**ESTATE PLANNING INFORMATION**

1. GENERAL INFORMATION

HUSBAND'S NAME DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WIFE'S NAME DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: HOME WORK (HIS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL (HIS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK (HER) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL (HER) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITIZENSHIP (HUSBAND) (WIFE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION (HUSBAND) (WIFE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST ANY PRIOR MARRIAGES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. CHILDREN (Please indicate if a child is adopted or not a child of this marriage):

NAME BIRTH DATE

3. NAMES OF BENEFICIARIES OF YOUR ESTATE AND PERCENTAGE OR AMOUNTS

TO BE DISTRIBUTED TO EACH:

NAME OF BENEFICIARY (AND AGE IF A PERSON) GIFT

4. ASSETS:

A. JOINTLY HELD PROPERTY - LIST ASSET AND APPROXIMATE VALUE:

B. PROPERTY STANDING IN YOUR NAME ALONE - LIST ASSET AND APPROXIMATE VALUE:

C. LIFE INSURANCE - LIST POLICY, OWNER, BENEFICIARY AND AMOUNT:

D. OTHER ASSETS --- PENSION AND PROFIT SHARING PLANS, IRAs, 401(k), ANNUITIES,

STOCK OPTIONS AND INSURANCE OWNED BY YOU ON LIFE OF A PERSON OTHER

THAN YOUR SPOUSE:

E. DO EITHER OF YOU EXPECT ANY INHERITANCES?

5. PERSONS TO BE NAMED AS SUCCESSOR TRUSTEES OF TRUST (IF BOTH OF YOU ARE

UNABLE TO ACT AS TRUSTEE) AND EXECUTOR OF YOUR WILL (IF YOUR SPOUSE CANNOT

ACT AS YOUR EXECUTOR). THESE SHOULD BE THE SAME PERSONS.

NAME ADDRESS

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. GUARDIANS OF PERSON FOR YOUR MINOR CHILDREN:

NAME ADDRESS

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. PERSONS YOU WISH TO APPOINT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU

CANNOT MAKE THEM YOURSELF AND YOUR SPOUSE CANNOT ACT AS YOUR AGENT

TO MAKE HEALTH CARE DECISIONS FOR YOU:

NAME ADDRESS

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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