**ESTATE PLANNING INFORMATION**

1. GENERAL INFORMATION

NAME DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PHONE: HOME WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITIZENSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. CHILDREN (Please indicate if a child is adopted and also indicate if a child is deceased)

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

B. DO YOU HAVE ANY JOINTLY OWNED PROPERTY - LIST ASSET, APPROXIMATE VALUE

AND NAME OF JOINT OWNER:

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

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

STOCK OPTIONS, INSURANCE OWNED BY YOU ON LIFE OF ANOTHER PERSON:

E. DO YOU EXPECT ANY INHERITANCES?

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

TO ACT AS TRUSTEE) AND EXECUTOR OF YOUR WILL (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:

NAME ADDRESS

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

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

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

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