



ESTATE PLANNING
Personal
Information
Form
CONFIDENTIAL

REAL ESTATE • TAX DEFERRED EXCHANGES • ESTATE PLANNING • BUSINESS LAW

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Personal and Quality Legal Representation

PERSONAL INFORMATION

Client's Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Divorced Widowed Single

CHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name:

Name	Birth date	Relationship
_____	_____	_____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description

Level of Concern

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting a family member.

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death.

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe _____</i>		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. You probably won't own property under all the headings, if not just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If own property in your name only	I
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

AUTOMOBILES, BOATS AND RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Insurance Company Name	Type	Acct. Number	Owner	Face Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Name of Company	Type	Acct. Number	Value of Plan
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Type or Description	Market Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<i>Total</i>	_____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable *to you*, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Client	Other's	
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* *Values for property owned with other put your percentage in client's column and other's percentage in other's column.*

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

TEMPORARY GUARDIANS FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference, who you wish to be a **TEMPORARY guardian** until your permanent guardians can take physical custody of your minor children.

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

PERMENANT GUARDIANS FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference, who you wish to be a **PERMENANT guardian** of your minor children.

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

DISABILITY TRUSTEE: If you were unable to make decisions for yourself while you are incapacitated, who would you want to make decisions for you with regard to your property and assets?

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

DEATH TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? *(These individuals can be the same as your Disability Trustees)*

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself while you are incapacitated, who would you want to make those decisions for you?

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVANCE MEDICAL DIRECTIVE: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? Yes No

Do you want to provide that your organs and tissues should be made available for:

- Transplant Only Research Only Transplant or Research Any purpose
- No Anatomical Gifts

HEALTHCARE AGENTS: If you were unable to make medical decisions for yourself while you are incapacitated, who would you want to make decisions for you with regard to your medical treatment?

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity	Amount or Property
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

HOW AND WHEN TO DISTRIBUTE THE PROPERTY TO THE BENEFICIARIES:

DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

STAGGERED AGE/INTERVAL TRUST: During the period of time the property is held in trust income and principal are available to the beneficiary for the beneficiary’s needs (health, education, maintenance or support). You may provide for a staggered distribution of principal; i.e. 1/3 at age 25, 1/2 at age 30 and balance at age 35, or at intervals; i.e. 20% at 5 years after trust created and 20% every 5 years thereafter. You decide who will manage the property and to carry out your distribution instructions.

LIFETIME TRUST: During the period of time the property is held in trust income and principal are available to the beneficiary for any purpose if the Trustee is an Independent Trustee and limited to health, education, maintenance or support if there is no Independent Trustee. The income and principal will remain in trust for the beneficiary’s lifetime. You decide who will manage the property and to carry out your distribution instructions. You may even allow for the beneficiary to serve as Cotrustee and/or Sole Trustee of their trust upon attaining a certain age.

ASSET PROTECTION TRUST: During the period of time the property is held in trust for the beneficiary’s lifetime. There will be a Distribution Trustee and an Administrative Trustee. The Distribution Trustee shall make ALL distributions from the beneficiary’s trust and may do so for any purpose. No other Trustee will be allowed to make distributions from the beneficiary’s trust. The Administrative Trustee will manage all other aspects of the trust; i.e. accounting, investments, etc. This provides a level of protection from creditors, divorce, etc. You can decide now who will be the Distribution Trustee or you can allow for the Distribution Trustee to be named at a later time when a trust is created. You may even allow for the beneficiary to serve as Cotrustee and/or Sole Trustee for the administration of their trust upon attaining a certain age.

SUPPLEMENTAL NEEDS TRUST: This is a trust that is created for a beneficiary to hold the beneficiary’s share during their lifetime, if they are disabled or receiving governmental assistance. This trust will allow for the Trustee to distribute income and principal for the benefit of the beneficiary to SUPPLEMENT the assistance that the beneficiary may already receive. This is structured so that the beneficiary DOES NOT disqualify for govern assistance or any other resources the beneficiary would be entitled to.

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To my heirs-at-law.
- To the following named individuals and/or charities:

OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss:
