

ESTATE PLANNING FACT SHEET

Date: _____

I. PERSONAL DATA.

Client(s): (H) _____

(W) _____

Address: _____

Phone: (Home) _____

(H/work) _____

(W/work) _____

(other) _____

Birth Date(s): (H) _____ (W) _____

Soc. Sec. No(s): (H) _____ (W) _____

Citizenship: (H) _____ (W) _____

Marriage: (Date) _____ (Place) _____

Previous Domiciles: _____

Prior Marriages: (H) _____

(W) _____

| Children: | Name | DOB | Residence | Married | Children |
|-----------|-------|-------|-----------|---------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

(A) = Adopted
(P) = From prior marriage

| | Name | Residence |
|--------------|-------|-----------|
| Parents: (H) | _____ | _____ |
| | _____ | _____ |
| (W) | _____ | _____ |
| | _____ | _____ |

| | Name | Residence | Married | Children |
|---------------|-------|-----------|---------|----------|
| Siblings: (H) | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

(W) _____

Existing Wills/Trusts: _____

II. ASSETS (See attached Schedule of Assets)

III. GIFTS.

Donee(s) Amount Date

Prior Gifts: _____

Annual Exclusion Gift Program? _____

IV. DISPOSITION.

Specific Bequests: _____

Cash Legacies: _____

Tangible Personal Property: _____

Residence: _____

Residue: _____

V. FIDUCIARIES.

Executors: _____

Guardians: _____

Trustees: _____

VI. DOCUMENTS.

- _____ Simple Will(s)
 - _____ Children's Trust ()
 - _____ Disclaimer Trust ()
 - _____ Family/Marital Trust ()
 - _____ Outright Marital
 - _____ QTIP Marital
 - _____ Other _____
- (T) = Testamentary
(I) = Inter Vivos

Trust Terms:

- _____ Spouse (Family Trust)
 - _____ Discretionary income and principal to spouse and descendants (priority to spouse)
 - _____ Discretionary income and principal to spouse only
 - _____ Mandatory income to spouse; discretionary principal
 - _____ Other _____

_____ Children (Children's/Family Trust)
_____ Pot trust to age _____
_____ Separate trusts
_____ Distribute ages _____
_____ If no descendants _____

Other Documents:

_____ Durable Power of Attorney (name and address) _____

_____ Future Conservator _____

_____ Living Will

_____ Anatomical gifts
_____ Health Care Agents(s) _____

_____ Irrevocable Insurance Trust

_____ Other _____

Beneficiary Designations:

_____ Life Insurance _____

_____ Qualified Plans _____

_____ Other _____

VII. Fee Quote: _____

VIII. Deadline: _____

IX. Next Appointment: _____

SCHEDULE OF ASSETS

| Type | H | W | Joint |
|--------------------------|------------------------------|-----------------|-----------------|
| Bank Accounts | \$ _____ | \$ _____ | \$ _____ |
| Residence (equity) | _____ | _____ | _____ |
| Other Real Est. (equity) | _____ | _____ | _____ |
| Household Property | _____ | _____ | _____ |
| Automobiles | _____ | _____ | _____ |
| Stocks | _____ | _____ | _____ |
| Bonds | _____ | _____ | _____ |
| Life Insurance | _____ | _____ | |
| IRA's | _____ | _____ | |
| Retirement Plans | _____ | _____ | |
| | _____ | _____ | |
| Stock Options | _____ | _____ | |
| Deferred Compensation | _____ | _____ | |
| Business Interests | _____ | _____ | |
| Other: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| TOTALS | \$ _____ | \$ _____ | \$ _____ |
| | Total Both Estates: \$ _____ | | |