

PERSONAL DATA FORM

(Please print clearly with black pen)

CLIENT PERSONAL DATA

| | | |
|----------------------------|-------------------|----------------------|
| Last Name _____ | First Name _____ | Middle Initial _____ |
| Date of Birth _____ | E-Mail: _____ | |
| SSN: _____ | Occupation: _____ | |
| Phone Numbers: Home: _____ | Business: _____ | |
| Cell: _____ | Work Cell: _____ | |

SPOUSAL PERSONAL DATA

| | | |
|---|-------------------|----------------------|
| Last Name _____ | First Name _____ | Middle Initial _____ |
| Date of Birth _____ | E-Mail: _____ | |
| SSN: _____ | Occupation: _____ | |
| Phone Numbers: Home: _____ | Business: _____ | |
| Cell: _____ | Work Cell: _____ | |
| Marriage: Date: _____ | Place: _____ | |
| Home Address: _____ | | |
| City _____ | State _____ | Zip Code _____ |
| County of Residence: _____ | | |
| Mailing Address (if different from Home Address): _____ | | |

MISCELLANEOUS

| | | | | |
|--|-----|----|----|--|
| Are you a U.S. Citizen? | Yes | or | No | |
| Is your spouse a U.S. Citizen? | Yes | or | No | |
| Do you have a Will or a Trust now? | Yes | or | No | |
| Does your spouse have a Will or a Trust now? | Yes | or | No | |

Are you expecting to receive property or money from (circle all that apply):

Gift Inheritance Lawsuit Other

If so, approximately how much?

\$ _____

Is your spouse expecting to receive property or money from (circle all that apply):

Gift Inheritance Lawsuit Other

If so, approximately how much?

\$ _____

Do you prepare your own tax return?

Yes or No

If not, who does: _____

Telephone: _____

Do you have a financial plan?

Yes or No

If yes, do you follow the plan?

Yes or No

Do you have a financial planner/advisor to assist you with financial decisions and planning?

Yes or No

If yes, who is your financial planner/advisor: _____

Telephone: _____

CHILDREN DATA

(Please use complete name - Include all children (living or deceased), regardless of whether they will be included as Beneficiaries - if additional space is needed, attach an additional sheet)

Name: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____

Phone #: _____ Parent * _____

Name: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____

Phone #: _____ Parent * _____

Name: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____

Phone #: _____ Parent * _____

Name: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____

Phone #: _____ Parent * _____

* Use the following code to indicate parentage.

C - Current marriage (client and spouse)

W - Wife's children

D - Deceased

H - Husband's children

A - Adopted

O - Other

DEPENDENTS THAT REQUIRE SPECIAL CARE (IF ANY)

(Please list complete names, how they are related to you and how old they are)

| Name | Relationship | Age | Date of Birth |
|------|--------------|-----|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SPECIAL BEQUESTS -- (Cash or Personal Property)

A special bequest is an allocation of a specific sum or item of personal property to be distributed outright to an individual or charitable organization upon death. (For example, \$500 to Michael Smith, \$3000 to St. John's Church, wedding ring to daughter, Sally Brown.) (use additional sheets, if necessary)

| Name of Beneficiary(s) | Asset or Percentage |
|------------------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DISTRIBUTION OF THE BALANCE OF YOUR ESTATE

This section designates to whom and when you want the balance of your assets distributed after payment of all final expenses, funeral/medical bills, taxes and special bequests. This may be a joint allocation for both spouses or it may be different for each spouse's share of the assets. If separate distribution, please note.

| Name of Beneficiary | % or \$ | When to Distribute |
|---------------------|---------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If Beneficiary Predeceases Client:

SPECIFIC EXCLUSIONS

List below any family member(s) who are to be specifically excluded from allocation and distribution of your estate (specify relationship - John Doe, brother):

SPECIAL SITUATIONS

Example: If a distribution from Estate Assets is to be made to a handicapped child or disabled adult, we suggest it be in the absolute discretion of the trustee so as not to hinder any benefits they might be eligible for. List any state or federal benefits your handicapped child or disabled adult beneficiary is currently receiving or will be eligible for in the future. You may wish to consider appointing someone to serve as this child's or disabled adult's guardian upon your death.

GUARDIAN (If any minor children)

If you have a minor child, or children, or a handicapped child, you will want to name a guardian. Our experience suggests that you consider one of your adult children, close family member or close friend. The Guardian and Successor Trustee(s) need not be the same person.

Guardian: _____

Alternate Guardian: _____

EXECUTOR - PERSONAL REPRESENTATIVE

The Personal Representative (Executor or Administrator of decedent's estate) may be required if you either do not have a Trust, or if you have a Trust, you have inadvertently left assets outside of your Trust. Such assets must therefore go through a formal probate administration upon the death of client and/or spouse.

Executor for Client:

Executor for Spouse:

Executor: _____

Executor: _____

Alternate Executor: _____

Alternate Executor: _____

PARTIES TO A TRUST (If Appropriate)

TRUSTEES (Original Trustees)

Usually you will be the original trustee of your own trust (Manager of the Trust).

Trustee (s):

Name (Client's trust)
Relationship to Client: _____
Address: _____

Name (Spouse's trust)
Relationship to Spouse: _____
Address _____

SUCCESSOR TRUSTEE (S)

You will need to identify at least two individuals who you would want to step into your shoes to manage, or allocate and distribute, your estate upon the death of both husband and wife.

Client's Trust

Successor Trustee (1st):

Name

Street Address

City/State/Zip

Relationship to Client

Successor Trustee (2nd):

Name

Street Address

City/State/Zip

Relationship to Client

Spouse's Trust

Successor Trustee (1st):

Name

Street Address

City/State/Zip

Relationship to Client

Successor Trustee (2nd):

Name

Street Address

City/State/Zip

Relationship to Client

Co-Trustee: If you desire to have a co-trustee to serve along with either the original trustee or the successor trustee(s) please identify that person and/or institution (ie. Bank or Trust Company).

Name

Street Address

City/State/Zip

Relationship to Client

Name

Street Address

City/State/Zip

Relationship to Client

STATUTORY POWER OF ATTORNEY FOR PROPERTY

The most important feature of the Statutory Power of Attorney for Property is that it names the individual authorized to act for you (your agent) if you should be unable to do so yourself.

Durable Power of Attorney for Client:

Initial Agent: _____

Relationship to Client: _____

Complete Address: _____

Telephone Number: _____

Successor Agent: _____

Relationship to Client: _____

Complete Address: _____

Telephone Number: _____

Durable Power of Attorney for Spouse:

Initial Agent: _____

Relationship to Client: _____

Complete Address: _____

Telephone Number: _____

Successor Agent: _____

Relationship to Client: _____

Complete Address: _____

Telephone Number: _____

STATUTORY POWER OF ATTORNEY FOR HEALTH CARE

The most important feature of the Statutory Power of Attorney for Health Care is that you are appointing an agent to make decisions regarding your medical treatment and life-sustaining procedures (including food and hydration) should you not be able to so for yourself.

Durable Power of Attorney for Client:

Initial Agent: _____

Relationship to Client: _____

Complete Address: _____

Telephone Number: _____

Successor Agent: _____

Relationship to Client: _____

Complete Address: _____

Telephone Number: _____

Durable Power of Attorney for Spouse:

Initial Agent: _____

Relationship to Client: _____

Complete Address: _____

Telephone Number: _____

Successor Agent: _____

Relationship to Client: _____

Complete Address: _____

Telephone Number: _____

ESTATE ASSET ANALYSIS FORM

A. CASH & SAVINGS

Checking \$ _____
 Certificates of Deposit \$ _____
 Treasury Bills \$ _____
 Credit Union \$ _____
 Money Market \$ _____
 Savings Acct. \$ _____

Total \$ _____ (a)

B. MARKETABLE SECURITIES

Stocks \$ _____
 Bonds \$ _____
 Mutual Funds \$ _____
 Annuities \$ _____
 Gold & Silver \$ _____

Total \$ _____ (b)

C. REAL ESTATE

| | Location | Type* | Market Value | - | Mortgage | = | Equity |
|-----|----------|-------|--------------|---|----------|---|----------|
| (1) | _____ | _____ | \$ _____ | | \$ _____ | | \$ _____ |
| (2) | _____ | _____ | \$ _____ | | \$ _____ | | \$ _____ |
| (3) | _____ | _____ | \$ _____ | | \$ _____ | | \$ _____ |
| (4) | _____ | _____ | \$ _____ | | \$ _____ | | \$ _____ |
| (5) | _____ | _____ | \$ _____ | | \$ _____ | | \$ _____ |

Total Equity \$ _____ (c)

Income Client _____

Income Spouse _____

* Use the following code to indicate type of real estate:

PR – Principal Residence
 SR – Secondary Residence/Vacation Home

IR – Investment Property-Vacant
 RP – Rental Property

D. PERSONAL PROPERTY** \$ _____ (d)

**Personal Property - includes furniture, fixtures, antiques, paintings, clothing, furs, jewelry, automobiles, recreation vehicles, hobbies, coins, stamps, tools, etc.

E. RETIREMENT PLANS

| Plan Type* | Value | Expected Commencement Date | Joint & Survivor or Single |
|-----------------|----------|----------------------------|----------------------------|
| (Husband) _____ | \$ _____ | _____ | _____ |
| (Wife) _____ | \$ _____ | _____ | _____ |
| Total Value | | \$ _____ (e) | |

*Examples: IRA, KEOGH, SEP, 401K

F. LIFE INSURANCE

| Policy Holder | Insurance Company | Cash Value | Face Amount |
|---------------|-------------------|------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Totals | | \$ _____ | \$ _____ (f) |

GROSS ESTATE VALUE (a+b+c+d+e+f) \$ _____

Instructions...

Please have the following information ready for use at your follow-up consultation, as this will allow us to prepare your Estate Plan accurately.

- 1. A list of all your bank accounts, securities, stocks, bonds, mutual funds, money market accounts, etc. with account numbers, sales representative or broker's name and mailing address, type of account, and a copy of your most recent statement for each of the accounts.**
- 2. All annuities and life insurance policies, with their most recent statements.**
- 3. A list of all your IRAs, Keoghs, SEPs, and 401(k)s with their account numbers, addresses, and most recent statements.**
- 4. A list of your real estate holdings along with a copy of the deed for each property, the property address, and the Property Identification Number (PIN) which can be found on your real estate tax bill.**
- 5. A list of any partnerships, joint ventures, closely held corporations, sole proprietorships, or any other entities in which you own interest.**
- 6. Copies of Deeds of Trust or Notes Payable to you.**
- 7. An outline of any unusual or specific requests, either to your heirs or others, that you wish to consider for inclusion in your trust or other estate plan documents, as appropriate.**