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

1. Individual Information

Client 1 Name: _____

Client 2 Name: _____

Date of Birth: _____

Date of Birth: _____

Last 4 digits of S.S. number: _____

Last 4 digits of S.S. number: _____

Citizenship: _____

Citizenship: _____

Military service: _____

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

<u>Insured</u>	<u>Owner</u>	<u>Company/Policy Number</u>	<u>Amount</u>	<u>Beneficiaries</u>	<u>Policy Type (term, whole life, etc.)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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: _____