

**ESTATE PLANNING DATA SHEET**

**PERSONAL INFORMATION**

**Self**

**Spouse**

Full Name:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. Home:

\_\_\_\_\_

\_\_\_\_\_

Phone No. Office:

\_\_\_\_\_

\_\_\_\_\_

Phone No. Cell:

\_\_\_\_\_

\_\_\_\_\_

Email Address:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

Citizenship:

\_\_\_\_\_

\_\_\_\_\_

Present Employer:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Position:

\_\_\_\_\_

\_\_\_\_\_

Any Pre-Marital or  
Post-Marital  
Agreements:

\_\_\_\_\_

\_\_\_\_\_

Social Security #  
Average Annual  
Income:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACCOUNTANT**

Name:

Phone:

Address:

Fax:

**CHILDREN:**

Name/Address:    Date of Birth    Occupation    (S) Single    No. of Children    SS Number  
(M) Married  
(D) Divorced

Does any child or grandchild have special needs?

**PARENTS**

<b>Age</b>	<b>(L) Living (D) Deceased</b>	<b>Current Dependent (Yes or No)</b>	<b>Future Dependency (Yes or No)</b>	<b>Amount of Inheritance from Parents</b>
Your Father				
Your Mother				
Spouse's Father				
Spouse's Mother				

**PRIOR MARRIAGES**

Name of Former Spouse \_\_\_\_\_ Was marriage terminated by *death* or *divorce*?

If terminated by divorce, attach a copy of Judgment of Divorce and any Property Settlement Date of Agreement.

Do you have a financial obligation to a former spouse or children of a former marriage?

Do you have a support obligation to an individual with special needs?

Children by Former Spouse:

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

**ASSETS**

**REAL ESTATE**

	Location	Approximate Market Value	Mortgage Balance	How Title is Held (Joint Tenancy, Tenants-in-Common or Tenancy by the Entirety)
Residence	_____	_____	_____	_____
Other (i.e., vacation home, condominium, business property, rental property, vacant land)	_____	_____	_____	_____
	_____	_____	_____	_____

## INVESTMENTS

In Your Name  
\$

In Spouse's  
Name  
\$

In Joint Names  
\$

1. Bank Accounts:

Savings

Certificates of Deposit

Checking

Money Market Funds

2. Brokerage Accounts

3. Stocks

4. 529 Plans

5. Bonds (including corporate  
and tax-exempt)

6. Mortgages or Loans

Receivable (include loans to  
family members)

7. Tax Shelters

8. Other

## LIFE INSURANCE

Insurance Company	Name of Insured & Face Amount	Policy Number & Type of Policy	Owner Beneficiary	Outstanding Loans	Cash Surrender Value	Amount of Premium Payments
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**EMPLOYEE BENEFITS**

**Self**

**Spouse**

Value                      Beneficiary                      Value                      Beneficiary

- 1. Profit Sharing Plan
- 2. Pension or Retirement Plan
- 3. Individual Retirement Accounts
- 4. 401(k) Savings Plan
- 5. Stock Options
- 6. Deferred Compensation
- 7. Other, including ESOP and other death benefits

Please bring copies with you of each Beneficiary Designation Form for each qualified plan and IRA. Also, if available, bring copies of each Summary Plan Description and copies of the last Annual Statement of your benefits.

**BUSINESS INTERESTS**

	Percentage of Interest	Fair Market Value of Interest	Owner	Is there a Buy-Sell Stockholder or Redemption Agreement?	If Yes, is agreement Funded?
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- 1. Stock of closely held corporation
- 2. Interest in partnership (attach copy of Partnership Agreement)
- 3. Sole Proprietorship
- 4. Other

**PERSONAL PROPERTY**

**In your Name**

**In Spouse's Name**

1. Jewelry
2. Household Furnishings
3. Cars and other vehicles,  
including boats
4. Personal Items of unusual value  
(i.e., works of art, antiques, furs,  
collections – stamps, coins, books  
etc.)

Is there a separate insurance rider for jewelry, furs or collectibles?

**MISCELLANEOUS**

**Fair Market Value**

**Owner**

1. Annuities
2. Interest in trust as beneficiary
3. Interest in trust as grantor
4. Power of appointment
5. Other

**LIABILITIES**

**Amount**

**Owned by  
(Self, Spouse, Joint)**

**Owed to  
Name of Creditor**

**MISCELLANEOUS DATA**

Have you executed any of the following documents?

Will	_____ <b>Yes</b>	_____ <b>No</b>
Power of Attorney	_____ <b>Yes</b>	_____ <b>No</b>
Living Will	_____ <b>Yes</b>	_____ <b>No</b>
Medical Decision Power of Attorney	_____ <b>Yes</b>	_____ <b>No</b>
Have you ever filed a gift tax return?	_____ <b>Yes</b>	_____ <b>No</b>

Please forward a copy of each document or bring it with you for our meeting.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_