

ESTATE PLANNING INFORMATION SHEET

Date: \_\_\_\_\_

Name (H):		Name (W):	
Date of Birth:		Date of Birth:	
Social Sec #:		Social Sec #:	
U.S. Citizen?		U.S. Citizen?	
Do you suffer from any condition that may affect your life expectancy? Describe:		Do you suffer from any condition that may affect your life expectancy? Describe:	

Home Address:		Home Address:	
Municipality County:		Municipality County:	
(H) Place of Business:	Address:	(W) Place of Business:	Address: _____
	Phone: E-Mail: Fax:		Phone: E-Mail: Fax:

<u>Children's Names</u>	<u>Age</u>	<u>Mental and Physical Health Status</u>

**APPROXIMATE VALUE OF ASSETS**

	Husband	Wife	Joint	Debt On
Home				
Other Real Estate				
Life Insurance, Group				
Life Insurance,				

Individual (Death Benefit)				
Stocks, Bonds, Mutual Funds, Other Securities				
Cash (Bank Accounts, Money Market Funds, Etc.)				
Business Interests				
I.R.A., 401(k), Keogh Plan, S.E.P.				
Profit Sharing, Pension, Savings Plan, ESOP and other employee benefits				
Stock Options (Current Value)				
Tangible Personal Property (car, furniture, jewelry, etc.)				
Other (Describe)				
<b>TOTAL:</b>				

**Personal Data**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ U.S. Citizen ? \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ U.S. Citizen ? \_\_\_\_\_

Residence Address \_\_\_\_\_

Residence Telephone No. \_\_\_\_\_

Business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone No. \_\_\_\_\_

Spouse's Business \_\_\_\_\_

Spouse's Business Address \_\_\_\_\_

Spouse's Business Telephone No. \_\_\_\_\_

Children's Names

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please note if all children are not the children of both husband and wife.***

	Amount Held in HUSBAND'S Name ALONE	Amount Held in Names of HUSBAND AND WIFE	Amount Held in WIFE'S Name ALONE
A. Cash  (Total amount held in all bank accounts, certificates of deposit, or money market funds)	\$	\$	\$
B. Value of any Municipal or other	\$	\$	\$

Governmental Bonds. Only the <u>total</u> amounts, not the individual bonds, need to be listed.			
C. Marketable securities, i.e. value of stock in public companies (e.g. IBM, At&T, etc.) Only the <u>total</u> value, not the company names, need to be listed.	\$	\$	\$
D. Value of stock or other business interest in any private companies. List each business separately, describing the nature of the business and your investment, and attach another sheet if more room is needed.			
Name and Description of Business	Amount Held in HUSBAND's Name ALONE	Amount Held in Names of HUSBAND AND WIFE	Amount Held in WIFE's Name Alone
1.	\$	\$	\$
2.	\$	\$	\$
E. Value of other Investments, such as real estate or oil and gas partnerships. List each separately and attach another sheet if more room is necessary.			
Description Or Name	Amount Held in HUSBAND's Name ALONE	Amount Held in Names of HUSBAND AND WIFE	Amount Held in WIFE's Name Alone
1.	\$	\$	\$
2.	\$	\$	\$
F. Real Estate – Your Home	Fair Market Value of Property	Amount of Mortgage	How is Property Held (Circle One)
<u>Address</u>	\$	\$	\$
G. Real – Estate – Other than your Home.			

List each property and attach a separate sheet if more room is needed.			
Location of Property	Fair Market Value of Property	Amount of Mortgage	How is Property Held (Circle One)
1.	\$	\$	Husband Only Husband & Wife Wife Only
2.	\$	\$	Husband Only Husband & Wife Wife Only
H. Special Tangible Assets – (e.g. coin collection, antiques).			
List Type of Property	Amount Held in HUSBAND’S Name ALONE	Amount Held in Names of HUSBAND AND WIFE	Amount Held in WIFE’S Name Alone
1.	\$	\$	\$
2.	\$	\$	\$
I. Employee and Other Retirement Benefits. In all circumstances, indicate the named beneficiaries.			
		Amount Held in HUSBAND’S Name ALONE	Amount Held in WIFE’S Name Alone
1. Deferred Compensation or Post-death Salary Continuation: Give gross amount payable and terms of payment		\$	\$
2. Pension Plan Benefit (note face amount of any life insurance vs. other assets separately):		\$	\$
3. Profit Sharing Benefit (note face amount of any life insurance vs. other assets separately):		\$	\$
4. Rollover IRA.		\$	\$
5. Other IRA.		\$	\$
6. Keogh accounts.		\$	\$
7. Stock Options: If any, briefly describe:		\$	\$

J. Personal Life Insurance.		On Husband's Life	On Wife's Life
1. Employer Group Insurance			
2. Split Dollar Insurance			
3. Other Insurance – Attach a separate sheet if more room is needed. Indicate in all circumstances who is the policy beneficiary.			
Insurance Company	Face Amount Net of Loans	On whose life is it?	Is the person Insured also the owner? If not, who is?
1.			
2.			
3.			
K. Are there any other assets not listed above, e.g., notes payable to you, interests in trusts, expected inheritances? If so, list below.			
Type of Asset		Value	Owned By: Circle One
1.		\$	Husband Husband & Wife Wife
2.		\$	Husband Husband & Wife Wife
L. Liabilities			
1. Amount of any bank loans <u>other than</u> mortgages.			
<b><u>Bank</u></b>		<b><u>Amount</u></b>	
1.		\$	
2.		\$	
2. Amount and description of any other liabilities other than routine bills, e.g. guarantees, accrued taxes,			

installment contracts.

3. Are there any continuing obligations under divorce agreements, e.g. periodic payments continuing after your death or the maintenance of life insurance coverage for the benefit of the children or former spouse?