Date:						



CONFIDENTIAL ESTATE PLANNING INFORMATION FORM

<u>Legal Name</u>	(Nickname)	Date of Birth	Soc. Sec.#
Client			
Client			
Child (Spouse/children?			
Child (Spouse/children?			
Child (Spouse/children?			
Home address	<u>Al</u>	<u>ternate address</u> (maili	ing or second residence
Street Address	Str	reet Address	
Town, State, Zip Code Home telephone number: ()		own, State, Zip Code ternate telephone numb	per: ()
Business address:	<u>B</u> ı	usiness address:	
Business name and street address		usiness name and street	address
Town, State, Zip Code Business telephone number: ()		own, State, Zip Code usiness telephone numb	er: ()
E-mail address (optional):			

SUMMARY OF ASSETS

Ownership and Approximate Market Value

	<u>Husband</u>	Joint/Survivor	Wife
Real estate			
Savings & cash			
Securities (stocks, bonds, mutual funds other than retirement plans)			
Retirement Plans:			
Pension Profit sharing			
Deferred compensation			
IRAs			
401K			
Life Insurance (face value and beneficiary)			
Business Interest (indicate if Sub-S)			
Cars, furniture, jewelry, boats, artwork, etc.			
Potential Inheritances			

Total	
	RELATED INFORMATION
1.	If either spouse is not a U.S. citizen, please identify citizenship.
2.	If any of the children are not children of this marriage, please indicate relationship on page 1. All children of either husband or wife should be listed, including deceased children.
3.	Do you have any miscellaneous assets and liabilities, such as Lawsuits, Guarantees, Stock Options, etc.? Please indicate the value(s) on page 2.
4.	Do either of you have any continuing obligations under a divorce decree? Will need copy of decree.
5.	Do you have a prenuptial agreement? Will need copy.
6.	Have you created or are you a beneficiary of any trust? Will need copy of each trust.
7.	Have you made any taxable gifts? Will need copy of any Gift Tax Return.
8.	Have you ever lived in a community property state while married to each other?
9.	Where original documents to be kept:
10.	Name of Accountant:
	Address:
	Phone:
11.	Name of Insurance Agent and/or Financial Planner:
	Address:
	Phone: