

CLIENT DATA SHEET

DATE _____ REFERRED BY _____

YOUR NAME _____ BIRTH DATE _____

YOUR SPOUSE'S NAME _____ BIRTH DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE (____) _____

WORKPLACE [YOURS]: _____

ADDRESS _____

WORK TELEPHONE (____) _____

WORKPLACE [SPOUSE'S] _____

ADDRESS _____

WORK TELEPHONE (____) _____

SOCIAL SECURITY #: [YOURS] _____ [SPOUSE'S] _____

MARITAL STATUS: MARRIED SINGLE WIDOW(ER) DIVORCED
 LEGALLY SEPARATED

UNITED STATES CITIZEN: [YOU] YES NO; [SPOUSE] YES NO

ESTATE PLANNING DATA SHEET

PART 1

CLIENT(S) _____ FILE # _____

PLEASE BRING TO THE FIRST CONFERENCE AS MANY OF THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO YOU (check those that apply):

- Existing Wills or Trust Agreements;
- Life Insurance Policies;
- Divorce Decrees and Property Settlement Agreements;
- Deeds and Lease Agreements for Real Estate;
- Employee Benefit and Retirement Plans;
- Corporation Documents and Shareholder Agreements;
- Partnership and LLC (or other business) Agreements;
- Deeds of Trust and Notes for Money Owed to You;
- Last Year's Income Tax Returns;
- Gift Tax Returns;
- Any Other Information That Might Be Important.

I. CHILDREN

1. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE _____ MINOR CHILDREN YES NO

CITY AND STATE _____

2. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE _____ MINOR CHILDREN YES NO

CITY AND STATE _____

3. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE _____ MINOR CHILDREN YES NO

CITY AND STATE _____

4. NAME _____ BIRTH DATE _____

CHILD'S SPOUSE _____ MINOR CHILDREN YES NO

CITY AND STATE _____

If any children listed are from a prior marriage or are adopted, please so indicate.

II. BACKGROUND INFORMATION (VERY IMPORTANT, PLEASE COMPLETE)

YOURS:

A. PREVIOUS MARRIAGES

FORMER SPOUSE
DATE & PLACE OF MARRIAGE
HOW TERMINATED
DATE TERMINATED

B. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT
ALIMONY
LIFE INSURANCE
OTHER TERMS

YOUR SPOUSE'S:

C. PREVIOUS MARRIAGES

FORMER SPOUSE
DATE & PLACE OF MARRIAGE
HOW TERMINATED
DATE TERMINATED

D. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT
ALIMONY
LIFE INSURANCE
OTHER TERMS

E. ARE THERE SPECIAL NEEDS FOR ANY CHILD? YES NO

F. DO YOU OR YOUR SPOUSE SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A PARENT OR OTHER PERSON? YES NO

IF YES, PLEASE EXPLAIN:

G. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES):

YOURS:

YOUR SPOUSE'S:

H. DESCRIBE ANY SIGNIFICANT HEALTH PROBLEMS:

YOURS:

YOUR SPOUSE'S:

I. NAME AND ADDRESS OF PHYSICIAN:

J. HAVE YOU EVER LIVED IN A COMMUNITY PROPERTY STATE?
(AZ, CA, TX, ID, LA, NM, NV, WA, & WI) YES NO

K. NAMES OF OTHER COUNTRIES IN WHICH YOU HAVE LIVED, IF ANY:

L. HAVE YOU OR YOUR SPOUSE EVER HAD A NAME CHANGE
(OTHER THAN BY REASON OF MARRIAGE) YES NO

M. DID YOU MAKE GIFTS BEFORE 1982 IN EXCESS OF \$3,000.00

IN VALUE TO ANY PERSON IN ANY YEAR? YES NO
AFTER 1981 IN EXCESS OF \$10,000.00 IN VALUE TO
ANY PERSON IN ANY YEAR? YES NO
AFTER 2001 IN EXCESS OF \$11,000.00 IN VALUE TO
ANY PERSON IN ANY YEAR? YES NO

N. DID YOUR SPOUSE MAKE GIFTS BEFORE 1982
IN EXCESS OF \$3,000.00 IN VALUE TO
ANY PERSON IN ANY YEAR? YES NO
AFTER 1981 IN EXCESS OF \$10,000.00 IN VALUE TO
ANY PERSON IN ANY YEAR? YES NO
AFTER 2001 IN EXCESS OF \$11,000.00 IN VALUE TO
ANY PERSON IN ANY YEAR? YES NO

O. DO YOU OR YOUR SPOUSE WISH TO FORGIVE
ANY LOANS AT DEATH? YES NO

P. ARE THERE ANY SPECIFIC INSTRUCTIONS FOR
YOUR OR YOUR SPOUSE'S BURIAL? YES NO

Q. DO YOU OR YOUR SPOUSE HAVE A
PRE- OR POST-NUPTIAL AGREEMENT?
(If so, bring a copy with you) YES NO

R. DO YOU WANT YOUR RESIDENCE TO PASS:

_____ Upon death to your spouse

_____ Other:

III. KEY PEOPLE IN YOUR ESTATE PLAN

A. **EXECUTORS OF WILLS** (List persons, banks, or trust companies that you would like to consider as potential executors of your estate):

FIRST Spouse Other

ADDRESS

ALTERNATE

ADDRESS

SECOND ALTERNATE

ADDRESS

B. **TRUSTEES OF TESTAMENTARY OR REVOCABLE LIVING TRUSTS** (List persons or trust companies that you would like to consider as potential trustees):

ORIGINAL Spouse Other

1ST SUCCESSOR

2ND SUCCESSOR

3RD SUCCESSOR

C. **GUARDIANS FOR MINOR CHILDREN:**

FIRST

SECOND

THIRD

IV. **DISPOSITION OF YOUR ESTATE** (Where your assets go after death) *[Use this as a guide for further discussion]*

[] YES [] NO Would you like to prepare a separate written list of specific items of property as a guide for your executor/trustee in the distribution of your tangible personal property, such as jewelry, furniture, furnishings, vehicles, art, antiques, china, silver, and the like?

A. If you plan to make specific bequests, complete the following:

Beneficiary:
Address:
Asset/Cash Sum:
Alternate:

Beneficiary:
Address:
Asset/Cash Sum:
Alternate:

Beneficiary:
Address:
Asset/Cash Sum:
Alternate:

Beneficiary:
Address:
Asset/Cash Sum:
Alternate:

B. If your spouse survives you:

_____ All to spouse

_____ All to spouse except the following specific items:

C. If your spouse predeceases you:

1) To children:

- _____ Outright equal shares, no trust
- _____ Outright, no trust
- _____ % to
- _____ % to
- _____ % to
- _____ Trust
- _____ equal shares
- _____ unequal shares
- _____ % to
- _____ % to
- _____ % to

- _____ Separate trusts for each beneficiary; distribution at age _____.
- _____ One trust for all beneficiaries, distribution when each reaches age _____.
- _____ Tier distribution
 - _____ % at _____ years
 - _____ % at _____ years
 - Balance at _____ years
- _____ Distributions other than for support, education, welfare, and/or medical:
- _____ Special trust instructions

2) Other beneficiaries

3) Charitable beneficiaries

V. ADVISORS

	NAME	ADDRESS	PHONE
A.	ACCOUNTANT:		
B.	OTHER ATTORNEY:		
C.	STOCKBROKER:		
D.	FINANCIAL PLANNER:		
E.	LIFE INSURANCE AGENT:		
F.	OTHER ADVISORS:		

VI. OTHER INFORMATION YOU WOULD LIKE TO PROVIDE

ESTATE PLANNING DATA SHEET

PART II

I. INVENTORY OF ASSETS (Please complete with full information):

To indicate ownership, please use the following:

- C** owned entirely by you
- S** owned entirely by your spouse
- J** owned jointly with your spouse with right of survivorship
- O** other partial ownership (provide details)

Include the full value of the property except in the case of property designated O. For property designated O, include only the value of your interest or your spouse's interest.

A. REAL ESTATE (Including condominium apartment)

DESCRIPTION	DATE PURCHASED	COST PLUS IMPROVEMENTS	CURRENT VALUE	MORTGAGE PAYABLE	NET CURRENT VALUE	OWNED BY
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B. OWNERSHIP INTEREST IN BUSINESS (Put additional businesses on back of page)

1. Name of business or company:
2. Business address:
3. Type of business entity (e.g., S corporation, LLP):
4. Your ownership interest (percentage, # of shares, units, etc.):
Spouse's ownership interest (percentage, # of shares, units, etc.):
5. Value of your ownership interest:
Value of spouse's ownership interest:
Value of entire business:
Names and ownership interests of other owners:
6. Do you have a plan for transferring your interest at death or retirement?
If so, provide details:
7. Do you have a buy/sell agreement? ____ If so, include a copy.
8. Do you have key-person and/or disability insurance for you or your spouse?
If so, include details:

For the "owned by" column of the following sections, please continue to use these ownership codes:

- C** owned entirely by you
- S** owned entirely by your spouse
- J** owned jointly with your spouse with right of survivorship
- O** other partial ownership (provide details)

Include the full value of the property except in the case of property designated O. For property designated O, include only the value of your interest or your spouse's interest.

C. STOCKS AND BONDS

(You may attach copies of brokerage or investment accounts.)

1. Listed Securities (stocks and bonds)

DESCRIPTION	NO. OF SHARES OR FACE VALUE	DATE ACQUIRED	ORIGINAL COST	MARKET VALUE	OWNED BY
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2. U.S. Government Bonds (e.g., Series "E" or "EE" bonds)

FACE VALUE	PAYABLE ON DEATH TO	ISSUE DATE	CURRENT VALUE	OWNED BY
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D. CASH AND NOTES

1. Cash

NAME & ADDRESS OF BANK	ACCOUNT NUMBER	CHECKING OR SAVINGS	TRUST ACCOUNT BENEFICIARY	CURRENT BALANCE	OWNED BY
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2. Mortgages and Promissory Notes Owed to You

NAME OF MORTGAGEE OR CREDITOR	FACE VALUE	UNPAID BALANCE	REPAYMENT TERMS	INTEREST RATE	OWNED BY
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E. LIFE INSURANCE (Please show values in this section without reduction for loans, but be sure to include life insurance policy loans in part II.)

Policies Owned by and Insuring You:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY
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Policies Owned by You and Insuring Others:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY
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Policies Owned by Spouse and Insuring Spouse:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY
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Policies Owned by Spouse and Insuring Others:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY
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Policies Owned by Others and Insuring You or Your Spouse:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY
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F. YOUR ANNUITIES AND RETIREMENT BENEFITS (Include Keogh plans and IRAs)

For "type of plan" indicate nonqualified, deferred compensation, pension, profit-sharing, IRA, or the like.

TYPE OF PLAN	ANNUITY OR LUMP SUM PAYOUT	DESIGNATED BENEFICIARY	AMOUNT OF YOUR CONTRIBUTION	APPROXIMATE VALUE
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(provide copies of contracts, plans, etc.)

G. YOUR SPOUSE'S ANNUITIES AND RETIREMENT BENEFITS (Include Keogh plans and IRAs)

For "type of plan" indicate nonqualified, deferred compensation, pension, profit-sharing, IRA, or the like.

TYPE OF PLAN	ANNUITY OR LUMP SUM PAYOUT	DESIGNATED BENEFICIARY	AMOUNT OF YOUR CONTRIBUTION	APPROXIMATE VALUE
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(provide copies of contracts, plans, etc.)

H. MISCELLANEOUS PROPERTY INTERESTS.

NATURE OF THE PROPERTY	APPROXIMATE VALUE	OWNED BY
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II. **DEBTS, LOANS, AND LIENS**

Current Value

Debts Owed

By you

By your spouse

By you and your spouse jointly

Bank Loans

To you

To your spouse

To you and your spouse jointly

Insurance Policy Loans

On policies owned by you

On policies owned by your spouse

Installment Contracts

Payable by you

Payable by your spouse

Payable by you and your spouse jointly

Contingent Liabilities (guaranty, indemnity agreements)

Yours

Your spouse's

III. **APPROXIMATE ANNUAL INCOME**

Amount

Salary

Yours

Your spouse's

Fees

Paid to you

Paid to your spouse

Commissions

Paid to you

Paid to your spouse

Interest Income

Yours

Your spouse's

Dividend income

Yours

Your spouse's
Pensions received
Yours
Your spouse's
Annuities
Paid to you
Paid to your spouse
Royalties received
By you
By your spouse
Trust income
Received by you
Received by your spouse
Payments received on mortgages, installment sales, etc.
By you
By your spouse
TOTAL

IV. FUTURE INHERITANCES

Do you or your spouse expect to inherit property from parents or others?

<u>From Whom?</u>	<u>Estimated Amount</u>
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SUMMARY

(Recapitulation—For Lawyer Use)

<u>ASSETS</u>	<u>CURRENT INCLUDABLE VALUE</u>			
	C	S	J	O
1. Real Estate (current value)				
2. Value of business interests				
3. Listed securities				
4. U.S. Government Bonds				
5. Cash				
6. Mortgages and promissory notes owed to client(s)				
7. Life insurance includable in estate				
8. General powers of appointment				
9. Annuities, retirement benefits				

- 10. Miscellaneous property interests
- 11. Gift tax paid on gifts within last 3 years

C S J O

TOTAL ASSETS: _____

LIABILITIES

- 1. Mortgages payable
- 2. Bank loans
- 3. Insurance policy loans
- 4. Debts, etc.

C S J O

TOTAL LIABILITIES: _____

C S J O

NET CURRENT ESTATE: _____