



ESTATE PLANNING CLIENT INFORMATION SINGLE
[Strictly Confidential]

Legal Name: _____

Other Names used: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

Business/Employer: _____

Marital Status: Never married Divorced Widowed Married

If married, name of Spouse: _____

US citizen? Yes No. If no, what nationality: _____

CHILDREN: None

AGE or DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Number of grandchildren: _____ Range of Ages: _____

- | | <u>YES</u> | <u>NO</u> |
|-------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Any deceased children? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| • If yes, survived by issue? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name(s): _____ | | |
| _____ | | |
| _____ | | |

- | | <u>YES</u> | <u>NO</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you expect to inherit substantial assets (\$100,000 +)? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Will? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever executed a trust (either revocable or irrevocable)? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Do you have an existing General Power of Attorney?
- Do you currently hold any assets in Joint Tenancy with another person?
- The name of the person(s) that you want to be the decision maker concerning your estate upon your death:

- The name of the person(s) that you want to raise a child that is under 18 (if applicable):

- The name of the person(s) that you want to make any major medical decisions on your behalf:

- The name of the person(s) that you want to be the decision maker concerning your estate upon your death:

- If the grantor has named any beneficiaries, please list names and address of beneficiaries, if not listed above.

- State any other information you would like us to have to assist you with your planning:

BURIAL WISHES

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

ESTIMATED* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc.**)	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
TOTAL:	\$ _____

* Use best guess; this can be a “ballpark” estimate.

** Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____