LINDABURY, MCCORMICK, ESTABROOK & COOPER, P.C.

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ESTATE PLANNING INFORMATION
(if you have a spouse / partner, please complete for both)

1. Individual Information

Client 1 Name: ____________________________

Date of Birth: ______________________________

Last 4 digits of S.S. number: ________________

Citizenship: ________________________________

Military service: ___________________________

Client 2 Name: ________________________________

Date of Birth: __________________________________

Last 4 digits of S.S. number: ____________________

Citizenship: ____________________________________

Military service: _______________________________

Children's names, addresses, dates of birth, and marital status:

____

____

____

____

2. Residence

Permanent home address: ____

Vacation home address (if any): ____

Period of residence in present state: ____

Prior states of residence: ____

3. Contact information:

Client 1

Home: ___________________________________

Cell: ____________________________________

Office: __________________________________

Email: ___________________________________

Employer: ________________________________

Client 2

Home: ___________________________________

Cell: ____________________________________

Office: __________________________________

Email: ___________________________________

Employer: ________________________________

4. Marital History

Date and Place of Marriage/Civil Union/Domestic Partnership: ____________________

Prenuptial or other marital agreement? (if yes, provide copies): ____________________

Marital History (divorces, deaths, and remarriages) (please provide copies of any divorce settlements):

____

5. Miscellaneous

(a) If you have a **safe deposit box**, please provide number and location:

____

(b) Long Term Care Insurance? ☐ Yes ☐ No

(c) Disability Insurance? ☐ Yes ☐ No

(d) Umbrella Liability Insurance through Homeowners' policy? ☐ Yes ☐ No

If yes, what amount? ____________________

(e) Does any of your children/grandchildren have a disability or special needs?

____

(f) Are your parents living? ____________________

(g) Have you ever made large gifts and/or filed a federal gift tax return? ____________________

(h) Are you the trustee or a beneficiary of a trust created by another person?

____

(i) Have you inherited assets within the last 10 years from an estate that filed a federal estate tax return?

____

(j) Do you wish to include organ donation in your advance directives? ☐ Yes ☐ No

(k) Do you have 529 plan accounts for children/grandchildren? ☐ Yes ☐ No

If yes, who is the custodian? ____________________

Who is the successor custodian? ____________________

(l) If you have a CPA, name and contact information: ____________________

____

(m) If you have a financial advisor, name and contact information: ____________________

____

ASSETS

1. Life Insurance

Insured	Owner	Company/Policy Number	Amount	Beneficiaries	Policy Type (term, whole life, etc.)
__________	__________	__________	__________	__________	__________
__________	__________	__________	__________	__________	__________
__________	__________	__________	__________	__________	__________
__________	__________	__________	__________	__________	__________
__________	__________	__________	__________	__________	__________

2. Cash and Bank Accounts - If there is a POD (pay on death) or TOD (transfer on death) designee, please indicate.

Bank name and account: ______________________________

Current Value: ______________________________

Title (separate or joint tenants): ______________________________

POD or TOD payees: ______________________________

Bank name and account: ______________________________

Current Value: ______________________________

Title (separate or joint tenants): ______________________________

POD or TOD payees: ______________________________

Bank name and account: ______________________________

Current Value: ______________________________

Title (separate or joint tenants): ______________________________

POD or TOD payees: ______________________________

3. Brokerage Accounts - If there is a POD (pay on death) or TOD (transfer on death) designee, please indicate.

Brokerage firm and account: ______________________________

Current Value: ______________________________

Title (separate or joint tenants): ______________________________

POD or TOD payees: ______________________________

Brokerage firm and account: ____________________

Current Value: ____________________

Title (separate or joint tenants): ____________________

POD or TOD payees: ____________________

Brokerage firm and account: ____________________

Current Value: ____________________

Title (separate or joint tenants): ____________________

POD or TOD payees: ____________________

4. Real Estate

Address: ____________________

Current Value: ____________________

Mortgage Balance: ____________________

Title (separate, tenants in common, joint tenants, or h & w): ____________________

Address: ____________________

Current Value: ____________________

Mortgage Balance: ____________________

Title (separate, tenants in common, joint tenants, or h & w): ____________________

Address: ____________________

Current Value: ____________________

Mortgage Balance: ____________________

Title (separate, tenants in common, joint tenants, or h & w): ____________________

5. Retirement Assets (IRAs, 401(k)s, 403(b)s, Pension Plans)

Type of account: ____________________

Current Value: ____________________

Owner: ____________________

Beneficiaries: ____________________

Type of account: ____________________

Current Value: ____________________

Owner: ____________________

Beneficiaries: ____________________

Type of account: ______________________________

Current Value: ______________________________

Owner: ______________________________

Beneficiaries: ______________________________

Type of account: ______________________________

Current Value: ______________________________

Owner: ______________________________

Beneficiaries: ______________________________

6. Any tangible personal property with significant value? (Art, Antiques, Jewelry, Collectible Automobiles)

Description: ______________________________

Current Value: ______________________________

Owner: ______________________________

Description: ______________________________

Current Value: ______________________________

Owner: ______________________________

7. Other assets such as LLC's, Partnerships, C corporations, and S corporations. Please provide a full description including assets and liabilities within the entity, ownership percentage, and the most recent income tax returns. Attach additional pages if necessary.

____

____

____

8. Any crypto-currency or NFT's? Provide details.

____

____

____

9. Any significant debt? Provide details.

____

____

____

RECAPITULATION OF ASSETS – CATEGORY TOTALS

	Client 1	Client 2	Joint Names
Life Insurance	________	________	________
Bank Accounts	________	________	________
Brokerage Accounts	________	________	________
Residence	________	________	________
Other Real Estate	________	________	________
Retirements Accounts	________	________	________
Tangible Property	________	________	________
Business Interests	________	________	________
Other Assets	________	________	________
TOTALS	________	________	________

ANNUAL INCOME (based on most recent 1040)

	Client 1	Client 2
W-2 Income (salary, commissions, bonus)	________	________
1099 Income (investment and other income)	________	________
RMDs (from retirement accts.)	________	________
Pension / Social Security	________	________
Other Income	________	________
TOTAL INCOME	________	________

Note

Care should be taken in completing this questionnaire because the information provided will be relied upon and will form the basis of estate planning discussions and documents.

Prepared By: ______________________________

Date: ______________________________