

ESTATE PLANNING ANALYSIS

PART ONE - PERSONAL INFORMATION

- Instructions:
1. Please Print.
 2. Verify all name spellings to be sure they are correct.
 3. If you are not sure about a question, please leave it blank.

Client Name _____ Date of Birth _____
AKA? _____ US Citizen? Yes No
SS # _____

Spouse Name _____ Date of Birth _____
AKA? _____ US Citizen? Yes No
SS # _____

Mailing Address _____
City, State, Zip _____
Home Phone (_____) _____ Bus. Phone (_____) _____
e-mail address _____ **May we correspond with you via this e-mail address?** Yes No

Wife's maiden name _____ Date of marriage _____

CHILDREN OF THIS MARRIAGE (Or if single parent)

1. Name _____ Date of Birth _____
Address _____

2. Name _____ Date of Birth _____
Address _____

3. Name _____ Date of Birth _____
Address _____

4. Name _____ Date of Birth _____
Address _____

HUSBAND'S CHILDREN - Prior Marriage

1. Name _____ Date of Birth _____
Address _____

2. Name _____ Date of Birth _____
Address _____

3. Name _____ Date of Birth _____
Address _____

WIFE'S CHILDREN - Prior Marriage

1. Name _____ Date of Birth _____
Address _____

2. Name _____ Date of Birth _____
Address _____

3. Name _____ Date of Birth _____
Address _____

Do you have any children who are deceased? Yes No Any born out of wedlock? Yes No

How many grandchildren do you have? _____ Age of youngest: _____ Oldest: _____

ITEMS TO BE THINKING ABOUT PRIOR TO OUR MEETING

Please be thinking about the following questions. Don't worry if you can't resolve an issue at this time. In our meeting, we will be able to provide you with some options and suggestions designed to help answer these questions.

1. Who are the ultimate beneficiaries of your estate?
2. Should the estate be distributed outright as soon as possible, all at a certain age, or in stages?
3. Who do you want to serve as your successor trustee should you, or you and your spouse, be unable to serve?
4. If minor children are involved, who do you want to appoint as guardian?

PART TWO - FINANCIAL INFORMATION

- Instructions:
1. Please print
 2. Be as specific as you can with regard to account names.
 3. Account balances will vary, please just list the approximate balance of each account.
 4. Watch for REMINDERS regarding papers we would like you to bring in.
 5. Please use your own addendum if more space is needed

Amounts in banks, savings & loans, credit unions; i.e.: checking, savings, money market, CD's (give maturity date). Note: IRA and other retirement accounts go on the next page.

	Name of bank/institution	Type of Account	Maturity Date	Balance
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____
9.	_____	_____	_____	\$ _____
10.	_____	_____	_____	\$ _____

Stocks or Bonds (Where the certificates have been issued to you and are in your possession)

	Name of stock	Number of Shares	Market Value
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____

Life Insurance

Insured Person	Company	Premium Date	Approximate Cash Value	Whole Life or Term?	Death Benefit
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	_____	\$ _____

Annuities (Not part of a retirement plan)

Company	Owner	Annuitant	Year Purchased	Maturity Date	Value
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____

IRA Accounts and Other Retirement Accounts

Where Account Located (name of bank, broker, employer, etc.)	Type (401K, IRA, etc.)	Total Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

When do you plan to retire? _____

Total monthly retirement income _____

Are you a participant in a non-qualified deferred compensation plan? Yes _____ No _____

Do you have Long Term Care Insurance? Yes _____ No _____

If you do and would you like a review of the policy, please bring it to our office.

Other Assets

1. Approximate value of personal property. \$ _____
(Household goods, Jewelry, Vehicles, Antiques, etc.)

2. Family Business? _____
(Provide name, value and how held. Is it a Corporation?)

3. Are you expecting any large inheritances soon? _____

4. Other assets _____
Tax Apportionment Discussion Necessary: Yes _____ No _____

5. Digital Assets _____

6. Other Assets _____

Mutual Funds and/or Brokerage Accounts

	Name of brokerage firm or fund		Value
1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
5.	_____	\$	_____
6.	_____	\$	_____
7.	_____	\$	_____
8.	_____	\$	_____
9.	_____	\$	_____
10.	_____	\$	_____

Real Estate

REMINDER: Please bring the DEED, TITLE POLICY and the PROPERTY TAX BILL for each property.

	Property Address	Date Purchased	Cost	Market Value	Debt
1.	_____	_____	\$ _____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____	\$ _____

Limited or General Partnerships

	Name of partnership	Type of Investment	Total Market Value
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

Promissory Notes & Mortgages (**Trust Deeds**) (Where someone is paying you on a note)

REMINDER: Please bring the MORTGAGES (TRUST DEED) and/or the PROMISSORY NOTE

	Name of debtor	Secured by Trust Deed?	Due Date	Balance
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
4.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____

Do you have adequate homeowners' coverage? Yes No Amount of coverage _____

Do you have adequate automobile coverage? Yes No Amount of coverage _____

Do you have excess liability coverage (an Umbrella insurance policy)? Yes No

Insurance Company _____ Amount of coverage _____

TRUST PROTECTOR (“TP”): A living trust becomes irrevocable upon the death of the grantor (you). Because of this, we recommend that all trusts name a TP. This is an individual who is neither the trustee nor someone who will benefit from the trust but who has the ability to amend the trust for certain tax or other legal reasons; the TP may not make changes to benefit him/herself or his/her family, nor may he/she make changes regarding your intended beneficiaries.

Name your choices for Trust Protector (to act in succession):

- 1) _____
- 2) _____
- 3) _____

Social Security Numbers for Children:

_____	____-____-_____
_____	____-____-_____
_____	____-____-_____
_____	____-____-_____
_____	____-____-_____

Agreement with Family About Driving: _____

Are you a veteran? Yes _____ No _____ If so, dates served? _____

Do you own (have in your possession) firearms of any kind? Yes _____ No _____

Questions You Would Like to Have Answered

Estate Planning Objectives/Family-Financial Goals

