?
Yes No
If yes, please supply a copy of any pertinent documents.
11. Do you hold stock in closely-held corporation? Yes No
If yes, give details of any shareholder agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable to you.
12. Do you have any health concerns we should be aware of for planning purposes?
13. Do you own any real estate acquired before 1977?
14. Please consider whom you may wish to name as executor, trustee, guardian of minor children, and attorney-in-fact under durable power of attorney.
15. 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 as You Would Like It to Appear on Your Documents</u>	<u>Date of Birth/Age</u>	<u>Married?</u>	<u>City and State of Residence</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

Assets	<u>Titled in Your Sole Name</u>	<u>Titled Jointly with Another</u>
(Estimated Current Fair Market Value)		
Home Residence	_____	_____
Other Real Estate	_____	_____
Other Real Estate	_____	_____
Checking Accounts	_____	_____
Savings Accounts	_____	_____
Brokerage Account	_____	_____
Certificates of Deposit	_____	_____
Notes(s) Receivable	_____	_____
Stocks & Bonds	_____	_____
Money Market Accounts	_____	_____
Business Interests(s)	_____	_____
Automobiles	_____	_____
Personal Effects & Furnishings	_____	_____
Total Assets	_____	_____
Liabilities		
Home Mortgage	_____	_____
Other Real Estate	_____	_____
Mortgages		
Other Loans	_____	_____
Total Liabilities		
NET ASSETS	_____	_____

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

TYPE OF PLAN (e.g. IRA, 401K, 403b...)	EMPLOYER PLAN (yes/no)	BENEFICIARY	CURRENT VALUE

TOTAL RETIREMENT BENEFITS : _____

LIFE INSURANCE

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

TOTAL INSURANCE: _____

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

SECTION V PROFESSIONAL ADVISORS

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

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