

CONFIDENTIAL FAMILY INFORMATION SHEET
(To be filled out by client needing estate plan)

Date: _____

Your Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Business Phone: _____

Email: _____ Preferred Method of Contact: _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widow/Widower
Year married: _____

Do you have a prenuptial agreement in effect? _____

Do you want you and your spouse to be jointly represented by this firm? _____

	Husband	Wife
Full Legal Name	_____	_____
Former/Other Name	_____	_____
S.S. No.	_____	_____
Vet ID No.	_____	_____
Birthdate	_____	_____
Birthplace	_____	_____
Citizenship	_____	_____
Occupation	_____	_____

Former Marriage(s)

Former Spouse Name	_____	_____
S.S. No. of Former Spouse	_____	_____
Date of Marriage	_____	_____
Date of Divorce	_____	_____
Copy of Dissolution Papers	___ Provided to attorney	___ Provided to attorney
	___ I do not have a copy	___ I do not have a copy
	___ I will get a copy and provide	___ I will get a copy and provide

Children of this Marriage (Including Adopted Children)

Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____

Children of Former Marriage(s)

Name: _____ Parents: _____ DOB: _____
 Name: _____ Parents: _____ DOB: _____
 Name: _____ Parents: _____ DOB: _____

Advisors

Title	Name	Address	Telephone
Accountant	_____	_____	_____
Financial Advisor	_____	_____	_____
Stockbroker	_____	_____	_____
Primary Personal Bank	_____		
Life Insurance Agent	_____		
Referred to Our Firm By	_____		

Property Information

Real Estate

Description and Location	Ownership			Market Value	Balance of Mortgage	Net Equity
	H*	W*	JT*			
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____

* H =Husband; W = Wife; JT = Jointly Owned

Cash Accounts

Name of Institution	H	W	JT	Savings <i>or</i> Money		
				Checking	Market	CDs
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____

Safe Deposit Box

Safe Deposit Box: _____ Name of Institution: _____
 Branch: _____ Box No.: _____ Ownership: ___ H ___ W ___ JT
 Others listed on box:
 Name: _____ Relationship: _____
 Address: _____
 Phone: _____

Investments (Stocks, Bonds, etc. If Held in Street Name with Broker, Just List the Brokerage Account)

	Ownership			Value
	H	W	JT	
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____

_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____

Business Interests (For Type, Use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)

Name of Business	H	W	JT	C	P	LLC	SP	% Interest	Value
_____	___	___	___	___	___	___	___	_____	\$ _____
_____	___	___	___	___	___	___	___	_____	\$ _____
_____	___	___	___	___	___	___	___	_____	\$ _____
_____	___	___	___	___	___	___	___	_____	\$ _____

Mortgages, Notes and Other Receivables

	Ownership			Date of Note	Amount Now Due
	H	W	JT		
_____	___	___	___	_____	\$ _____
_____	___	___	___	_____	\$ _____
_____	___	___	___	_____	\$ _____
_____	___	___	___	_____	\$ _____

Miscellaneous (List Only Major Personal Effects Such as Automobiles, Valuable Jewelry, Paintings, Coin Collections, Stamp Collections, etc.)

	Ownership			Net Value
	H	W	JT	
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Life Insurance

Company	Type (Term, W/L, etc.)	Owner	Beneficiary	Alternate Beneficiary	Death Benefit	Loans	Policy
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Retirement Benefits (Including IRAs)

	H	W	Beneficiary (If Any)	Present Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Estate Summary

	H	W	JT
Real Estate	\$ _____	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Receivables	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

We will discuss how to select personal representatives, guardians, and trustees in our meeting. Please insert your tentative choices below.

Personal Representative / Executor / Executrix (Carries out the Terms of Your Will):

First Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Third Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Guardian/Conservator (To Make Decisions for You and Handle Your Affairs If You Are Unable):

First Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Guardian (To Care for Minor Children):

First Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Trustee (To Manage Funds for Minor Children or to Manage Funds After Death of Spouse):

First Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Attorney-in-Fact for Business Affairs (To Handle Business Affairs):

First Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Health Care Representative (Makes Health Care Decisions When You Are Unable):

First Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Person to Make Decisions Regarding Dispositions of Remains:

First Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Generally, to whom do you want to leave your assets? You have the opportunity to provide more specific instructions below.

Special bequests (specific items you wish to give to people):

	Name	Address	Phone	Item or Amount	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Charitable bequests (gifts you wish to make to charitable organizations):

	Name of Organization	Address	Item or Amount
1.	_____	_____	_____

- 2. _____
- 3. _____

Any special provisions relating to pets (disposition, assets held for maintenance of pets, etc.):

Residue of your estate
(list who is to receive estate after you have made your general, specific, and charitable gifts):

Person(s)	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contingent beneficiaries (in the event all primary beneficiaries are deceased):

Person(s)	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other special provisions desired:

Important Family Questions

1. Do you have a child with a learning disability?
 Yes No
2. Do any of your family receive governmental support or benefits?
 Yes No
3. Do you have adopted children?
 Yes No
4. Do any of your children have special educational, medical, or physical needs?
 Yes No
5. Are any of your children institutionalized?
 Yes No
6. Are you or your spouse receiving social security, disability, or other governmental benefits?
 Yes No
7. Do you provide primary or other major financial support to adult children?
 Yes No
8. Have either of you been divorced?
 Yes No
9. Are you making payments pursuant to a divorce or property settlement agreement?
 Yes No
10. Do you have any ongoing requirements for your ex-spouse or children, such as maintaining a life insurance policy on your life?
 Yes No
11. Have you and your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy.)
 Yes No
12. Have you or your spouse been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy.)
 Yes No
13. In what states have you lived while married to your current spouse? During what periods of time did you reside there? _____

14. Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies of these

returns.)

Yes No

15. Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements? (Please furnish copies of these documents.)

Yes No

16. Are both you and your spouse United States citizens?

Yes No

If you answered "No", are either you or your spouse a resident or a nonresident alien?

Yes No

17. Do you want specific funeral arrangements?

Yes No

Specify, if applicable: _____

Thank you for taking the time to fill out this form. It makes our meeting more productive.