

5. Other dependent persons (names, addresses, relationships and date of birth: _____

6. Have you lived in any other state or foreign country? If so, where and for how long?

7. Did you or your spouse own any substantial separate property before marriage? If so, describe.

8. Have either you or your spouse received any gifts or inheritances separately or do you expect any in the future? If so, describe.

B. REPRESENTATIVES

Names, address and telephone numbers:

1. Attorney: _____

2. Accountant: _____

3. Executor: _____

First Alternate Executor: _____

Second Alternate Executor: _____

- *An Executor makes sure that the terms of your will are carried out. Co-Executors are allowed.
4. Trustee: _____

First Alternate Trustee: _____

Second Alternate Trustee: _____

- * A Trustee makes sure that the terms of your trust are carried out. Co-Trustees are allowed.
5. Who do you want to care for your minor children if you pass away? _____

6. Who do you want to care for you if you are unable to care for yourself? _____

7. Who do you want to manage your affairs if you are unable to do so? _____

C. DISTRIBUTION OBJECTIVES

1. How and to whom do you want your assets distributed upon your death?

2. If you and your spouse both die prematurely, should children receive property at age of majority or should it be held until they reach a more mature age?

3. Do any of your children have special educational, medical or financial needs? If so, describe.

4. Whom do you want to manage your estate from an investment standpoint?

 To whom would that person look for management help? _____
5. Is reducing or eliminating estate taxation of great importance to you? _____
6. Is minimizing income taxes of great importance to you? _____
7. Do you contemplate making future gifts? _____
 Furnish details: _____
8. Do you wish to make bequests to a religious organization or order or to any other charitable organization? _____ In cash or in kind? _____
 Furnish details: _____
9. If none of your children are living at the time of your spouse's death, do you want your estate to go to: Your family? _____ Spouse's family? _____ Elsewhere? _____

D. OTHER INFORMATION

What are your burial/cremation instructions? If these arrangements are already made, give details of these arrangements. _____

List all Powers of Attorney that you have created. _____

E. ASSETS

1. CASH AND PERSONAL EFFECTS.

	Bank	Amount	Form of Ownership and with Whom
Bank accounts:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Certificates of Deposit:	_____	_____	_____
	_____	_____	_____
Other (money market funds, etc.):	_____	_____	_____
	_____	_____	_____
			Total \$

Automobiles (state whether leased or owned)		Fair Market Value
Household furnishings		
Club memberships		
Aircraft		
Boats		
Furs		
Jewelry		
Collections (Art, etc.)		
Others (describe)		
		\$

Policy 2:

Company/Issuer: _____
 Policy #: _____
 Type (term, whole life, variable): _____
 Value Insured: _____
 Owner: _____
 Beneficiaries: _____
 Contingent beneficiaries: _____
 Annual Premium: _____

Please list any additional policies on a separate sheet of paper.

6. REAL PROPERTY.

Property 1:

Address: _____
 Legal Description/Parcel #: _____
 Type of Residence (single family, condo, land...): _____
 Owners: _____
 Form of Ownership: _____
 Purchase Price/Tax Basis: _____
 Current Market Value: _____
 Encumbrances & Amounts: _____

Property 2:

Address: _____
 Legal Description/Parcel #: _____
 Type of Residence (single family, condo, land...): _____
 Owners: _____
 Form of Ownership: _____
 Purchase Price: _____
 Current Market Value: _____
 Encumbrances & Amounts: _____

Please list any additional property on a separate sheet of paper.

7. RETIREMENT, DISABILITY AND DEATH BENEFITS.

(Include Keogh plans, IRAs and deferred compensation plans)

Type of Plan	Joint v. Survivor Annuity	Name of Beneficiary	Form of Payment	Present Vested Benefits

8. OTHER ASSETS.

Description _____

Note: Include other assets such as a remainder, reversionary, or income interest in a trust. Also include the source and approximate amount of any expected inheritance.

F. LOCATION OF ASSETS AND DOCUMENTS

1. Safe deposit box (location of box, who has access, who has keys, in whose name is box registered):

2. Original current wills: _____
3. Life, health and accident insurance policies: _____
4. Passbooks (location): _____
5. Securities: _____
6. Trust agreements: _____
7. Tax returns; years covered: _____
8. Contracts and business agreements: _____
9. Car titles: _____
10. Jewelry and other valuable tangibles: _____
11. Cancelled checks and stubs; period covered: _____
12. Cemetery plot (location of plot and deed; care arrangements): _____
13. Legal Documents (birth/death/marriage certificates, divorce decree, adoption papers, naturalization papers): _____
14. Employee benefit statements: _____
15. Employee benefit plan copies: _____
16. Military discharge papers: _____
17. Passports: _____
18. General insurance policies: _____
19. Private safe (location, who has access): _____
20. Entitlements (Social Security, veterans, etc.): _____

G. MEDICAL AND DISABILITY INSURANCE

	Company	Benefits	Beneficiary
Medical			
Surgical			
Hospital			
Disability			

Please bring the following documents to your appointment:

1. Existing will and/or trust
2. Deeds to all real property (include real property in other states)
3. Most recent bank statement
4. Most recent stock/mutual fund statements
5. Most recent IRA/pension statement
6. Photocopy of certificate of deposit, Treasury note, Treasury bill or Treasury bond
7. Life insurance/annuity policies