

CONFIDENTIAL ESTATE PLANNING ORGANIZER

A. FAMILY INFORMATION

1. <u>Personal:</u>	<u>Husband</u>	<u>Wife</u>
a. Name	_____	_____
b. Home Address	_____	_____
	_____	_____
c. Home Telephone	_____	_____
d. Employer and Business Address	_____	_____
	_____	_____
e. Business Telephone	_____	_____
Facsimile Number	_____	_____
f. Birth Date	_____	_____
g. Citizenship	_____	_____
h. Social Security Number	_____	_____
2. <u>Marriage Information:</u>		
a. Date of Marriage	_____	
b. Place of Marriage	_____	

3. **Children:**

	<u>Name and Address</u>	<u>Birth Date</u>	<u>Child of</u>
a.	_____	_____	H, W, Both

b.	_____	_____	H, W, Both

c.	_____	_____	H, W, Both

d.	_____	_____	H, W, Both

4. **Other Dependent Persons – Names, Addresses, Relationships**

5. **Do Any Dependents Have Special Educational, Medical or Financial Needs?**

No [] Yes []

If Yes, please explain _____

B. ASSET INFORMATION (attach detail as needed)

1. **Safe Deposit Box**

Where _____

In Whose Name(s)? _____

2. **Bank and Savings Accounts**

Owner(s)	Approximate Balance	Bank/Credit Union
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **Publicly Traded Stocks**

Name of Company	Shares	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **Publicly Traded Bonds and Notes**

Name of Issuer	Face Amount	Market Value
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____

5. **Real Estate**

Owner(s)	Market Value	Balance Due	Income	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. **Partnerships, Corporations and other Business Interests and Securities Not Publicly Traded**

Owner(s)	Description	Basis	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. **Promissory Notes and Other Loans**

Debtor	Balance	Secured By
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **Life Insurance and Annuities**

Issuer	Owner	Insured	Cash Value & Face Amount	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. **Retirement and Employee Benefits**

List any interest in a Pension, Profit-Sharing, Stock Bonus, Self-Employed Retirement Plan, IRA, Deferred Compensation or similar employee benefit:

Employee/Holder	Description	Value	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. **Trusts or Estates in Which you have a beneficial interest**

Description:

11. **Taxable Income Last Year** _____

C. **SUMMARY OF LIABILITIES (attach detail as needed)**

1. **Notes and Other Loans, Including Mortgages**

a. **Commercial**

Creditor	Owed By	Due Date	Balance	Secured By
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. **Residential**

Creditor	Owed By	Due Date	Balance	Secured By
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. **ADVISORS**

1. **Accountant** _____
2. **Life Insurance Advisor** _____
3. **Investment Advisor** _____
4. **Other** _____

E. WILL OR TRUST PROVISIONS

1. **Specific Gifts**

Do you want to make any specific gifts of cash, real property, stocks and bonds, or other property? Any charitable gifts? If so, please describe and indicate to whom:

Should these gifts be made only when both spouses are gone?

Yes No, make gifts from first estate

Gifts of tangible personal property (such as heirlooms, mementos or jewelry) are usually made by a personal property list separate from your Will which is referred to in your Will. This allows you to add to or change these gifts without amending your Will. Should your Will provide for such gifts?

Yes No

Note: This list can be prepared now or later, at your convenience.

2. **Residue**

Who should receive the remainder of your estate?

My surviving spouse Trust for my surviving spouse, or:

3. **Alternate Gift of Residue**

Who should receive your property if your primary recipient predeceases you, or, if you provide a Trust for your primary recipient, upon his or her death?

My surviving children and descendants of deceased children, or:

4. **Gifts to Descendants**

Should gifts to children be held in Trust for their benefit?

No

Yes, for children, until age _____

Yes, for other descendants

Any provision for parents, spouses of children, or others? If so, please describe:

5. **Fiduciaries**

a. Personal Representative(s) (administers Will during probate)

1st Choice: Spouse _____

2nd Choice: _____

b. Trustee(s) (manages estate for the benefit of beneficiaries, if applicable)

1st Choice: Spouse _____

2nd Choice: _____

c. Guardian(s) of minor(s) (raises children who are not yet age 18)

1st Choice: Spouse _____

2nd Choice: _____

6. **Funeral/Burial Arrangements**

We do not recommend that this provision be included in the Will because the contents of the Will are not always known at the relevant time. It is suggested that if you have specific wishes, that they be made known to the person who will be in charge at the time the arrangements are being made, or in a memo to be held with your Will. However, if you prefer, it can be included in the Will.

F. OTHER INSTRUMENTS

1. Durable Power of Attorney

The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetency of an individual to handle his or her own affairs. The value of this document is that it should avoid the necessity of a Guardianship in the event of incompetency.

Do you want a Durable Power of Attorney? [] Yes [] No

Effective on signing or incapacity? [] Signing [] Incapacity
(we recommend upon incapacity)

Who should be the attorney-in-fact? [] Spouse _____
Alternate? _____

2. Living Will

The purpose of the Directive to Physicians is to make known the desire of the person signing the document of his or her wish to be permitted to die naturally and not to have one's life "artificially prolonged" in the case of any terminal injury, disease or an irrevocable comatose or vegetative state.

Do you wish to have such a document prepared or discuss this further?

[] Yes, prepare it. [] No. [] I want to discuss it further.

G. MISCELLANEOUS

Do you expect any inheritances or gifts? Please identify donor, recipient and amount and, for gifts, timing:

Do either of you make, or intend to make, regular or one-time gifts to any person? If so, please describe:

Any other significant financial or other information:

H. COMMENTS – ESTATE PLANNING GOALS
