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ESTATE PLANNING AND ELDER LAW INFORMATION SHEET

Name ______________________________ Date of Birth ______________________________
U.S. Citizen [ ] yes [ ] no Social Security No. ______________________________
Prior Marriage [ ] yes [ ] no Name ______________________________
[ ] widowed [ ] divorced, date ____________________

Spouse ______________________________ Date of Birth ______________________________
U.S. Citizen [ ] yes [ ] no Social Security No. ______________________________
Prior Marriage [ ] yes [ ] no Name ______________________________
[ ] widowed [ ] divorced, date ____________________

Address ______________________________ Home Phone ( ) ______________________________
City ____________ State ____ Zip ________ Work Phone ( ) ______________________________
Out-of-State Address ______________________________
City ____________ State ___ Zip ________ Phone ( ) ______________________________
E-mail address ______________________________ Cell Phone Number(s)______________________________

EMPLOYMENT

Current Employer ______________________________ Date Employed ____________________
Annual Compensation ____________________ Projected Retirement Date ____________________

Spouse Employer ______________________________ Date Employed ____________________
Annual Compensation ____________________ Projected Retirement Date ____________________
Long Term Care Insurance? [ ] yes [ ] no LTC Policy Limits ____________________

CHILDREN/NEXT OF KIN

Name ______________________________ Relationship ______________ DOB: ______________
Address ______________________________ SSN: ______________
Phone ____________________
Name ______________________________ Relationship ______________ DOB: ______________
Address ______________________________ SSN: ______________
Phone ____________________
Name ______________________________ Relationship ______________ DOB: ______________
Address ______________________________ SSN: ______________
Phone ____________________
Name ______________________________ Relationship ______________ DOB: ______________
Address ______________________________ SSN: ______________
Phone ____________________

INCOME INFORMATION

Employer Information

EMPLOYER NAME	ANNUAL INCOME	DEFERRED COMPENSATION / BONUS	EMPLOYEE (H OR W)

Other Income

SOURCE (Social Security, Pension, Annuity, Rent or Lease Payments, Royalties, etc.)	ANNUAL INCOME	TERMINATION DATE	HUSBAND AND/OR WIFE

ASSET DATA

Real Estate

REAL ESTATE	MARKET VALUE	BALANCE OF MORTGAGE	*OWNER (H, W, J, JS)
Residence			
Vacation Home			
Investment Properties			
Other			

* H = Husband, W = Wife, J = Joint, JS = Joint Survivorship

Checking/Savings Accounts

FINANCIAL INSTITUTION	ACCOUNT NO.	CURRENT BALANCE	*TYPE (C, S)	**OWNER (H,W,J,JS)

* C = Checking, S = Savings
** H = Husband, W = Wife, J = Joint, JS = Joint Survivorship

Annuities

COMPANY	POLICY NO.	CURRENT VALUE	OWNER (H,W,J)	INT. RATE	PURCH. DATE	MATURITY DATE	*BENE (H,W,C,O)

* H = Husband, W = Wife, C = Child, O = Other (specify)

Insurance - Personal and Work Related

	POLICY NO. 1	POLICY NO. 2	POLICY NO. 3
COMPANY			
POLICY NO.			
INSURED (H, W)			
OWNER (H, W)			
FACE AMOUNT			
PRIMARY BENEFICIARY			
CONTINGENT BENEFICIARY			
CASH VALUE			
BALANCE OF LOAN POLICY			
ANNUAL PREMIUMS			
TYPE (W, G, T)			

* W = Whole Life,   G = Group,   T = Term   Note: If more space is required, please use the back of this paper.

Retirement Plan

	POLICY NO. 1	POLICY NO. 2	POLICY NO. 3
*TYPE (P, PS, I, K, 0)			
EMPLOYEE / IRA NO.			
EMPLOYEE (H, W)			
CURRENT VALUE			
% VESTED			
ANNUAL CONTRIBUTION -- EMPLOYEE			
ANNUAL CONTRIBUTION --EMPLOYER			
PRE-RETIREMENT DEATH BENEFIT			
PRIMARY BENEFICIARY			
CONTINGENT BENEFICIARY			

* P = Pension,   PS = Profit Sharing,   I = IRA,   K = 401K,   O = Other (specify)

Other Investments

	STOCKS	BONDS	MUTUAL FUNDS	OTHER (Specify)
Current Value				
Owner (H, W, J)				

NOTE: Please attach a copy of current Broker's listing of securities indicating how they are held, cost, and market value, if available.

BUSINESS HOLDINGS

(See attached supplement)

TANGIBLE PERSONAL PROPERTY (Significant value)

DESCRIPTION	CURRENT VALUE	OWNER (H, W, J)

POTENTIAL INHERITANCE

SOURCE	CURRENT VALUE	OWNER (H, W, J)

OTHER ASSETS

DESCRIPTION	CURRENT VALUE	OWNER (H, W, J)

LIABILITIES

*DESCRIPTION	CURRENT VALUE	DEBTOR (H,W,J)

* Include Creditor's name, type of debt, etc.

GIFTS	***FEDERAL**	**STATE**
Lifetime gift tax exemptions: (*Applicable only for pre-1977 gifts)		
Husband has used	$____________________	$____________________
Wife	$____________________	$____________________
Lifetime use of unified estate and gift tax credits:		
Husband has used	$____________________	$____________________
Wife	$____________________	$____________________
Cumulative taxable gifts per latest gift tax returns:		
Husband has used	$____________________	$____________________
Wife	$____________________	$____________________

Gift Data:

Trusts created (grantor, beneficiaries, powers and rights retained, value of gift, trustee, term, reversion, present value):

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____

____

Existing custodial accounts under Uniform Gift to Minors Act (donor, date, custodian, minor (age), value of gift, present value):

____

____

____

FAMILY ADVISORS

ACCOUNTANT

Name ______________________________ Telephone No. ______________

Firm ____

Address ____

____

TRUST OFFICER

Name ______________________________ Telephone No. ______________

Firm ____

Address ____

____

STOCK BROKER

Name ______________________________ Telephone No. ______________

Firm ____

Address ____

____

LIFE INS. AGENT

Name ______________________________ Telephone No. ______________

Firm ____

Address ____

____

RETIREMENT PLAN ADMIN.

Name ______________________________ Telephone No. ______________

Firm ____

Address ____

____

OTHER

Name ______________________________ Telephone No. ______________

Firm ____

Address ____

____

OTHER

Name ______________________________ Telephone No. ______________

Firm ____

Address ____

____

Please furnish us with copies of the following before or at the estate planning conference:

1. Existing Wills of both spouses.
2. All gift tax returns ever filed by either spouse.
3. Individual income tax returns for last year.
4. Life insurance policies in effect.
5. Retirement plans.
6. Real estate deeds.
7. Real estate tax bill.
8. Trust Agreements and Amendments.
9. Partnership Agreements.
10. Buy/Sell Agreements, Employment Agreements, etc.
11. Powers of Appointment.
12. Divorce, Separation and Antenuptial Agreements.