Donnellon
Donnellon & Miller
A LEGAL PROFESSIONAL ASSOCIATION

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CONFIDENTIAL PERSONAL INFORMATION WORKSHEET

CLIENT'S ESTATE PLANNING

PERSONAL INFORMATION:

Name____

Address:
Street ____________________________________ Telephone ____________________

City ________________________________ State ____________ Zip _____________

Birth Date______________________________ Social Security Number______________________

Occupation____

Business Address:

Street____ Telephone______________________

City____________________________ State___________________ Zip_______________

Spouse's Name____

Spouse's Birth Date________________ Spouse's Social Security Number ____________________

Spouse's Occupation____

Business address:

Street_____________________________________ Telephone________________________

City___________________________ State______________________ Zip______________

Date 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:

Name	Birth Date
________________________________	____________________
________________________________	____________________
________________________________	____________________
________________________________	____________________
________________________________	____________________

Do you or your spouse have an existing ***Will or Trust***? Yes______ No______ If yes, please bring a copy to our conference.

Do you or your spouse have an existing ***Power of Attorney***? Yes______ No______ If yes, please bring a copy to our conference.

Do you or your spouse have an existing ***Health Care Power of Attorney*** or ***Living Will***? 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 a financial advisor? If so, name and address: ___________________________________

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

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INVENTORY OF ASSETS

1. **REAL ESTATE**:

	Personal Residence	Property Number Two
Address:	______________________________	______________________________
Owner(s) of property: (Title to property as shown on deed or attach a copy of deed)	______________________________	______________________________
Purchase Price and Date	______________________________	______________________________
Present Market Value (Estimate)	______________________________	______________________________
Mortgaged (If so, to whom?)	______________________________	______________________________
Amount of Mortgage as of ___/___/__	______________________________	______________________________

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:_________________

____

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3. **STOCKS, BONDS AND NOTES**

Attach a recent brokerage statement or complete the following:

Company Name	No. of Shares	Owner(s) of Stock	Current Market Value Per Share	Total

4. **BANK ACCOUNTS**:

	Bank	Account Number	Owner(s) of Account	Approximate Balance
a) Savings				
b) Checking (use average balances)				

5. **GOVERNMENT BONDS**: Yes__________ No _________

6. **IRA, PROFIT SHARING OR PENSION PLAN**:

	IRA	Profit Sharing, Pension Plan, or 401(K)
Name of Company		
Present Market Value		

Who owns the
Account?
Husband or Wife ______________________________ ____

Primary Beneficiary: ___________________________ ____

Contingent Beneficiary: _________________________ ____

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:

Policy Number and Insurance Company	Owner	Primary Beneficiary	Contingent Beneficiary	Amount
a) ____________________	__________	____________________	________________	$_________
b) ____________________	__________	____________________	________________	$_________
c) ____________________	__________	____________________	________________	$_________
d) ____________________	__________	____________________	________________	$_________

Any insurance on life of children? Yes__________ No __________

8. **ANNUITIES**:

List all annuity contracts owned by your or your spouse:

Policy Number and Insurance Company	Annuitant	Primary Beneficiary	Contingent Beneficiary	Amount
a) ____________________	__________	____________________	________________	$_________

b) ____________________ __________ ____________________ ________________ $________

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c) ____________________ __________ ____________________ ________________ $________

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d) ____________________ __________ ____________________ ________________ $________

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9. **MISCELLANEOUS PROPERTY**:

Automobiles, Motorcycles, Watercrafts:

Make and Model	Owner(s)	Any Lien?	Net Market Value
______________________	______________________	__________	$________________
______________________	______________________	__________	$________________
______________________	______________________	__________	$________________

Any cemetery plots? If so, where? ____

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Miscellaneous assets worthy of note:____

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Total Value $____________

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

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Total $____________

11. **<u>Any other information you believe we should know or you would like for us to know</u>**:

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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.

	Column 1 You	Column 2 *Joint with Spouse	Column 3 Spouse Alone
1. Real Estate	$________________	$________________	$________________
2. Stocks	$________________	$________________	$________________
3. Bank Accounts	$________________	$________________	$________________
4. IRA, Profit sharing or Pension Programs	$________________	$________________	$________________
5. Life Insurance	$________________	$________________	$________________
6. Autos, Watercrafts & Motorcycles	$________________	$________________	$________________

*** 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.