



**Children:** (Check here \_\_\_\_\_ and attach separate sheets if more space is needed)

(1) Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Married/Divorced/Single/Student  
Address: \_\_\_\_\_  
Their children and ages: \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Are there any special issues or problems relating to this child? **Y / N**  
\_\_\_\_\_

(2) Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Married/Divorced/Single/Student  
Address: \_\_\_\_\_  
Their children and ages: \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Are there any special issues or problems relating to this child? **Y / N**  
\_\_\_\_\_

(3) Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Married/Divorced/Single/Student  
Address: \_\_\_\_\_  
Their children and ages: \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Are there any special issues or problems relating to this child? **Y / N**  
\_\_\_\_\_

**2. SPECIAL ISSUES** (i.e. death of child, adoption, disability, marriages, prior children, other dependents): if the answer is Yes, please provide details.

a. Do you have any deceased children or grandchildren? **Y / N**  
Name(s): \_\_\_\_\_

Did any deceased child or grandchild leave children or grandchildren who are now living? **Y / N**  
Name(s): \_\_\_\_\_

b. Are any of your children adopted? **Y / N**  
Name(s): \_\_\_\_\_

c. Were you or your spouse married before? Husband \_\_\_ Wife \_\_\_ **Y / N**  
If so, to whom and when? \_\_\_\_\_  
\_\_\_\_\_

Were any children born of these prior marriages? **Y / N**  
If so, list below, or note if previously listed above under "Children"

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of # \_\_\_\_\_  
Living \_\_\_ Deceased \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of # \_\_\_\_\_  
Living \_\_\_ Deceased \_\_\_\_\_

How were these marriages terminated? \_\_\_\_\_  
If by divorce, check here \_\_\_ and provide a copy of your divorce decree.

d. Do you (or will your estate) have any outstanding obligations benefitting a former spouse or children? **Y / N**  
\_\_\_\_\_  
\_\_\_\_\_

e. Have you and your spouse entered into a Prenuptial Agreement? **Y / N**  
If so, please provide a copy.

f. Do you have any children by other persons (other than listed above) **Y / N**  
\_\_\_\_\_  
\_\_\_\_\_

g. Is anyone else dependent on you for support? **Y / N**  
\_\_\_\_\_  
\_\_\_\_\_

h. Is any child or dependent disabled or handicapped in any way? **Y / N**

\_\_\_\_\_  
\_\_\_\_\_

- i. Do you have a parent or other dependent who has special needs or who should be considered in your estate plan? **Y / N**

\_\_\_\_\_  
\_\_\_\_\_

**3. MEDICAL INFORMATION:**

- a. Generally, how would you describe your health (*good, poor*)? Are there any major problems that should be taken into account? **Y / N**

Client No. 1: \_\_\_\_\_

Client No. 2: \_\_\_\_\_

- b. Do these matters effect your insurability? *If yes, please provide details* **Y / N**

Client No. 1: \_\_\_\_\_

Client No. 2: \_\_\_\_\_

- c. Who is your family physician and/or medical specialist?

Client No. 1: \_\_\_\_\_

Client No. 2: \_\_\_\_\_

**4. BUSINESS DATA:**

- a. Do you operate or have an ownership interest in a business? **Y / N**  
*If so, for each business, provide the following information, attaching separate sheets if necessary:*

Business name: \_\_\_\_\_

Owner name and title: \_\_\_\_\_

- b. Business Type: \_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Sub-Chapter S Corporation  
(provide list of shareholders)  
\_\_\_\_\_ Sub-Chapter C Corporation  
\_\_\_\_\_ Limited Liability Company

- c. Is there a Buy-Sell Agreement in place? **Y / N**  
*If so, please provide a copy.*

- d. Is there any by-law or stock agreement governing or restricting the sale or transfer of

the shares in this business?

Y / N

**5. FINANCIAL DATA:**

a. Who prepares your income tax returns? \_\_\_\_\_

\_\_\_\_\_  
*Please provide a copy of your most recent income tax return.*

b. Where is your major banking affiliation? \_\_\_\_\_

\_\_\_\_\_

c. Do you have an investment counselor? Y / N

*If yes, provide name, address and telephone number.*

\_\_\_\_\_  
\_\_\_\_\_

d. Do you have a safe deposit box? Y / N

*If yes, where is it located?* \_\_\_\_\_

e. Please list your life insurance policies (*use additional sheets if necessary*):

(1) Company: \_\_\_\_\_

Owner: \_\_\_\_\_ Insured: \_\_\_\_\_

Face Amount: \$ \_\_\_\_\_ Type: Term / Whole Life / Other

Beneficiary: (1) Primary: \_\_\_\_\_

(2) Secondary: \_\_\_\_\_

(2) Company: \_\_\_\_\_

Owner: \_\_\_\_\_ Insured: \_\_\_\_\_

Face Amount: \$ \_\_\_\_\_ Type: Term / Whole Life / Other

Beneficiary: (1) Primary: \_\_\_\_\_

(2) Secondary: \_\_\_\_\_

(3) Company: \_\_\_\_\_

Owner: \_\_\_\_\_ Insured: \_\_\_\_\_

Face Amount: \$ \_\_\_\_\_ Type: Term / Whole Life / Other

Beneficiary: (1) Primary: \_\_\_\_\_

(2) Secondary: \_\_\_\_\_

*Check here \_\_\_\_\_ and attach a separate sheet if more space is needed.*

f. Does anyone owe you money? Y / N  
*If so, provide details and attach a copy of such indebtedness, i.e. Note, Mortgage, etc.*

\_\_\_\_\_  
 \_\_\_\_\_

g. Do you expect to receive any substantial inheritances? Y / N  
*If so, from whom and in what approximate amount?*

\_\_\_\_\_  
 \_\_\_\_\_

h. Do you anticipate any future events that would affect your estate planning goals?  
*If yes, provide details:* Y / N

\_\_\_\_\_  
 \_\_\_\_\_

i. Current Annual Income:

Salary                      Interest                      Dividends                      Soc. Sec.                      Pension

Client No. 1: \_\_\_\_\_

Client No. 2: \_\_\_\_\_

j. Do you own any tax shelter type assets? *If so, please provide details* Y / N  
*(or indicate if the details are provided in your Asset Profile below):*

\_\_\_\_\_  
 \_\_\_\_\_

**6. REAL ESTATE:**

Since we anticipate the transfer of your real estate into your trust(s), please list separately all real estate that you own, providing the information requested:

	<u>Street Address</u> <u>City/State</u>	<u>County</u> <u>Book/Page</u>	<u>Approx.</u> <u>Value</u>	<u>Mortgage</u> <u>Amount</u>	<u>Title Insurance</u> <u>(owners policy)</u>
(1)	_____	_____ / _____	\$ _____	\$ _____	Y / N
(2)	_____	_____ / _____	\$ _____	\$ _____	Y / N
(3)	_____	_____ / _____	\$ _____	\$ _____	Y / N

*Check here \_\_\_\_\_ and attach a separate sheet if more space is needed.*

**REAL ESTATE CHECKLIST OF ITEMS TO INCLUDE (for each property):**

- |     |   |    |    |    |
|-----|---|----|----|----|
| (a) | Copy of recorded deed for each property           | #1 | #2 | #3 |
| (b) | Copy of recent tax bill.                          | #1 | #2 | #3 |
| (c) | Copy of recent mortgage statement or equity line. | #1 | #2 | #3 |
| (d) | Copy of owner's title insurance policy.           | #1 | #2 | #3 |
| (e) | Any related easements, conveyances out, etc.      | #1 | #2 | #3 |

*(See the following questions - if you answer Yes, provide copies)*

After you acquired title to your real estate, have you:

- |     |                                      |       |
|-----|--------------------------------------|-------|
| (1) | sold portions of these properties?   | Y / N |
| (2) | acquired additional adjoining land?  | Y / N |
| (3) | agreed to a boundary line agreement? | Y / N |

**7. OTHER ASSETS:**

- a. OTHER U.S. PERSONAL PROPERTY, TIME SHARES, ETC. Y / N  
*If you own property in another state, please provide details and copies of instruments documenting the same:*

\_\_\_\_\_

- b. FOREIGN: Do you own any real or personal property located outside the United States, or do you wish to benefit anyone who permanently resides outside of the United States? Y / N  
*If so, please provide details:* \_\_\_\_\_

- c. OTHER SPECIFIC ASSETS: Do you have any personal property (i.e. jewelry, paintings, antiques, collections, etc) or cash amounts you would like to give to a specific beneficiary Y / N  
*If so, provide a description, who is to receive it, and estimated values:*

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_

- (1) \$ \_\_\_\_\_ to \_\_\_\_\_  
(2) \$ \_\_\_\_\_ to \_\_\_\_\_  
(3) \$ \_\_\_\_\_ to \_\_\_\_\_  
(4) \$ \_\_\_\_\_ to \_\_\_\_\_

**8. ASSET PROFILE:** Please attach a copy of your personal financial statement or complete the following ASSET PROFILE using approximate amounts, but valuing your assets at their fair market value.

<u>Item</u>	<u>Client No. 1</u>	<u>Client No. 2</u>	<u>Joint</u>	<u>Indebtedness</u>
Home Residence	\$ _____	\$ _____	\$ _____	\$ _____
2 <sup>nd</sup> Home	\$ _____	\$ _____	\$ _____	\$ _____
Other (Real Estate)	\$ _____	\$ _____	\$ _____	\$ _____
Checking Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____	\$ _____	\$ _____
CD's	\$ _____	\$ _____	\$ _____	\$ _____
Securities	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____	\$ _____
IRA Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Tax Sheltered Plans	\$ _____	\$ _____	\$ _____	\$ _____
Promissory Notes	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Antiques	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____	\$ _____
Other Vehicles	\$ _____	\$ _____	\$ _____	\$ _____
Collections	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Closely Held	\$ _____	\$ _____	\$ _____	\$ _____
Business	\$ _____	\$ _____	\$ _____	\$ _____
Insurance (face amt.)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Further Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. PRESENT ESTATE PLANNING POSITION:**

a. Do you presently have a will or other estate planning documents?

*If yes, please attach or bring copy to the initial conference.*

Client #1: Y / N                      Client #2: Y / N

b. Have you made taxable gifts and filed gift tax returns in past years? **Y / N**

Gift(s) made: \_\_\_\_\_ Year(s) \_\_\_\_\_

*If possible, please provide a copy of your latest gift tax return.*

c. Have you created or do you presently benefit from any trusts? **Y / N**

*If so, describe and provide copies, if possible.* \_\_\_\_\_

\_\_\_\_\_

d. Do you have a power of appointment over property given to you in a will or trust created by another individual? **Y / N**

*If so, describe and provide copies, if possible.* \_\_\_\_\_

\_\_\_\_\_

**10. OTHER CONSIDERATIONS:**

a. Do you have any substantial liabilities not listed above? **Y / N**

*If so, please give details, to whom, for what, what amounts.*

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

b. Do you participate in or benefit from any pension plans, annuities, deferred compensation plans or other employee benefit plans? **Y / N**

*If so, please provide details and who the designated beneficiary is:*

\_\_\_\_\_

\_\_\_\_\_

c. Do you expect to benefit any charitable organizations at death? **Y / N**

*If so, please provide details, including amounts, exact names, addresses, phone numbers, tax exempt status, etc. (Attach copy of pamphlet if available):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. FIDUCIARIES:** List the people in the order you wish them to serve. If you want two people to serve together, make that notation. Please include the relationship of each person named and their city/state address (*not necessary to repeat if you name the same person for multiple appointments*).

a. **GUARDIAN:** (If you have children under the age of 18)  
(1) Spouse (\_\_\_\_\_ if checked), or \_\_\_\_\_  
(2) \_\_\_\_\_ of \_\_\_\_\_  
(3) \_\_\_\_\_ of \_\_\_\_\_

b. **EXECUTOR:** (of your Will)  
(1) Spouse (\_\_\_\_\_ if checked), or \_\_\_\_\_  
(2) \_\_\_\_\_ of \_\_\_\_\_  
(3) \_\_\_\_\_ of \_\_\_\_\_

c. **TRUSTEE:** (of your Trust - assuming you are the first-named Trustee)  
(1) Spouse (\_\_\_\_\_ if checked), or \_\_\_\_\_  
(2) \_\_\_\_\_ of \_\_\_\_\_  
(3) \_\_\_\_\_ of \_\_\_\_\_

d. **POWER OF ATTORNEY for Financial Affairs:**  
(1) Spouse (\_\_\_\_\_ if checked), or \_\_\_\_\_  
(2) \_\_\_\_\_ of \_\_\_\_\_  
(3) \_\_\_\_\_ of \_\_\_\_\_

e. **POWER OF ATTORNEY for Health Care Matters:**  
(1) Spouse (\_\_\_\_\_ if checked), or \_\_\_\_\_  
(2) \_\_\_\_\_ of \_\_\_\_\_  
(3) \_\_\_\_\_ of \_\_\_\_\_

**12. MISCELLANEOUS:**

a. Are there any other considerations which you believe may affect your estate planning goals? Y / N

\_\_\_\_\_  
\_\_\_\_\_

b. Who referred you to our firm?

\_\_\_\_\_  
\_\_\_\_\_

c. Other comments or questions you would like to discuss at our meeting:

\_\_\_\_\_  
\_\_\_\_\_

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*Thank you for providing this pertinent information  
to assist us in developing a plan for you.*