

# CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Family Information and Asset Summary

Completion of this form will help in accomplishing your estate planning objectives.



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## PLEASE BRING THE FOLLOWING DOCUMENTS TO BE COPIED FOR OUR FILE:

1. **Social Security Card**
2. **Driver's license or other photo identification**
3. **Current Will, Powers of Attorney, Living Will, Trust, Premarital Agreements**
4. **Funeral, burial, and cremation contracts, cemetery lots, plots**

(The following are needed for trust funding):

5. **Life insurance policies (current face & cash surrender value)**
6. **Property deeds, mobile home titles, most recent tax bills, insurance policy for homes and jewelry**
7. **Copies of statements for bank accounts, brokerage accounts, stock certificates, bonds, IRAs, annuities, CD, mortgages, promissory notes or any other asset.**
8. **Car title, vehicle registration and insurance policy premium statement**
9. **Written documentation stating the gross current amount of all pensions and deductions.**

(This document will be returned to you, upon request, at the conclusion of our meeting)

**PLEASE PRINT ALL INFORMATION**

Date of Preparation \_\_\_\_\_

**NAME:**

Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ U S Citizen: Yes or No

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you own your home? Yes or No If so, is it jointly owned? Yes or No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Own Business? \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SPOUSE (If Applicable):**

Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ U S Citizen: Yes or No

If Deceased, Date of Death: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Own Business? \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Have you or your spouse previously completed a will, trust, or estate planning?**

If yes, what kind of planning and when? \_\_\_\_\_

**FORMER SPOUSE (If Applicable):**

**Prior Spouse, Full Legal Name:** \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Did the marriage end by: Divorce \_\_\_\_\_ Death \_\_\_\_\_

Date of Divorce \_\_\_\_\_ County & State of Divorce \_\_\_\_\_

Date of Death \_\_\_\_\_

If still Living - Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**YOUR CHILDREN:**

**Your Child 1.** \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
\_\_\_\_\_ Marital Status: \_\_\_\_\_  
Phone: \_\_\_\_\_

Grandchildren:  
1. \_\_\_\_\_ Male/Female: \_\_\_\_\_  
2. \_\_\_\_\_ Male/Female: \_\_\_\_\_  
3. \_\_\_\_\_ Male/Female: \_\_\_\_\_

**Your Child 2.** \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
\_\_\_\_\_ Marital Status: \_\_\_\_\_  
Phone: \_\_\_\_\_

Grandchildren:

1. \_\_\_\_\_ Male/Female: \_\_\_\_\_

2. \_\_\_\_\_ Male/Female: \_\_\_\_\_

3. \_\_\_\_\_ Male/Female: \_\_\_\_\_

**Your Child 3.** \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Grandchildren:

1. \_\_\_\_\_ Male/Female: \_\_\_\_\_

2. \_\_\_\_\_ Male/Female: \_\_\_\_\_

3. \_\_\_\_\_ Male/Female: \_\_\_\_\_

**Your Child 4.** \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Grandchildren:

1. \_\_\_\_\_ Male/Female: \_\_\_\_\_

2. \_\_\_\_\_ Male/Female: \_\_\_\_\_

3. \_\_\_\_\_ Male/Female: \_\_\_\_\_

\_\_\_ Check here and list any additional children and above information on the back of this page.

**IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18:**

Whom do you wish to be guardian of your children?

Name in order of preference. (one person per line) including name, address & phone #

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

**OTHER DEPENDENTS:**

Do you have anyone else who depends on you for all or part of their support? IF YES, PLEASE LIST:

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship: \_\_\_\_\_

**Other Beneficiary Data:**

Please list the names & addresses of beneficiaries other than children:

1. Name \_\_\_\_\_ Male/Female: \_\_\_\_\_  
 Address \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Male/Female: \_\_\_\_\_  
 Address \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_

3. Name \_\_\_\_\_ Male/Female: \_\_\_\_\_  
 Address \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Questions About Your Children or Other Beneficiaries: (Circle Yes or No)**

1. Do you have any children who have died? Yes or No

2. Did that child have any children? Yes or No

1. Name \_\_\_\_\_ Male/Female

2. Name \_\_\_\_\_ Male/Female

3. Name \_\_\_\_\_ Male/Female

Do you wish these children to receive their deceased parent's share? Yes or No

3. Do you wish to exclude any of your children from your will? Yes or No

If so, please list:

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

4. Do any of your children or beneficiaries receive governmental support of benefits because of a disability or handicap? Yes or No
5. Do any of your children or beneficiaries have special educational, medical, or physical needs? Yes or No
6. Do you have a child or beneficiary with a learning disability? Yes or No
7. Are any of your children or beneficiaries institutionalized? Yes or No
8. If you answered YES to any of the above questions, please describe the type of disability that your child or beneficiary has: \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any adopted children? Yes or No, Name(s): \_\_\_\_\_  
\_\_\_\_\_
10. Do any of your children or beneficiaries have any other special needs or circumstances that are of concern to you? If yes, Please describe \_\_\_\_\_  
\_\_\_\_\_
11. Who shall receive the balance of your estate? (Give percentages and at what age you want distributions to your children)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Are there any special gifts which you would like to make? (i.e.: jewelry, family heirlooms, etc.) Yes or No  
  
If so, please list the item and the name and address of the person you would like to have it:  
  

Item	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
13. Are the bequests to be given with debt or debt-free? \_\_\_\_\_
14. Do you have any pets that you wish to provide for in your estate planning? \_\_\_\_\_  
  
Identity of pet(s) \_\_\_\_\_  
Trustee (who distributes money) \_\_\_\_\_

Beneficiary (who has custody) \_\_\_\_\_  
Term of Trust \_\_\_\_\_  
Amount held \_\_\_\_\_

15. Are there any firearms that will be part of the estate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have any of your beneficiaries been convicted of any crime where you were the victim?  
\_\_\_\_\_  
\_\_\_\_\_

**If you are leaving funds to a charity, complete the following. Please call the charity's office for a copy of their IRS 501(c)(3) letter.**

1. Charity Name: \_\_\_\_\_ 2. Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Charity Name: \_\_\_\_\_ 4. Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Personal Representative:**

Whom do you want to serve as your personal representative (Executor)? List in order of preference.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Do you want to authorize your personal representative to have access to your digital property, including files, accounts and social media pages you have created; and to authorize the persons or entities administering or controlling such assets or accounts to secure, transfer control and content to your representative? YES NO

**Trustee(s):**

Whom do you want to serve as your trustees? List in order of preference.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Some Additional Questions about you and/or your spouse (if applicable):**

1. Are you receiving social security or disability benefits? \_\_\_\_\_

2. Do you have any health concerns? \_\_\_\_\_

3. Do you own property in any state other than Michigan? \_\_\_\_\_

4. Have you ever filed gift tax returns with the IRS? \_\_\_\_\_

5. Are you currently making annual gifts to anyone? \_\_\_\_\_

6. Did you ever sign a pre- or post -marriage contract? \_\_\_\_\_

7. Are you currently the beneficiary of anyone else's estate plan? \_\_\_\_\_

8. What is the location of your important papers? \_\_\_\_\_

9. If you have a safe deposit box, where is it located? \_\_\_\_\_

Box number: \_\_\_\_\_

Names on the card? \_\_\_\_\_

10. Do you own a cemetery plot? Yes or No

If so, where is it located? \_\_\_\_\_

Do you wish to be buried there? Yes or No

If no, where would you like to be buried? \_\_\_\_\_

11. Do you have special instructions with regard to your funeral? Yes or No

If so, please state:

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



12. Have arrangements been made for the disposition of your body at death? \_\_\_\_\_ Are the arrangements paid for? If yes, complete the following:

Company: \_\_\_\_\_ Contract No: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

13. Are you a veteran? \_\_\_\_\_ If yes, did you serve during wartime? \_\_\_\_\_  
Branch of Military \_\_\_\_\_  
Benefits being received \_\_\_\_\_

If widowed, was your spouse a veteran? \_\_\_\_\_ Served during wartime? \_\_\_\_\_  
Branch of Military \_\_\_\_\_  
Benefits being received \_\_\_\_\_

14. Do you have any medical conditions that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

15. If you were ill and unable to manage your own affairs, could the attorneys at Nawrocki Center For Elder & Family Law, PLLC discuss your financial situation and estate plan with any other individuals (family members, accountant, physician)? YES NO

Names of persons to whom the attorneys are authorized to disclose any information you have given: \_\_\_\_\_  
\_\_\_\_\_

16. If you were so ill that you could no longer reside at home and your family members had to place you in a nursing home, would you want your designated agent to divest you of all your resources to your family members so that you could qualify for Medicaid, a government program to pay for individuals residing in nursing homes? YES NO

17. Have you considered Long Term Care Insurance to cover the cost if you were in a nursing home? \_\_\_\_\_

### **MEDICAL INSTRUCTIONS:**

If you were unable to make medical decisions for yourself, whom would you want to make decisions for you with regard to medical treatment and/or life support machines (Power of Attorney for Health Care)?

### **FOR YOURSELF:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
1st \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2nd \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please list individuals you would like to have access to your medical condition/records in the event of your incapacity (HIPAA Release):

Name:

Relationship to you:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MEDICAL FOR SPOUSE (IF APPLICABLE):**

Name:

Address:

1st \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2nd \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please list individuals you would like to have access to your medical condition/records in the event of your incapacity (HIPAA Release):

Name:

Relationship to you:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**FINANCIAL INSTRUCTIONS:**

If you were unable to make financial decisions for yourself, whom would you want to make decisions for you with regard to finances (Financial Power of Attorney)?

**NOTE: Power of Attorney is NOT accepted by the Social Security Administration.**

**FOR YOURSELF:**

Name:	Address:
1st _____	_____
Home Phone: _____	Cell: _____
2nd _____	_____
Home Phone: _____	Cell: _____
3rd _____	_____
Home Phone: _____	Cell: _____

**FOR SPOUSE (IF APPLICABLE):**

Name:	Address:
1st _____	_____
Home Phone: _____	Cell: _____
2nd _____	_____
Home Phone: _____	Cell: _____
3rd _____	_____
Home Phone: _____	Cell: _____

**YOUR ADVISORS:**

	Name/Address	Telephone
Your Doctor:	_____ _____	_____
Spouse's Doctor:	_____ _____	_____
Attorney:	_____ _____	_____
Accountant:	_____ _____	_____
Financial Planner:	_____ _____	_____
Life Insurance Agent:	_____ _____	_____
Liability Ins. Agent:	_____ _____	_____
Personal Bank:	_____ _____	_____
Business Bank:	_____ _____	_____
Spiritual Advisor:	_____ _____	_____
Other Advisor:	_____ _____	_____

**CONCERNS FOR YOU, YOUR SPOUSE AND YOUR FAMILY**

Please place a check mark next to those concerns that are important to you.

- Protection of your children \_\_\_\_\_
- Maintain control of your assets \_\_\_\_\_
- Avoiding problems in case of mental disability \_\_\_\_\_
- Avoiding life support machines \_\_\_\_\_
- Avoiding Probate \_\_\_\_\_
- Avoiding or reducing estate taxes \_\_\_\_\_
- Avoiding or reducing income taxes \_\_\_\_\_

Disinheritance of a family member \_\_\_\_\_  
Protecting assets from lawsuits, etc. \_\_\_\_\_  
Monitoring of assets \_\_\_\_\_  
Management of family's estate and financial affairs \_\_\_\_\_

Other concerns or comments: (Please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LAW SUITS

Are either of you presently, or will you soon be, a defendant in a law suit?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes", please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other legal issues we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

## LIFE INSURANCE POLICIES

Insured: \_\_\_\_\_  
Company Name & Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Whole or Term?: \_\_\_\_\_  
Date Purchased: \_\_\_\_\_ Face Value: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_

Insured: \_\_\_\_\_  
Company Name & Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Whole or Term?: \_\_\_\_\_  
Date Purchased: \_\_\_\_\_ Face Value: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_

Insured: \_\_\_\_\_  
Company Name & Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Whole or Term?: \_\_\_\_\_  
Date Purchased: \_\_\_\_\_ Face Value: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_

## CLIENT ASSET INFORMATION

### PERSONAL PROPERTY

*(Autos, Mobile Homes, R.V.s, Boats, Art, Antiques, Jewelry)*

Description of Property	Value	How Titled?	Insured?
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

**TOTAL VALUE OF PERSONAL PROPERTY: \$**\_\_\_\_\_

### REAL ESTATE

*For each listing, indicate type of property, i.e. condominium, co-op, mobile home, timeshare, land, single residence, multifamily residence, etc. Please use back of page, if necessary.*

#### **Primary Residence:**

Address: \_\_\_\_\_

Type of Property: \_\_\_\_\_

If a mobile home, do you own the ground? \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Telephone No. of Mortgage Company: \_\_\_\_\_

Cost of improvements made? \_\_\_\_\_ Homestead exemption? \_\_\_\_\_ How much? \_\_\_\_\_

Senior citizen exemption? \_\_\_\_\_ How much? \_\_\_\_\_ VA exemption? \_\_\_\_\_ How much? \_\_\_\_\_

#### **Investment Property #1:**

Address: \_\_\_\_\_

Type of Property: \_\_\_\_\_

If a mobile home, do you own the ground? \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_  
Telephone No. of Mortgage Company: \_\_\_\_\_  
Cost of improvements made? \_\_\_\_\_ Homestead exemption? \_\_\_\_\_ How much? \_\_\_\_\_  
Senior citizen exemption? \_\_\_\_\_ How much? \_\_\_\_\_ VA exemption? \_\_\_\_\_ How much? \_\_\_\_\_

**Investment Property #2:**

Address: \_\_\_\_\_  
Type of Property: \_\_\_\_\_  
If a mobile home, do you own the ground? \_\_\_\_\_  
Names as they appear on deed: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_  
Telephone No. of Mortgage Company: \_\_\_\_\_  
Cost of improvements made? \_\_\_\_\_ Homestead exemption? \_\_\_\_\_ How much? \_\_\_\_\_  
Senior citizen exemption? \_\_\_\_\_ How much? \_\_\_\_\_ VA exemption? \_\_\_\_\_ How much? \_\_\_\_\_

**Total value of real estate: \$** \_\_\_\_\_

**Less outstanding mortgages: \$** \_\_\_\_\_

**Equity in real estate: \$** \_\_\_\_\_

**INTANGIBLE ASSETS**

*List Bank Accounts (including custodial accounts), CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds. This section must be completed in full. Please bring the most recent statement for each asset to the appointment. If the asset is an IRA, Keogh or 401(k) plan, please list in the next section. Please use the back of this page, if necessary.*

Type of Asset: \_\_\_\_\_  
Name & Address of Financial Institution: \_\_\_\_\_  
Telephone No. of Financial Institution: \_\_\_\_\_  
How is the asset titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Maturity date?: \_\_\_\_\_ Interest rate: \_\_\_\_\_ Annual interest earned? \_\_\_\_\_ APY rate: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Financial Institution: \_\_\_\_\_  
Telephone No. of Financial Institution: \_\_\_\_\_  
How is the asset titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Maturity date?: \_\_\_\_\_ Interest rate: \_\_\_\_\_ Annual interest earned? \_\_\_\_\_ APY rate: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_

Type of Asset: \_\_\_\_\_

Name & Address of Financial Institution: \_\_\_\_\_  
Telephone No. of Financial Institution: \_\_\_\_\_  
How is the asset titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Maturity date?: \_\_\_\_\_ Interest rate: \_\_\_\_\_ Annual interest earned? \_\_\_\_\_ APY rate: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Financial Institution: \_\_\_\_\_  
Telephone No. of Financial Institution: \_\_\_\_\_  
How is the asset titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Maturity date?: \_\_\_\_\_ Interest rate: \_\_\_\_\_ Annual interest earned? \_\_\_\_\_ APY rate: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_

**Total intangible assets: \$ \_\_\_\_\_**

**IRA, KEOGH AND/OR 401(K) PLANS**

Type of Asset: \_\_\_\_\_  
Name & Address of Company: \_\_\_\_\_  
Telephone No. of Company: \_\_\_\_\_  
How is the asset titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Maturity date?: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
Annual retirement income? \_\_\_\_\_ Pre-retirement death benefit \_\_\_\_\_  
Cost of living adjustment? \_\_\_\_\_  
Non-deductible employee contribution to date \_\_\_\_\_  
Annual employer contribution \_\_\_\_\_  
Annual employee contribution \_\_\_\_\_  
Life Expectancy Method chosen: \_\_\_\_\_ Minimum distribution: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Company: \_\_\_\_\_  
Telephone No. of Company: \_\_\_\_\_  
How is the asset titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Maturity date?: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
Annual retirement income? \_\_\_\_\_ Pre-retirement death benefit \_\_\_\_\_  
Cost of living adjustment? \_\_\_\_\_  
Non-deductible employee contribution to date \_\_\_\_\_  
Annual employer contribution \_\_\_\_\_  
Annual employee contribution \_\_\_\_\_  
Life Expectancy Method chosen: \_\_\_\_\_ Minimum distribution: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Company: \_\_\_\_\_



Telephone No. of Company: \_\_\_\_\_  
 How is the asset titled?: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Maturity date?: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Annual retirement income? \_\_\_\_\_ Pre-retirement death benefit \_\_\_\_\_  
 Cost of living adjustment? \_\_\_\_\_  
 Non-deductible employee contribution to date \_\_\_\_\_  
 Annual employer contribution \_\_\_\_\_  
 Annual employee contribution \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum distribution: \_\_\_\_\_

**Total IRA, Keogh or 401(k) assets: \$** \_\_\_\_\_

**TOTAL OF ALL ASSETS: \$** \_\_\_\_\_  
*(Add totals of personal property, real estate, intangible assets and retirement accounts)*

**LIABILITIES**

Loans payable \_\_\_\_\_  
 Accounts payable \_\_\_\_\_  
 Loans against Life Insurance \_\_\_\_\_  
 Auto Notes \_\_\_\_\_  
 Real Estate Mortgage - Residence \_\_\_\_\_  
 Real Estate Mortgage - \_\_\_\_\_  
 Real Estate Mortgage - \_\_\_\_\_  
 Anticipated Inheritance, Gift, etc. \_\_\_\_\_  
 Other Obligations \_\_\_\_\_

**TOTAL LIABILITIES** \_\_\_\_\_

**NET ESTATE** \_\_\_\_\_

**CURRENT INCOME AND SOURCES: DOLLARS PER YEAR**

Salary and Wages \_\_\_\_\_  
 Investment Income and dividends \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension and Retirement Plans \_\_\_\_\_  
 Other \_\_\_\_\_

**TOTAL INCOME** \_\_\_\_\_

By signing below, you promise and affirm that the information contained in this form is accurate and complete, and you know we will rely on this information. You understand that if the information contained herein is inaccurate or incomplete, the recommendation made by the law firm may not be appropriate. Additionally, any additions to the legal services agreed to as a result of new or different information from that contained herein, may be subject to additional fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date