

CONFIDENTIAL

“Estate Plan” Client Information Report

Date Completed: _____

The following information is necessary to properly evaluate your Estate Planning needs. Federal Estate Tax laws are highly complex. In order to take advantage of favorable laws to the fullest extent, the information provided must be as complete as possible. The attorney will assume that you have listed all of your assets on this report or on attachments. Any values, balances, or liabilities provided should be accurate estimates, keeping in mind that your attorney understands the amounts may change on a monthly basis. If you do not have enough room to answer any question that is indicated below, please feel free to attach a separate sheet.

PLEASE TYPE OR CAREFULLY PRINT

1. CLIENT INFORMATION

	Client	Client
Name: (as it appears on driver’s license or passport)	_____	_____
Social Security No:	_____	_____
Occupations:	_____	_____
Business Address:	_____	_____
Business Telephone:	() _____	() _____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
U. S. Citizen:	_____	_____
Residence Address:	_____	_____
	Street	City
	_____	_____
	State	Zip County
	_____	_____
Residence Telephone:	() _____	() _____
Cell Phone:	() _____	() _____
e-mail:	_____	_____

2. MARITAL STATUS

- (a) Are you now married? _____
If yes, date and place of marriage: _____
- (b) If no, are you planning to marry
in the near future? _____
- (c) Have you ever been married before? _____

3. CHILDREN AND GRANDCHILDREN

- (a) Children of present marriage (living and deceased)

Name	Address	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (b) Children of client's prior marriage to: _____

Name	Address	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (c) Children of spouse's prior marriage to: _____

Name	Address	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) Adopted children

Name	Address	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(e) Grandchildren

(It is not necessary to list grandchildren unless you intend to leave them a specific item.)

Name	Address	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. ADDITIONAL FAMILY INFORMATION

Please list parents, brothers, sisters, grandparents, and others (if relevant). It is only relevant to list these family members if they will be receiving something from your estate or participating in the management of your assets.

FOR CLIENT

Name	Address	Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR SPOUSE

Name	Address	Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. PROFESSIONAL ADVISORS

Accountant: _____

Investment counselor: _____

6. CASH AND BANK BALANCES

State account number; name of bank; held in name of; and approximate balance for the following:

Checking Accounts:

Account Number	Name of Bank	Held in Name of	Approx. Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Savings Accounts:

Account Number	Name of Bank	Held in Name of	Approx. Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Safe Deposit Box:

Box Number	Name of Bank	Held in Name of
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. STOCKS, MUTUAL FUNDS, AND BONDS (if preferable, attach separate list).

If the stocks are held under one account at a brokerage firm, just list the account number and the name of the brokerage firm.

Name of Stock Fund	Account Number (if applicable)	Held in Name of	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. RETIREMENT ACCOUNTS

Type of Account (IRA or 401k)	Name of Company	Held in Name of	Beneficiary	Approx. Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. NOTES AND ACCOUNTS RECEIVABLE

Include details such as the amount, payor, payee, date, etc. of all items due you over \$100.00. Please provide a copy of the Promissory Note and any Deed of Trust document securing the Note.

10. REAL ESTATE: PLEASE FURNISH COPIES OF ALL GRANT DEEDS OPROPERTY LISTED BELOW:

Residence

Address	Fair Market Value	Loan Amount
_____	_____	_____
_____	_____	_____

Other Real Estate

Address	Fair Market Value	Loan Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. BUSINESS INTERESTS

Briefly describe any interest you may have in a Partnership, a Sole Proprietorship, LLC, or Corporation, and indicate present value of interest.

12. PERSONAL PROPERTY

Give approximate values of the following personal property:

Home Furnishings: _____

Automobiles: _____

Jewelry and furs: _____

Boats: _____

13. GIFTS

List prior gifts made to any individual(s) in the amount of \$13,000.00 or more in any one year.

Date	Recipient	Description	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. LIFE INSURANCE

Owned by you, on your life, or which names you as beneficiary. Please include life insurance on both husband's and wife's life. List below, indicating (1) insurance company, (2) face amount, (3) owner, (4) insured, (5) beneficiary(ies), and (6) Policy numbers. List additional policies on a separate page if necessary.

1. _____	1. _____	1. _____
2. Insurance Company	2. Insurance Company	2. Insurance Company
3. Face Amount	3. Face Amount	3. Face Amount
4. Owner	4. Owner	4. Owner
5. Insured	5. Insured	5. Insured
6. Beneficiary(ies)	6. Beneficiary(ies)	6. Beneficiary(ies)
Policy Number	Policy Number	Policy Number

15. ADDITIONAL INFORMATION REQUESTED:

- A. COPIES OF PRESENT WILLS OF HUSBAND AND WIFE.
- B. PRIOR GIFT TAX RETURNS, IF ANY.
- C. COPIES OF ALL **GRANT DEEDS** AND PROPERTY TAX STATEMENTS IN THE PROPERTY LISTED IN QUESTION TEN (A Grant Deed is what you receive when you originally purchase your real property NOT THE DEED OF TRUST).
- D. Do you want to discuss asset protection strategies at our first meeting? YES NO
- E. Do you want to discuss long term care protection at our first meeting? YES NO
- F. How were you referred to our office? _____