

Husband's children (prior marriage)

Name	Date of Birth	Address	Social Security # If Available
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Wife's children (prior marriage)

Name	Date of Birth	Address	Social Security # If Available
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other persons who are important to your estate plan (grandchildren, siblings, nieces and nephews, etc.)

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Information

Husband

Wife

Are you covered by Social Security? (Y, N)

Are you self-employed? (Y, N)

Do you have a will? (Y, N)

Date of Will:

Are you the beneficiary of any Trust? (Y, N)

Do you have a Power of Attorney? (Y, N)

Comments:

Health Care

Do you have: Medicare Part "A" _____ Medicare Part "B" _____

Supplemental Insurance _____

Long Term Health Care Insurance _____

Do you or any member of your family have any illness or disability that should be considered in planning your estate?

Comments:

Income

Please list your estimated income this year from the following sources:

Source:	Annual or Monthly Amounts	
	Husband	Wife
Social Security	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Benefits	_____	_____
Rental Income	_____	_____
Other Income	_____	_____
Subtotal	_____	_____
Total Income	_____	_____

Do you have any unusual expenses that should be considered in planning your estate?

Comments:

Assets (Summary)

	Husband's Name	In Joint Names	Wife's Name
1. Real Estate	_____	_____	_____
2. Stocks and Bonds	_____	_____	_____
3. Bank Accounts	_____	_____	_____
4. Mortgages & Notes	_____	_____	_____
5. Personal Property	_____	_____	_____
6. Life Insurance	_____	_____	_____
7. Retirement Benefits	_____	_____	_____
8. Business Assets	_____	_____	_____
9. Miscellaneous	_____	_____	_____
Subtotal	_____	_____	_____
Total Assets	_____	_____	_____

ASSETS AND LIABILITIES (Detail)

ASSETS: Complete the appropriate sections or attach separate statements such as bank account or brokerage statements, balance sheet, your own list, etc. If assets are not owned jointly by husband and wife, please indicate.

1. Real Estate (Add pages if needed)

Location	Estimated Value	Mortgage Balance
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____

Comments:

2. Stocks and Bonds

(a) Securities NOT Held in a Brokerage Account

Number	Security	Value	IRA or other tax qualified plan?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) Brokerage Accounts

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Bank Accounts

Bank & Account No.	Type of Account	Joint?	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you maintain a safe deposit box? _____

Bank _____ Branch _____ Number _____

4. Promissory Notes, Mortgages

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Tangible Personal Property

Estimate the total value of your household furnishings,
Automobiles & other personal belongings. \$ _____

Do you have any items of special value that should be considered in planning your estate?

Comments:

(You will have the opportunity to prepare a separate list to designate certain items of tangible personal property for specific persons, but you need not do this now.)

6. Life Insurance

Insured	Company	Amount	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Retirement Benefits

H/W (?)	Pension/Profit Sharing	Amount	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	IRA Accounts/401k		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Annuities		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Business Assets

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments:

10. Miscellaneous

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____

Liabilities

Please list any outstanding liabilities (you need not include ordinary monthly expenses) if not shown elsewhere.

Description	Amount	Date Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Documents to bring to our meeting if available and applicable:

- Will**
- Power of Attorney**
- Deed to Residence**
- Insurance Policies**
- Bank or brokerage account statements**
- Other documents you deem relevant**