

ADVISORS (List name, firm, address and telephone number)

Accountant			Attorney (if more than one indicate area of advice)		
Name:			Name:		
Firm Name:			Firm Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone Number: (____) _____ - _____			Phone Number: (____) _____ - _____		

Banking Contact			Investment Advisor		
Name:			Name:		
Firm Name:			Firm Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone Number: (____) _____ - _____			Phone Number: (____) _____ - _____		

Life Insurance Agent		
Name:		
Firm Name:		
Street Address:		
City:	State:	Zip:
Phone Number: (____) _____ - _____		

PRESENT ESTATE PLAN

	Self	Spouse
Do you have a Will? (If yes, please provide copies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Wills	____/____/____	____/____/____
Do you currently have a: Living Will? Health Care Power of Attorney? Financial Durable Power of Attorney? (If yes, please provide copies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Living Trust? (If yes, please provide copies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have assets been transferred to the Living Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Estate Plan was last revised		
Do you have a Prenuptial/Postnuptial Agreement? (If yes, please provide copies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

RECORD OF PERSONAL ASSETS (Excluding Retirement Plans and Business Interests that are listed separately)

<u>Asset Type</u>	<u>Owner</u>	<u>Market Value</u>	<u>Liability</u>	<u>Growth Rate</u>
Residence		\$	\$	%
Second Residence		\$	\$	%
Other Real Estate		\$	\$	%
Stocks (Please provide current statement)		\$	\$	%
Bonds (Please provide current statement)		\$	\$	%
Mutual Funds (Please provide current statement)		\$	\$	%
Cash – Checking, Savings		\$	\$	%
CD's		\$	\$	%
Household Goods		\$	\$	%
Personal Property		\$	\$	%
Autos, Boats		\$	\$	%
Future Inheritance		\$	\$	%
Other – Please Specify		\$	\$	%
Other		\$	\$	%

Do you own any assets (such as real estate or business interests) in another state? Please describe below:

ABOUT YOUR BUSINESS INTEREST (Do not include amounts here that have already been listed on the Personal Assets section)

Name and Type of Business:

Fed ID #:

Organization of Business: "S" Corporation "C" Corporation
 Sole Proprietor Partnership Limited Liability Company

Is there a buy/sell agreement in effect? Yes (If yes, please provide copy) No

Date Business Started: _____/_____/_____

What are your plans for the business?

What is the estimated value of your business if sold as a going concern today? \$

Of this estimated value, the estimated value of each owners' share is: \$

At what rate is the value of your business growing each year? %

RECORD OF PERSONAL DEBT – REAL ESTATE MORTGAGES, BANK LOANS & INSTALLMENT DEBT (credit cards)

<u>Name of Creditor</u>	<u>Collateral</u>	<u>Loan #</u>	<u>Payment Amount</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Date Loan will be paid off</u>	<u>Maker – Husband, Wife or Joint</u>
			\$	\$	%		
			\$	\$	%		
			\$	\$	%		
			\$	\$	%		
			\$	\$	%		
			\$	\$	%		
			\$	\$	%		
			\$	\$	%		
			\$	\$	%		
			\$	\$	%		

RETIREMENT PLANS (Please provide copies of current statements)

Plan types might include pension plans, profit-sharing plans, 401(k) plans, HR10 plans, Simplified Employee Pension plans, Simple plans, tax-sheltered annuities, individual retirement plans, Roth IRAs and deferred compensation programs.

In community property states, retirement plans are assumed to be community property unless otherwise noted.

<u>Type</u>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 4</u>
Participant				
Designated beneficiary				
Current Value	\$	\$	\$	\$
Income Tax Basis (if any)	\$	\$	\$	\$
Growth rate on balance	%	%	%	%
Annual deposit	\$	\$	\$	\$
For how many more years				
Planned withdrawals	\$	\$	\$	\$
Starting year of withdrawals				
For how many years				

Age at planned retirement	Self	Spouse
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EXISTING LIFE INSURANCE (Please provide copies of policies and current statements)

Insured	Owner	Beneficiary	Insurance Company	Face Amount	Surrender Value	Type Term/UL	Issue Date
				\$	\$		___/___/___
				\$	\$		___/___/___
				\$	\$		___/___/___
				\$	\$		___/___/___
				\$	\$		___/___/___

Name:	Spouses Name:
U/W Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Rated ____ (A, B, C, D)	U/W Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Rated ____ (A, B, C, D)
Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No

DISABILITY & LONG-TERM CARE INSURANCE
(Please provide copies of policies)

	#1	#2	#3	#4
Company				
Policy Number				
Date of Issue				
Type				
Name of Insured				
Annual Premium	\$	\$	\$	\$
Policy Furnished by Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, indicate your contribution amount	\$	\$	\$	\$

HEALTH INSURANCE (HI)
(Please provide copies of policies)

Company	
Name of Insured	
Date of Issue	

ESTATE PLANNING GOALS

Whom do you wish to benefit from your estate? (Both you and your spouse should rank individually) Rank from 1 to 6

<u>Self</u>	<u>Spouse</u>
Spouse	Spouse
Children	Children
Grandchildren	Grandchildren
Charity	Charity
Other Relatives	Other Relatives
Other (describe)	Other (describe)

Briefly describe your goals in planning your estate. List any specific concerns.

Do you currently make annual gifts? Yes No

If yes, to how many beneficiaries and in what amount?

Are you interested in the effects of annual gifts? Yes No

If you are interested in any of the following, please indicate below:

Charitable bequests at death Using charitable trusts

WHERE TO FIND WHAT IN AN EMERGENCY

Date: _____

Safe Deposit Box & Key	
Bank Records/CD's/Passbooks	
Stocks, Bond Certificates	
Other Investments/Records	
Tax Records/Copies of Latest Income Tax Returns	
Business Records	
Deeds & Mortgage Info	
Will & Trust(s)	
Life Insurance Policies	
Pension, Profit Sharing & IRA's	
Passport/Birth Certificate	
Marriage Certificates/Divorce Papers	
Funeral Directions	
Deed for Cemetery Plot	
My Accountant is:	
My Attorney is:	
My Financial Planner is:	
My Stockbroker is:	
My Trust Officer is:	
My Executor is:	