

CONFIDENTIAL

Name:

Address:

Home Telephone:

His Work:

Her Work:

His Cellular:

Her Cellular:

His E-mail:

Her E-mail:

Appointment:

I. **PERSONAL INFORMATION.**

A. Husband's Name:

1. SS #:
2. Date of Birth:
3. County of Residence:
4. Date Established Residence:
5. Are you a U. S. Citizen?
6. Estimated Earned Income:
7. Estimated Investment Income:
8. Employer:

B. Wife's Name:

1. SS #:
2. Date of Birth:
3. County of Residence:
4. Date Established Residence:
5. Are you a U. S. Citizen?
6. Estimated Earned Income:
7. Estimated Investment Income:
8. Employer:

Date of Marriage:

Previous Marriages:

D. Children:

1. Name of Child One:
 - a. Parents:
 - b. Date of Birth:
 - c. Social Security Number:
 - d. Address:
 - e. Telephone:

- f. Child's Spouse:
- g. Child's Children (name/age):

- 2. Name of Child Two:
 - a. Parents:
 - b. Date of Birth:
 - c. Social Security Number:
 - d. Address:
 - e. Telephone:
 - f. Child's Spouse:
 - g. Child's Children (name/age):

- 3. Name of Child Three:
 - a. Parents:
 - b. Date of Birth:
 - c. Social Security Number:
 - d. Address:
 - e. Telephone:
 - f. Child's Spouse:
 - g. Child's Children (name/age):

- 4. Name of Child Four:
 - a. Parents:
 - b. Date of Birth:
 - c. Social Security Number:
 - d. Address:
 - e. Telephone:
 - f. Child's Spouse:
 - g. Child's Children (name/age):

E. Husband's Parents:

- 1. Father:
 - a. Address:
 - b. Telephone:
 - c. Age:
 - c. Is father financially dependent upon you?

- 2. Mother:
 - a. Address:
 - b. Telephone:
 - c. Age:
 - d. Is mother financially dependent upon you?

F. Wife's Parents:

1. Father:
 - a. Address:
 - b. Telephone:
 - c. Age:
 - d. Is father financially dependent upon you?

2. Mother:
 - a. Address:
 - b. Telephone:
 - c. Age:
 - d. Is mother financially dependent upon you?

II. ASSETS AND LIABILITIES.

- A. Real Estate:
1. Address:
 - a. County:
 - b. Description:
 - c. Fair Market Value:
 - d. Mortgage Amount:
 - e. How is title held (husband, wife, Revocable Trust, joint with spouse, joint with third party)?
 - f. Tax Map #(on tax bill)

 2. Address:
 - a. County:
 - b. Description:
 - c. Fair Market Value:
 - d. Mortgage Amount:
 - e. How is title held (husband, wife, Revocable Trust, joint with spouse, joint with third party)?
 - f. Tax Map #(on tax bill)

 3. Address:
 - a. County:
 - b. Description:
 - c. Fair Market Value:
 - d. Mortgage Amount:
 - e. How is title held (husband, wife, Revocable Trust, joint with spouse, joint with third party)?
 - f. Tax Map #(on tax bill)

 4. Address:
 - a. County:

- b. Description:
- c. Fair Market Value:
- d. Mortgage Amount:
- e. How is title held (husband, wife, Revocable Trust, joint with spouse, joint with third party)?
- f. Tax Map #(on tax bill)

B. Insurance on Life of Husband:

- 1. Company and Policy #:
 - a. Owner:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:
 - d. Death Benefit:
 - e. Cash Value:
 - f. Loans on Policy:
 - g. What type of policy is this (term, whole life, or universal policy)?

- 2. Company and Policy #:
 - a. Owner:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:
 - d. Death Benefit:
 - e. Cash Value:
 - f. Loans on Policy:
 - g. What type of policy is this (term, whole life, or universal policy)?

- 3. Company and Policy #:
 - a. Owner:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:
 - d. Death Benefit:
 - e. Cash Value:
 - f. Loans on Policy:
 - g. What type of policy is this (term, whole life, or universal policy)?

C. Insurance on Life of Wife:

- 1. Company and Policy #:
 - a. Owner:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:

- d. Death Benefit:
- e. Cash Value:
- f. Loans on Policy:
- g. What type of policy is this (term, whole life, or universal policy)?

- 2. Company and Policy #:
 - a. Owner:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:
 - d. Death Benefit:
 - e. Cash Value:
 - f. Loans on Policy:
 - g. What type of policy is this (term, whole life, or universal policy)?

- 3. Company and Policy #:
 - a. Owner:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:
 - d. Death Benefit:
 - e. Cash Value:
 - f. Loans on Policy:
 - g. What type of policy is this (term, whole life, or universal policy)?

D. Husband's Retirement Plans and IRA's:

- 1. What type of plan is this (IRA, Roth IRA, profit sharing, pension, 401(k), non-qualified deferred comp)?
 - a. Amount of Benefit:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:
- 2. What type of plan is this (IRA, Roth IRA, profit sharing, pension, 401(k), non-qualified deferred comp)?
 - a. Amount of Benefit:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:

E. Wife's Retirement Plans and IRA's:

- 1. What type of plan is this (IRA, Roth IRA, profit sharing, pension, 401(k), non-qualified deferred comp)?
 - a. Amount of Benefit:

- b. Primary Beneficiary:
- c. Contingent Beneficiary:

- 2. What type of plan is this (IRA, Roth IRA, profit sharing, pension, 401(k), non-qualified deferred comp)?
 - a. Amount of Benefit:
 - b. Primary Beneficiary:
 - c. Contingent Beneficiary:

F. Brokerage Accounts:

- 1. Brokerage Company:
 - a. Account Number:
 - b. Fair Market Value:
 - c. How is this account titled (husband, wife, joint tenants with rights of survivorship, or tenants in common)?
 - d. Broker's Name:
- 2. Brokerage Company:
 - a. Account Number:
 - b. Fair Market Value:
 - c. How is this account titled (husband, wife, joint tenants with rights of survivorship, or tenants in common)?
 - d. Broker's Name:
- 3. Brokerage Company:
 - a. Account Number:
 - b. Fair Market Value:
 - a. How is this account titled (husband, wife, joint tenants with rights of survivorship, or tenants in common)?
 - b. Broker's Name:

G. Please describe any other stocks, bonds, or annuities that you own and designate ownership. Owned by husband, wife, or jointly?

H. Bank Accounts and Certificates of Deposit:

- 1. Bank:
 - a. Money Market, Checking, Savings, or CD?
 - b. Account Number:
 - c. Name on Account:
 - d. Balance:
- 2. Bank:
 - a. Money Market, Checking, Savings or CD?

- b. Account Number:
- c. Name on Account:
- d. Balance:

- 3. Bank:
 - a. Money Market, Checking, Savings or CD?
 - b. Account Number:
 - c. Name on Account:
 - d. Balance:

- 4. Bank:
 - a. Money Market, Checking, Savings or CD?
 - b. Account Number:
 - c. Name on Account:
 - d. Balance:

I. Business Interests:

- 1. In whose name is this business interest held (husband or wife)?
- 2. Do you own any interest in any closely held business, professional practice, partnership, limited liability company or sole proprietorship?
(Owned by: husband, wife, jointly?)
- 3. Please describe the nature of your interest and provide your estimate of the fair market value of your interest?
- 4. If the business is incorporated is it a subchapter S Corporation?
- 5. Is there a buy-sell or business continuation agreement?

J. Please estimate the value of miscellaneous personal property including automobiles, boats, jewelry, antiques, art, tools, etc.:

I. Does anyone owe you money? If so, please describe the nature of the loan arrangement and outstanding balance.

K. Please list any liabilities other than real estate mortgages that are listed under Item A.

III. MISCELLANEOUS ISSUES.

- A. Do you currently have a will?
- B. Do you currently have a revocable trust?

- C. Do you currently have a durable power of attorney and a health care power of attorney?
- D. Are there any life insurance policies on your life that are owned by third parties (children, trusts, or businesses)?
- E. Are either of you currently the beneficiary of any Trust arrangement?
- F. Have either of you established a trust of any type?
- G. Are either of you expecting any substantial inheritances?
- H. Have either of you ever lived in a Community Property State (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, or Idaho)?
- I. Have either of you ever made any substantial gifts (greater than \$11,000 per year) or filed a gift tax return?
- J. Have either of you ever signed a prenuptial agreement, a post-nuptial agreement or an elective share waiver?
- K. If you were previously married, do you have any continuing financial or insurance obligation under any divorce decree or other agreement, including child support?
- L. Do either of you have any health problems that may be relevant to this estate plan?
- M. Do you have disability income insurance? If so, please describe the amount of insurance that you carry.
- N. Have you started a gift program for children or grandchildren?
- O. Who is your accountant? (Please supply name, address and phone numbers.)
- P. Do you have joint accounts with anyone other than your spouse?
- Q. Do any of your beneficiaries have disabilities or health issues that may be relevant to this estate plan?

- R. Do any of your beneficiaries qualify for government assistance programs (Medicaid, Social Security Disability, Supplemental Security Income)?
- S. Do you have long-term care insurance?
- T. Do you have a safe deposit box? If so, where is it located?
- U. Have you left written burial or funeral instructions?
- V. Have you purchased a pre-need burial contract?
- W. Do you own any burial plots?
- X. How did you hear about our firm?