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Date:__________

ESTATE PLANNING INFORMATION FORM

THANK YOU FOR COMPLETING THIS FORM BEFORE WE MEET. THE INFORMATION WILL MAKE OUR INITIAL MEETING MORE EFFICIENT AND EFFECTIVE FOR YOU.

FULL NAME ______________________________

OTHER NAMES USED ______________________________

HOME ADDRESS: ______________________________

____

COUNTY: ______________________________

HOME PHONE: ______________________________

HOME FAX NO. ______________________________

HOME EMAIL: ______________________________

CELL PHONE: ______________________________

OCCUPATION: ______________________________

EMPLOYER: ______________________________

BUSINESS PHONE: ______________________________

BUSINESS FAX NO. ______________________________

BUSINESS EMAIL: ______________________________

DATE OF BIRTH: ______________________________

PLACE OF BIRTH: ______________________________

CITIZENSHIP: ______________________

SOCIAL SECURITY # ______________________

SAFE DEPOSIT BOX
LOCATION: ______________________

CHILDREN AND DECEASED CHILDREN - INDICATE IF ADOPTED
(attach additional pages, if necessary):

NAME:	______________	______________
NICKNAME:	______________	______________
DATE OF BIRTH:	______________	______________
PLACE OF BIRTH:	______________	______________
S.S.#:	______________	______________
ADDRESS (IF DIFFERENT)	______________ ______________	______________ ______________
SPOUSE'S NAME	______________	______________
NAMES/DOB OF EACH CHILD'S CHILDREN	______________	______________

ACCOUNTANT: ______________________

____

INSURANCE AGENT: ______________________

____

BROKER/INVESTMENT
ADVISOR: ______________________

____

FINANCIAL PLANNER: ______________________

____

PRIOR MARRIAGES: ______________________________

FORMER SPOUSE ______________________________

MARRIAGE DATE ______________________________

PLACE ______________________________

TERMINATED BY Death Divorce Date

____

OBLIGATIONS:

CHILD SUPPORT ______________________________

ALIMONY ______________________________

LIFE INSURANCE ______________________________

OTHER ______________________________

HAVE YOU EVER SIGNED A MARITAL OR PROPERTY SETTLEMENT AGREEMENT WITH A FORMER SPOUSE OR PARTNER?______________________________

PROVIDE THE NAMES AND ADDRESSES OF INDIVIDUALS OR CHARITABLE ORGANIZATIONS WHOM YOU WISH TO NAME AS BENEFICIARIES:

Name	Address	Age

IS ANY PERSON (OTHER THAN MINOR CHILDREN) PARTIALLY OR WHOLLY DEPENDENT UPON YOU FOR SUPPORT NOW OR POSSIBLY IN THE FUTURE:

____

____

ARE YOU NAMED AS A BENEFICIARY OF ANY TRUST OR WILL?

DO YOU HAVE ANY POWER OF APPOINTMENT UNDER ANY WILL OR TRUST?

HAVE YOU EVER FILED A GIFT TAX RETURN (IRS FORM 709)? ________.
IF SO, ATTACH A COPY TO THIS FORM.

LIST ANY SPECIAL BEQUESTS YOU WISH TO MAKE OF ITEMS OF PERSONAL PROPERTY (SUCH AS CARS, JEWELRY, SILVERWARE, FURNITURE, ETC.)

Description of Item	Name of Person to Receive it

DO YOU HAVE LONG TERM CARE INSURANCE? YES_____ NO_____

ANY ESPECIALLY IMPORTANT OR UNUSUAL ESTATE PLANNING OBJECTIVES:

ASSET SCHEDULE

IMPORTANT: INDICATE WHETHER THERE IS A CO-OWNER AND WHETHER THERE IS A NAMED BENEFICIARY FOR ANY POLICY OR ANY PAYABLE ON DEATH ("POD") OR TRANSFERABLE ON DEATH ("TOD") DESIGNATION FOR ANY ACCOUNT.

	Approx. Current Value	Co-Owner	Named Beneficiaries POD/TOD
I. REAL PROPERTY			
HOME	$________	______	__________
Balance Due on Mortgage $________			
Year Acquired ______			
VACATION PROPERTY	$________	______	__________
Balance Due on Mortgage $________			
Year Acquired ______			
COMMERCIAL/INVESTMENT PROPERTY	$________	______	__________
Balance Due on Mortgage			
Year Acquired ______			
$________			
II SECURITIES AND CASH ACCOUNTS			
STOCKS	$________	______	__________
	$________	______	__________
BONDS	$________	______	__________
	$________	______	__________
MUTUAL FUNDS	$________	______	__________
	$________	______	__________
CDs and MONEY MARKET FUNDS	$________	______	__________
	$________	______	__________
BANK ACCOUNTS	$________	______	__________

III. LIFE INSURANCE (PERSONAL And BUSINESS)

ON YOUR LIFE ______________________________

ON CHILDREN OR OTHERS ______________________________

	Approx. Current Value	Co-Owner	Named Beneficiaries POD/TOD
IV. OTHER ASSETS			
PENSIONS, PROFIT SHARING, KEOGH and IRA PLANS	$______	______	______
	$______	______	______
	$______	______	______
	$______	______	______
OTHER EMPLOYER RETIREMENT PROGRAMS OR BENEFITS	$______	______	______
STOCK OPTIONS	$______	______	______
UNIFORM TRANSFERS TO MINORS ACCOUNTS (CUSTODIAL ACCOUNTS)	$______	______	______
SECTION 529 PLANS	$______	______	______
V. MISCELLANEOUS PROPERTY			
FURNITURE and FURNISHINGS	$______	______	
AUTOMOBILES	$______	______	
BOATS	$______	______	
BUSINESS INTEREST	$______	______	
PARTNERSHIP INTEREST	$______	______	

VI. INCOME/EXPENSES

ANNUAL INCOME ______________________

EXPENSES ______________________

EXPECTED PENSION INCOME ______________________

PLEASE SEND OR BRING WITH YOU TO OUR MEETING COPIES OF THE FOLLOWING:

1) ANY EXISTING WILLS, TRUSTS, POWERS OF ATTORNEY, LIVING WILLS OR OTHER HEALTH CARE DIRECTIVES.
2) RECENT STATEMENTS FOR EACH BANK OR INVESTMENT ACCOUNT.
3) DEEDS FOR REAL ESTATE.
4) RECENT STATEMENTS FOR ALL RETIREMENT ACCOUNTS.

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