

CONFIDENTIAL PERSONAL INFORMATION WORKSHEET

CLIENT'S ESTATE PLANNING

PERSONAL INFORMATION:

Name _____ Date of Interview _____

Address:

Street _____ Telephone _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Birth Place _____

Social Security Number _____

Business Occupation _____

Business Address:

Street _____ Telephone _____

City _____ State _____ Zip _____

Spouse's Name _____ If deceased, date of death _____

Birth Date _____ Age _____ Birth Place _____

Spouse's Social Security Number _____

Spouse's Business Occupation _____

Business address:

Street _____ Telephone _____

City _____ State _____ Zip _____

Date of Marriage _____ Place of Marriage _____

Any previous marriages for either Spouse? Yes _____ No _____ If yes, answer the following:

Husband _____ How ended? _____ Date _____

Wife _____ How ended? _____ Date _____

Complete the following if you have children:

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>If married, Spouse's name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any children who have died, leaving descendants (your grandchildren) surviving?

Yes _____ No _____ (If yes, fill in name of deceased child(ren) and names and birth dates

of grandchildren who survive on reverse side of this page.)

Do you have an existing **Will**? Yes _____ No _____ If yes, please bring a copy to our conference.

_____ (A copy would be of aid to us.)

Does Spouse have an existing **Will**? Yes _____ No _____ If yes, please bring a copy to our conference.

Do you have an existing **Trust**? Yes _____ No _____ If yes, please bring a copy to our conference.

Does Spouse have an existing *Trust*? Yes _____ No _____ If yes, please bring a copy to our conference.

Do you have an existing *Power of Attorney*? Yes _____ No _____ If yes, please bring a copy to our conference.

Does Spouse have an existing *Power of Attorney*? Yes _____ No _____ If yes, please bring a copy to our conference.

Do you have an existing:

1. *Health Care Power of Attorney*? Yes _____ No _____ If yes, please bring a copy to our conference.
2. *Living Will*? Yes _____ No _____ If yes, please bring a copy to our conference.
3. *HIPAA Disclosure Form*? Yes _____ No _____ If yes, please bring a copy to our conference.

Does Spouse have an existing:

1. *Health Care Power of Attorney*? Yes _____ No _____ If yes, please bring a copy to our conference.
2. *Living Will*? Yes _____ No _____ If yes, please bring a copy to our conference.
3. *HIPAA Disclosure Form*? Yes _____ No _____ If yes, please bring a copy to our conference.

Safe Deposit Box? Yes _____ No _____ If yes, where is it located? _____

Do you have any unusual health problems? Yes _____ No _____ If yes, explain:

Unusual health problems for Spouse or children? Yes _____ No _____ If yes, explain who and what the health problem is: _____

Do you have an accountant? If so, name and address: _____

Do you wish to include charitable contributions to your church, educational institutions, etc.?

Yes _____ No _____ If yes, explain: _____

Do you or any member of your family anticipate an inheritance of any property in the foreseeable future? Yes _____ No _____ If yes, give details: _____

Please list by full names all people (other than family members shown on Page 2) and organizations you wish to include in your Will. *(If you are uncertain at this time, we will review and complete this information with you at our conference.)*

<u>Name</u>	<u>Address</u>	<u>Approx. Age</u>	<u>Relationship, if any</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INVENTORY OF ASSETS

1. **REAL ESTATE:** Yes _____ No _____ If yes, list below. Please bring in deeds to all property you own.

	<u>Personal Residence</u>	<u>Property Number Two</u>
Address:	_____	_____
Owner(s) of property: (title to property as shown on deed or attach a copy of deed)	_____ _____ _____	_____ _____ _____
Present Market Value	_____	_____
Tax Basis	_____	_____
Mortgaged (If so, to whom?)	_____	_____
Amount of Mortgage as of ___/___/___	_____	_____
Present net market value (equity) after deducting amount of mortgage from market value	_____	_____
Date you purchased real estate	_____	_____
How acquired (purchase, gift, etc.)	_____	_____
Purchase price	_____	_____
Annual net rental income, if any	_____	_____

If additional real estate is owned, check here _____ and list on reverse side of this page.

2. Do you or your spouse own your own business? If yes, please describe: _____

Are there other shareholders or partners? Yes _____ No _____

Is there a Buy / Sell Agreement governing the disposition of your ownership interest?
Yes _____ No _____ If yes, please bring a copy of the Agreement to our meeting.

3. **STOCKS, BONDS AND NOTES** (for Federal bonds, see Item 4):

Attach a recent brokerage statement or complete the following:

<u>Name</u>	<u>No. of Shares or Face</u>	<u>Owner(s) of Stock</u>	<u>Current Market Value Per Share</u>	<u>Total</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If additional stocks are owned, check here _____ and list on reverse side of this page.

4. **BANK ACCOUNTS**: Do you have any: Yes _____ No _____ If yes, attach a recent bank statement or complete the following:

<u>Bank</u>	<u>Account Number</u>	<u>Owner(s) of Account</u>	<u>Approximate Balance</u>
a) <u>Savings</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) Checking (use average balances)

5. **GOVERNMENT BONDS**: Do you own any: Yes _____ No _____ If yes, list:

	<u>Number of Bonds</u>	<u>Owner(s) of Bonds</u>	<u>Approximate Current Market Value</u>
Series E:	_____	_____	_____
Series H:	_____	_____	_____
Other:	_____	_____	_____

6. **IRA, PROFIT SHARING OR PENSION PLAN**: Yes _____ No _____

	<u>IRA</u>	<u>Profit Sharing, Pension Plan, or 401(K)</u>
Name of Company	_____	_____
Type of Program	_____	_____
Present Market Value	_____	_____
Who owns the Account? Husband or Wife	_____	_____

7. **LIFE INSURANCE**: List all life insurance policies under which you and your spouse are insured, or which you own, or under which you are a beneficiary:

<u>Policy Number and Insurance Company</u>	<u>Owner</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>	<u>Amount</u>
a) _____	_____	_____	_____	\$ _____

b) _____	_____	_____	_____	\$ _____

c) _____	_____	_____	_____	\$ _____

d) _____	_____	_____	_____	\$ _____

e) _____	_____	_____	_____	\$ _____

Any insurance on life of children? Yes _____ No _____ If yes, complete the following:

Name of child insured _____ Policy Number _____

Insurance Company _____ Amount \$ _____

Primary Beneficiary _____ Contingent Beneficiary _____

Name of child insured _____ Policy Number _____

Insurance Company _____ Amount \$ _____

Primary Beneficiary _____ Contingent Beneficiary _____

8. **ANNUITIES:**

List all annuity contracts owned by you or your spouse:

	<u>Policy Number and Insurance Company</u>	<u>Annuitant</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>	<u>Amount</u>
a)	_____	_____	_____	_____	\$ _____
b)	_____	_____	_____	_____	\$ _____
c)	_____	_____	_____	_____	\$ _____
d)	_____	_____	_____	_____	\$ _____
e)	_____	_____	_____	_____	\$ _____

9. **MISCELLANEOUS PROPERTY:**

Household Property. Insert here general market value, in your opinion, of all household property and personal effects if they were sold at public auction today. \$ _____

Special Items of Value. If you have special items of value, such as expensive jewelry, furs, artworks, antiques, coin collections, boats, etc., please list below:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total\$ \$ _____

Automobiles:

<u>Make and Model</u>	<u>Owner(s) of Car</u>	<u>Any Lien?</u>	<u>Net Market Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Any cemetery plots? If so, where? _____

Do you know where the cemetery deeds are kept? If so, where? _____

Miscellaneous assets worthy of note: _____

Total Value \$ _____

10. **LOANS OR ANY OTHER OBLIGATIONS OWED TO YOU:** (include advancements to your child, if applicable)

Total \$ _____

11. **YOUR INCOME:** (estimated for current year)

	<u>Client</u>	<u>Spouse</u>
Annual Salary or Wages	\$ _____	\$ _____
Annual Dividends	\$ _____	\$ _____
Annual Interest	\$ _____	\$ _____
Annual Rents	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total	\$ _____	\$ _____

12. **OBLIGATIONS OWED BY YOU TO OTHERS:** (other than the "normal" monthly bills or your mortgages listed under your Real Estate): _____

Total \$ _____

At the time of our Estate Planning Conference, please be sure to bring with you all deeds to any real estate you own, all Life Insurance policies, all bank or investment account statements, your existing Wills, Trusts, Healthcare Directives, if any, and any other appropriate document that might have a bearing on the conference.

RECAPITULATION OF ASSETS

Please carefully complete this as it gives an accurate summary of what the value of your Estate would be if you died now.

	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
	<u>You</u>	<u>*Joint with Spouse</u>	<u>Spouse Alone</u>
1. Real Estate	\$ _____	\$ _____	\$ _____
2. Stocks	\$ _____	\$ _____	\$ _____
3. Bank Accounts	\$ _____	\$ _____	\$ _____
4. Government Bonds	\$ _____	\$ _____	\$ _____
5. IRA, Profit sharing or Pension Programs	\$ _____	\$ _____	\$ _____
6. Life Insurance	\$ _____	\$ _____	\$ _____
7. Miscellaneous Property (include Household, Special Items, Automobiles, etc.)	\$ _____	\$ _____	\$ _____
8. Loans/Advancement	\$ _____	\$ _____	\$ _____
9. SUBTOTALS	\$ _____	\$ _____	\$ _____
10. Subtract Total Obligations	\$ _____	\$ _____	\$ _____
NET FIGURES	\$ _____	\$ _____	\$ _____
Add:	(a) \$ _____		
	(b) \$ _____	(Net Figures)	
	(c) \$ _____		
TOTAL ESTATE	\$ _____		

*** NOTE:** This means joint and survivorship. List all bank accounts in names of husband and wife under this column, as when you signed the signature card you signed a survivorship agreement. However, a Real Estate Deed conveying property to husband and wife, without the added words "as joint tenants, with right of survivorship" merely means one-half of the property belongs to each and should be listed in Columns 1 and 3.

Congratulations on completing a difficult and time consuming job! If you would like a copy of this Confidential Personal Information Worksheet for your personal records, let me know at the time of our office interview, and we shall provide it.