

ESTATE PLANNING INTERVIEW SHEET

Please complete the following pages as *thoroughly* as possible and return it to us by way of return email, fax or regular mail. If you wish to complete the form on your computer: simply type text in the gray shaded areas, using your arrow, tab or enter keys to maneuver through it. If you require additional space, please attach a separate sheet.

GENERAL INFORMATION

	<i>SELF</i>	<i>SPOUSE</i>
Name:		
Address:		
Home#:		
Work#:		
Mobile#:		
Email:		
DOB:		
SS# (Last 4):	XXX-XX-	XXX-XX-
Physician's Name/Number:		

MARITAL INFORMATION

Date & Place of Marriage:	
Any Prior Marriages?	
Ever entered into pre- or post-nuptial agreement?	

CHILDREN / GRANDCHILDREN

Child's Name:		Child's Name:	
Address:		Address:	
Date of Birth:		Date of Birth:	
Social Security #:	XXX-XX-	Social Security #:	XXX-XX-
Please Check One: <input type="checkbox"/> Child by Current Marriage <input type="checkbox"/> Child by Previous Marriage <input type="checkbox"/> Child by Adoption <input type="checkbox"/> Grandchild		Please Check One: <input type="checkbox"/> Child by Current Marriage <input type="checkbox"/> Child by Previous Marriage <input type="checkbox"/> Child by Adoption <input type="checkbox"/> Grandchild	

Child's Name:		Child's Name:	
Address:		Address:	
Date of Birth:		Date of Birth:	
Social Security #:	XXX-XX-	Social Security #:	XXX-XX-
Please Check One: <input type="checkbox"/> Child by Current Marriage <input type="checkbox"/> Child by Previous Marriage <input type="checkbox"/> Child by Adoption <input type="checkbox"/> Grandchild		Please Check One: <input type="checkbox"/> Child by Current Marriage <input type="checkbox"/> Child by Previous Marriage <input type="checkbox"/> Child by Adoption <input type="checkbox"/> Grandchild	

POWER OF ATTORNEY APPOINTMENTS

	<i>SELF</i>	<i>SPOUSE</i>
Primary:		
Address:		
Home#:		
Work#:		
Relationship		
1st Alternate:		
Address:		
Home#:		
Work#:		
Relationship		
2nd Alternate:		
Address:		
Home#:		
Work#:		
Relationship		

HEALTH CARE POWER OF ATTORNEY APPOINTMENTS

	<i>SELF</i>	<i>SPOUSE</i>
Primary:		
Address:		
Home#:		
Work#:		
Relationship		
1st Alternate:		
Address:		
Home#:		
Work#:		
Relationship		
2nd Alternate:		
Address:		
Home#:		
Work#:		
Relationship		

APPOINTMENTS RELATIVE TO WILLS

	<i>SELF</i>	<i>SPOUSE</i>
Executor/trix:		
Address:		
Home / Work #:		
Relationship		
1st Alternate:		
Address:		
Home / Work #:		
Relationship		
2nd Alternate:		
Address:		
Home / Work #:		
Relationship		
Trustee:		
Address:		
Home / Work #:		
Relationship		
1st Alternate:		
Address:		
Home / Work #:		
Relationship		
2nd Alternate:		
Address:		
Home / Work #:		
Relationship		
Guardian:		
Address:		
Home / Work #:		
Relationship		
1st Alternate:		
Address:		
Home / Work #:		
Relationship		
2nd Alternate:		
Address:		
Home / Work #:		
Relationship		

PERSONAL ASSETS (Indicate Current Market Value)

	SELF	SPOUSE	JOINT
Savings Accounts:			
Checking Account:			
Money Market Account:			
Certificate of Deposit:			
Stocks:			
Bonds (include E, EE):			
Mutual Funds:			
Brokerage Accounts:			
Jewelry & Furs:			
Automobiles:			
Boats:			
Coin, Stamp or Other Collections:			
Antiques & Works of Art:			
Furniture & Other Household Effects:			
Copyrights, Trademarks, etc.			
Interest in Trust/Trust Estates:			
Interest in Ltd Partnerships:			

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

RESIDENCE(S)

Primary Residence	
Fair Market Value:	Mortgage Amount:
How Title is Held:	
Other Property	
Fair Market Value:	Mortgage Amount:
How Title is Held:	
Other Property	
Fair Market Value:	Mortgage Amount:
How Title is Held:	

FAMILY BUSINESS:

Name of Business:	
Address:	
Form of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other – Explain:

LIFE INSURANCE

	<i>SELF</i>	<i>SPOUSE</i>
Insurance Company Name:		
Type (term/whole life, etc):		
Owner:		
Primary Beneficiary:		
Contingent Beneficiary:		
Face Value:		
Cash Surrender Value:		
Amt Outstanding Loan:		
Annual Premium:		
Insurance Company Name:		
Type (term/whole life, etc):		
Owner:		
Primary Beneficiary:		
Contingent Beneficiary:		
Face Value:		
Cash Surrender Value:		
Amt Outstanding Loan:		
Annual Premium:		

RETIREMENT PLANS

Pension Plan	<i>SELF</i>	<i>SPOUSE</i>
Present Value:		
Your Contribution:		
Vested %:		
Cash Surrender Value:		
Beneficiary:		
Profit Sharing Plan		
Present Value:		
Your Contribution:		
Vested %:		
Cash Surrender Value:		
Beneficiary:		
IRA		
Present Value:		
Beneficiary:		
Where (name of bank, mgmt firm):		
Type of Acct (Custody or Trust):		
Type of Investment (CD, Mutual Fund):		
Was an irrevocable election made?		
KEOGH		
Present Value:		
Beneficiary:		
Other		
Present Value:		
Beneficiary:		

ASSET DISTRIBUTION - AFTER DEATH

	<i>SELF</i>	<i>SPOUSE</i>
1) Do want all of your assets to be distributed to your surviving spouse upon your death (if not, then to whom. Please list your relationship to this person)?		
2) If you and your spouse (or whomever you listed in #1) pass away at the same time, do you want your assets to be distributed to your immediate family(if not, please list those who you wish to receive your assets)? Please list these individuals and their relationship to you and the percentage of your assets you would like them to receive.		
3) If you, your spouse and immediate family (or all the people listed in #1 and #2) pass away at the same time, how would you like for your assets to be distributed?		
4) Would you like to make any specific gifts? If so, what and to whom?		
5) Is there anyone whom you would like to be specifically excluded from your asset distribution?		

ADVISORS

Type: Accountant: Insurance Agent: Financial Broker:	Name:	Address:	Phone #:
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MISCELLANEOUS

	SELF	SPOUSE
Does the value of all assets exceed \$1,000,000?		
Do you have a safe deposit box? If so, where?		
Have you received any prior gifts over \$10,000?		
Have you received or expect any inheritances or gifts?		
Do you have Long Term Care Insurance?		
Are you the beneficiary of a trust?		
Do you hold a power of appointment?		
Are there generation skipping tax problems?		
Are you (or wish to be) an organ donor?		
Desired funeral arrangements- Burial or Cremation?		

OTHER INSTRUCTIONS

- Attach copies of your current will(s).
- Attached copies of all trust agreements in which you or a member of your family have an interest, whether as beneficiary, fiduciary, or holder of a power of appointment.
- Attached copies of all prior federal and state gift tax returns.
- Describe any inheritance you or your spouse expect to receive in the near future.
- Describe any special estate planning objectives.