

PERSONAL & FINANCIAL DATA SHEET FOR YOUR ESTATE PLAN

GENERAL INFORMATION

YOUR LEGAL NAME

SPOUSE'S LEGAL NAME

MARITAL STATUS:

☐ Married ☐ Single ☐ Divorced ☐ Widowed

STREET ADDRESS

CITY STATE ZIP

MAILING ADDRESS (If different)

YOUR EMPLOYER

ADDRESS

YOUR OCCUPATION WORK PHONE

SPOUSE'S EMPLOYER

ADDRESS

SPOUSE'S OCCUPATION WORK PHONE

HOME PHONE

EMAIL ADDRESS

	YOU	YOUR SPOUSE
Social Security #		
Date of Birth		
U.S. Citizen?	Yes No	Yes No
Currently have Will or Trust? If so, indicate year & State in which it was prepared.	Yes No Yr. _____ State _____	Yes No Yr. _____ State _____
Do you expect to receive money/other assets from any of the following? (circle all that apply):	Gift Inheritance Lawsuit Other	Gift Inheritance Lawsuit Other
If so, please state the approximate amount?	\$	\$

ABOUT YOUR CHILDREN

1. _____
LEGAL NAME DATE OF BIRTH

GOES BY SOC. SEC. #

STREET ADDRESS

CITY STATE ZIP PHONE #

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

Related to:

☐ You Only ☐ Spouse Only ☐ Both

2. _____
LEGAL NAME DATE OF BIRTH

GOES BY SOC. SEC. #

STREET ADDRESS

CITY STATE ZIP PHONE #

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

Related to:

☐ You Only ☐ Spouse Only ☐ Both

3. _____
 LEGAL NAME DATE OF BIRTH

 GOES BY SOC. SEC. #

 STREET ADDRESS

 CITY STATE ZIP PHONE #

☐ Natural ☐ Legally Adopted ☐ Foster
☐ Married ☐ Needs Special ☐ Dependent
 Care
 Related to:
☐ You Only ☐ Spouse Only ☐ Both

How many grandchildren do you have? _____ Yours Only _____ Your Spouse's Only _____ Both

FINANCIAL INFORMATION

1. Do you own a **Home** or any **other Real Estate**?

<i>Address Information</i>	<i>How Title is held</i>	<i>Purchase Price</i>	<i>Current Value</i>	<i>(-) Mortgage</i>	<i>(=) Equity</i>
		\$	\$		

Total Net Value = _____

2. Do you own any **other titled property** such as a car, boat, etc.?

<i>Description</i>	<i>How Title is held</i>	<i>Approx. Value</i>	<i>(-) Loan</i>	<i>(=) Equity</i>
		\$		

Total Net Value = _____

3. Do you have any **Checking Accounts**?

<i>Name of Institution</i>	<i>Account No. (last 4 digits)</i>	<i>How Title is held</i>	<i>Approx. Balance</i>
			\$

Total Value = _____

4. Do you have any **Interest Bearing Accounts** (savings account, money market, and/or CDs)?

<i>Name of Institution</i>	<i>Account No. (last 4 digits)</i>	<i>How Title is held</i>	<i>Approx. Balance</i>
			\$

Total Value = _____

5. Do you own any **Stocks, Bonds or Mutual Funds**?

<i># of Shares</i>	<i>Description</i>	<i>Account No. (last 4 digits)</i>	<i>How Title is held</i>	<i>Purchase Price</i>	<i>Current Value</i>
				\$	\$

Total Value = _____

6. Do you have any **IRAs, Profit Sharing or Pension Plans?**

<i>Description/Location</i>	<i>Owner</i>	<i>1st Beneficiary</i>	<i>2nd Beneficiary</i>	<i>Current Value</i>
				\$

Total Value = _____

7. Do you (or your spouse) own a **Business** or have any **Partnership Interests?**

<i>Description</i>	<i>Type of Ownership</i>	<i>Purchase Price</i>	<i>Current Value</i>
		\$	\$

Total Value = _____

8. Do you have any **Life Insurance Policies** and/or **Annuities?**

<i>Name of Company</i>	<i>Policy Owner</i>	<i>1st Beneficiary</i>	<i>2nd Beneficiary</i>	<i>Policy Amount</i>
				\$

Total Value = _____

9. Does anyone owe you money, i.e., do you have any **Notes Receivable** (only list if debt exceeds \$10,000.00)?

<i>Description</i>	<i>Approx. Amount</i>
	\$

Total Value = _____

10. Do you have any **special/significant items of value** such as coin collections, antiques, jewelry, etc.?

<i>Description</i>	<i>Approx. Value</i>
	\$

Total = _____

11. Approximate total value of all your remaining **personal property** - whatever you own that has not been included above (clothes, furniture, etc.)? Just an estimate \$ _____

12. Do you have any **debts** other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

<i>Description</i>	<i>Amount Owed</i>
	\$

Total Debt = _____

13. Total value of everything you (and your spouse) own (add totals of lines 1 thru 11 above) \$ _____

14. Total amount you (and your spouse) owe (total from line 12 above) \$ _____

15. Subtract line 14 from line 13.

NET ESTATE = \$

16. Do you have a **Safe Deposit Box**?

<i>Location</i>	<i>How Title is held</i>

TRUST DECISIONS: YOUR LIVING TRUST TEAM

1. **Trustee(s)** - Manages your trust now; usually you (and your spouse).

2. **Successor Trustee(s)** - Steps in at your incapacity or death. Can be adult children, trusted individual, and/or a Corporate Trustee.

#1 Choice: Name _____ Phone No. _____
Address _____

#2 Choice: Name _____ Phone No. _____
Address _____

#3 Choice: Name _____ Phone No. _____
Address _____

3. **Guardian for Minor Children** - Responsible adult(s) who will raise your minor child(ren) if something happens to you.

#1 Choice: Name _____ Phone No. _____
Address _____

#2 Choice: Name _____ Phone No. _____
Address _____

4. **Trustees for Minor Children** - Manages Minor's inheritance. Can be the same person as Guardian, Successor Trustee, another adult or Corporate Trustee.

#1 Choice: Name _____ Phone No. _____
Address _____

#2 Choice: Name _____ Phone No. _____
Address _____

BENEFICIARIES

1. **Special Gifts to Organizations**

Do you want to make a gift (cash or specific item) to a charity, foundation, religious or other organization?

<i>Name of Organization</i>	<i>Address</i>	<i>Description of Gift</i>

2. Special Gifts to Individuals

Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, coin collection to your nephew, etc.)

<i>Name of Person</i>	<i>Address</i>	<i>Description of Gift/Item</i>

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts/items have been distributed? You can designate a dollar amount or a percentage.

<i>Name of Person/Organization</i>	<i>Address</i>	<i>Amount/Percentage</i>

4. Inheriting Instructions

Do you want your Beneficiaries to receive their inheritances in installments, at certain ages, or all at once?

5. Do you provide for someone who requires special care?

Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits? Is there someone else you wish to provide for who is not related to you (i.e. significant other, special friend)?

<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Explanation</i>

6. Alternate Beneficiaries

Who do you want to receive your estate *in the event* you (and your spouse) outlive the Beneficiaries you have named above?

<i>Name of Person/Organization</i>	<i>Address</i>	<i>Amount/Percentage</i>

7. Disinheriting

Are there any relatives that you specifically do ***not*** want to receive anything from your estate?

SPECIAL INSTRUCTIONS IN THE EVENT OF INCAPACITY

1. Keeping/Selling Assets:

If it becomes necessary to sell assets to pay for you or your spouse's care, are there certain assets you would prefer to be sold first? Are there potential buyers you would like contacted? Are there certain assets you would prefer not be sold unless absolutely necessary?

2. Medical Care

In the event you (or your spouse) are ever in a completely incapacitated and vegetative state with essentially no prognosis for improvement from your medical professional(s), would you wish to remain on life support?

You _____

Your Spouse _____

Would you like to make any provisions concerning Organ donation?

You _____

Your Spouse _____

3. Do you want an **Advance Healthcare Directive**?

This document allows you to select the person you would want to make health care decisions (including life support) for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. You can select anyone you trust: (i.e. Spouse, Relative, Friend)

You: Yes ____ No ____

Spouse: Yes ____ No ____

List your choices below:

You

#1 Choice: Name _____
Address _____
Phone _____

#2 Choice: Name _____
Address _____
Phone _____

Your spouse

#1 Choice: Name _____
Address _____
Phone _____

#2 Choice: Name _____
Address _____
Phone _____

CONTACT INFORMATION FOR YOUR TEAM OF PROFESSIONALS

(Our Firm is pleased to refer you with confidence to our trusted network of professionals upon your request)

1. Financial Advisor

Name _____
Address _____
Phone _____

2. Accountant

Name _____
Address _____
Phone _____

3. Life Insurance Agent

Name _____
Address _____
Phone _____

4. Primary Physician

Name _____
Address _____
Phone _____

5. Other

Name _____
Address _____
Phone _____

6. Other

Name _____
Address _____
Phone _____

QUESTIONS YOU WISH TO ASK YOUR ATTORNEY ABOUT YOUR LIVING TRUST

- Thank you for the opportunity to assist you with your Estate Planning needs -