

ESTATE AND HEALTHCARE PLANNING INFORMATION SURVEY

[NOTE TO CLIENT: PLEASE COMPLETE HIGHLIGHTED PORTIONS OF DOCUMENT]

PERSONAL INFORMATION

Name: _____ SSN: ____ - ____ - ____

Spouse's Name: _____ SSN: ____ - ____ - ____

Date of Birth: _____ Spouse's Date of Birth: _____

Preferred Name: _____ Spouse's preferred name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Fax: _____ Email: _____

Is it okay to communicate with you via email? Yes/No

Is it okay to communicate with you via text? Yes/No

Spouse's work phone: _____ Spouse's Cell: _____

U.S. Citizen? Client: Yes/No Spouse: Yes/No

If non-citizen, country of residence? Client: _____ Spouse _____

Marital Status: Married: Date of Marriage: _____

Divorced: Date of Divorce: _____

Ex-spouse name: _____

Date of former marriage: _____

Widowed: Date of Spouse's death: _____

Single

CHILDREN

(*Husband's (H), Wife's (W), Both (B) – Circle one for each child)

1. Name: _____ *H W B
Address: _____
Telephone: _____ Date of Birth: _____

2. Name: _____ *H W B
Address: _____
Telephone: _____ Date of Birth: _____

3. Name: _____ *H W B
Address: _____
Telephone: _____ Date of Birth: _____

4. Name: _____ *H W B
Address: _____
Telephone: _____ Date of Birth: _____

5. Name: _____ *H W B
Address: _____
Telephone: _____ Date of Birth: _____

6. Name: _____ *H W B
Address: _____
Telephone: _____ Date of Birth: _____
Telephone: _____ Date of Birth: _____

ADVISORS

	Name/Firm	Telephone/Email
Financial Advisor:	_____	_____
	_____	_____
Life Insurance Agent:	_____	_____
	_____	_____
Accountant:	_____	_____
	_____	_____

ASSETS

[Please copy any pages as needed if additional space is required.]

CASH

*Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD),
Money Market Account (MM)

+Husband (H), Wife (W), Joint Tenancy (JT), or Tenants in Common (TC)

Note: If account is in your name for benefit of a minor, please specify and give minor's name.

NAME OF INSTITUTION	TYPE*	ACCOUNT NUMBER	OWNER+	AMOUNT
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
TOTAL:				\$ _____

RETIREMENT PLANS

*Pension (P), Profit Sharing (PS) , Keogh (K), Individual Retirement Account (IRA), or other (O)

**Husband (H), Wife (W), Other (O)

COMPANY	TYPE OF PLAN*	OWNER**	PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	CURRENT VALUE
					\$ _____
					\$ _____
					\$ _____
					\$ _____
TOTAL:					\$ _____

BROKERAGE ACCOUNTS

(Other than Retirement Accounts)

Please attach copies of most recent statements.

Brokerage Firm: _____

Broker's Name and Phone: _____

Total Account Balance from Last Statement (less IRAs): \$ _____

Exact Name of Account: _____

Account Number: _____

Brokerage Firm: _____

Broker's Name and Phone: _____

Total Account Balance from Last Statement (less IRAs): \$ _____

Exact Name of Account: _____

Account Number: _____

MUTUAL FUNDS

Please list accounts held at mutual fund companies, e.g., Vanguard, Templeton, American Funds.

Please attach copies of most recent statements.

* Husband (H), Wife (W), Joint Tenancy (JT), or Tenants in Common (TC)

COMPANY	OWNER(S)* OF FUNDS	NUMBER OF SHARES	FAIR MARKET VALUE
			\$ _____
			\$ _____
			\$ _____
			\$ _____
TOTAL:			\$ _____

STOCKS

(Held in Certificate Form)

Please list all stocks in publicly owned corps. (stock traded on an exchange or over the counter).

Note: Stock owned in family or non-public companies listed in Business Interest section later.

* Husband (H), Wife (W), Joint Tenancy (JT), or Tenants in Common (TC)

COMPANY	OWNER(S)* OF SHARES	NUMBER OF SHARES	CURRENT VALUE
			\$ _____
			\$ _____
			\$ _____
			\$ _____
TOTAL:			\$ _____

BONDS

Please list all U.S. Savings Bonds, corporate bonds and municipal bonds held by you.
Please note if bond bears "P.O.D." designation.

* Husband (H), Wife (W), Joint Tenancy (JT), or Tenants in Common (TC)

TYPE	OWNER(S)*	VALUE
		\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL:		\$ _____

REAL ESTATE

Please list all deeds and land contract interests. (Land or buildings owned inside a separate entity should be listed under the Partnership section later).

* Husband (H), Wife (W), Joint Tenancy (JT), or Tenants in Common (TC)

Please attach a copy of the Deed of Bargain and Sale for each parcel of real estate.

ADDRESS OR DESCRIPTION	OWNER(S)*	PURCHASE PRICE	TAX ASSESSED VALUE	FAIR MARKET VALUE	MORTGAGE BALANCE	EQUITY
Street:						
City/State:						
Street:						
City/State:						
Street:						
City/State:						
TOTAL EQUITY:						\$ _____

PERSONAL EFFECTS AND OTHER ASSETS

Please list furniture, automobiles, jewelry, collectibles, and other personal assets of substantial value (in excess of \$10,000 each) only. Please value all other household goods in one lump sum.

* Husband (H), Wife (W), Joint Tenancy (JT)

ITEM	OWNER(S)*	VALUE
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL:		\$ _____

NOTES RECEIVABLE

Please list all debts which others owe to you and attach copies of notes, deeds of trust, etc.

* Husband (H), Wife (W), Joint Tenancy (JT), or Tenants in Common (TC)

NAME OF DEBTOR	DATE OF NOTE	DATE DUE	OWED TO*	CURRENT BALANCE
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
TOTAL:				\$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

*Term, Whole Life, Universal Life, Variable Life, Split Dollar, Group Life, Annuity

+Husband (H), Wife (W), Corporation (C), or Other (O)

Policy Number	Face Amount: \$ _____
Company	Type*
Company Address:	
Insured	Owner
Primary Beneficiary	
Secondary Beneficiary	
Cash Value: \$ _____	Who Pays Premium +

Policy Number	Face Amount: \$ _____
Company	Type*
Company Address:	
Insured	Owner
Primary Beneficiary	
Secondary Beneficiary	
Cash Value: \$ _____	Who Pays Premium +

Policy Number	Face Amount: \$ _____
Company	Type*
Company Address:	
Insured	Owner
Primary Beneficiary	
Secondary Beneficiary	
Cash Value: \$ _____	Who Pays Premium +

Policy Number	Face Amount: \$ _____
Company	Type*
Company Address:	
Insured	Owner
Primary Beneficiary	
Secondary Beneficiary	
Cash Value: \$ _____	Who Pays Premium +

LONG-TERM HEALTH CARE INSURANCE

Company:	
Policy No.:	Date of Policy:
Owner:	
Daily Benefit:	
Term of Benefit:	
Home Health Rider: Yes ___ No ___	Premium:
Agent Name:	Agent's Company:
Address:	
Phone:	

BUSINESS INTERESTS

Please provide ownership interests in all privately owned, non-publicly traded corporations.

*If yes, please provide a copy of this agreement.

+Husband (H), Wife (W), Corporation (C), or Other (O)

COMPANY	NO. OF SHARES	% OWNERSHIP	OWNER(S)+	VALUE	BUY/SELL AGREEMENT*
				\$ _____	
				\$ _____	
				\$ _____	
TOTAL:				\$ _____	

PARTNERSHIP INTERESTS

*If yes, either separately or as part of a written part of a written partnership agreement. Please provide a copy of any partnership agreement.

+Husband (H), Wife (W), Corporation (C), or Other (O)

PARTNERSHIP NAME	GENERAL PARTNER	LIMITED PARTNER	OWNER(S)+	VALUE	BUY/SELL AGRMNT *
				\$ _____	
				\$ _____	
TOTAL:				\$ _____	

SOLE PROPRIETORSHIP BUSINESS INTERESTS

Please list all business interests in sole proprietorships

*Husband (H), Wife (W), Corporation (C), or Other (O)

NAME OF BUSINESS	DESCRIPTION	OWNER(S)*	VALUE
			\$ _____
			\$ _____
TOTAL:			\$ _____

FINANCIAL SUMMARY

Please complete the following Financial Summary.

ASSETS

<u>ASSETS</u>	<u>AMOUNT</u>		
	HUSBAND	WIFE	JOINT
Liquid Assets	\$ _____	\$ _____	\$ _____
Retirement Plans	\$ _____	\$ _____	\$ _____
Brokerage Accts & Mutual Funds	\$ _____	\$ _____	\$ _____
Stocks & Bonds	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____
Personal Effects & Other Assets	\$ _____	\$ _____	\$ _____
Notes Receivable	\$ _____	\$ _____	\$ _____
Anticipated Inheritances, Gifts & Lawsuit Judgments	\$ _____	\$ _____	\$ _____
Insurance & Annuities	\$ _____	\$ _____	\$ _____
Corporations, Partnerships or Sole Proprietorships	\$ _____	\$ _____	\$ _____
Other Assets (please describe under add'l notes)	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____
TOTAL ASSETS:			\$ _____

LIABILITIES

<u>LIABILITIES</u>	<u>AMOUNT</u>		
	HUSBAND	WIFE	JOINT
Notes on Residence	\$ _____	\$ _____	\$ _____
Other Notes	\$ _____	\$ _____	\$ _____
Automobile Loans	\$ _____	\$ _____	\$ _____
Notes Payable	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	\$ _____	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____	\$ _____
Bills Due	\$ _____	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES: \$ _____			

NET WORTH

	<u>AMOUNT</u>		
	HUSBAND	WIFE	JOINT
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
-TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
NET WORTH:	\$ _____	\$ _____	\$ _____
TOTAL FAMILY NET WORTH: \$ _____			

INCOME

1. Fixed (Monthly)	HUSBAND	WIFE
Social Security	\$ _____	\$ _____
Civil Service	\$ _____	\$ _____
Other Gov't Retirement	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Pension	\$ _____	\$ _____
TOTAL FIXED INCOME	\$ _____	\$ _____
2. Investment (Monthly)		
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
IRA Withdrawals	\$ _____	\$ _____
Rental	\$ _____	\$ _____
TOTAL INVESTMENT INCOME	\$ _____	\$ _____
TOTAL FAMILY INCOME: \$ _____		

CURRENT ESTATE PLANNING DOCUMENTS

	HUSBAND	WIFE	COMMENTS
Wills			
Trusts			
Durable Powers of Attorneys			
Healthcare Powers of Attorneys			
Living Wills			

GIFTS MADE

Describe any transfers of over \$3,000 in assets to any person or charitable organization in the last five (5) years:

Recipient	Asset/Amount	Month/Year
Gift tax returns filed on any gifts? Yes _____ No _____		
Accountant/Attorney preparing returns: _____		

HEALTH INFORMATION

Physical/Mental Condition/Diagnosis:

Husband: _____

Wife: _____

TREATING PHYSICIANS

General Practitioner (Husband):

Name: _____

Address: _____

Phone: _____

General Practitioner (Wife):

Name: _____

Address: _____

Phone: _____

Specialist (Husband):

Name: _____ Specialty: _____

Address: _____

Phone: _____ Condition(s) treated: _____

Specialist (Husband):

Name: _____ Specialty: _____

Address: _____

Phone: _____ Condition(s) treated: _____

Specialist (Wife):

Name: _____ Specialty: _____

Address: _____

Phone: _____ Condition(s) treated: _____

Specialist (Wife):

Name: _____ Specialty: _____

Address: _____

Phone: _____ Condition(s) treated: _____

IN-HOME CARE PROVIDER

Agency: _____ Level of Care: _____

Dates of Care: _____ Compensation: _____

How Paid: _____

Address: _____

Phone: _____ Condition(s) treated: _____

CHILD CAREGIVER

1. Has any child provided personal care for the parent(s) that might have kept the parent(s) out of Long-Term Care (LTC)? Yes / No
2. Does LTC spouse (or potential LTC spouse) have a minor or disabled child? Yes / No

LONG-TERM CARE (LTC)

1. Is one spouse in LTC? Yes / No Husband / Wife
If so, date of entry (only if continuous stay since entry): _____
2. Name of LTC facility: _____
Address: _____
Phone: _____ Fax: _____
Administrator (contact person and position): _____

3. Is facility a Medicaid-certified facility? Yes / No
4. Are you currently receiving Medicare for care? Yes / No

HOSPITAL

1. Is one spouse in the hospital? Yes / No Husband / Wife
If so, for how long? _____
Reason: _____

2. Convalescence/rehabilitation in LTC facility expected? Yes / No
If LTC placement is expected, likely to return home later? Yes / No

GOALS OF CLIENT

Identify goal(s) of client(s) – use exact client(s) words, if possible.

Person responding: _____

Stated goals: _____

ADDITIONAL NOTES

QUESTIONS/CONCERNS/ISSUES FOR ATTORNEY

CLIENT ATTESTATION AND SIGNATURE

The information I have provided in this summary is accurate and complete to the extent of my knowledge and ability. I understand that it will be used by my attorney(s) in representing me and that, for advising me on estate planning matters, my attorneys will rely on the figures and values contained herein for preparing their calculations of estimated estate taxes.

(Signature)

(Print Full Name)

(Date)