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DATE: _____

I. Family Information

A. Husband and Wife

Husband

Wife

- | | | | |
|-----|--|-------|-------|
| 1. | Full name | _____ | _____ |
| 2. | Nickname | _____ | _____ |
| 3. | Home address | _____ | _____ |
| | | _____ | _____ |
| | | _____ | _____ |
| 4. | Home phone | _____ | _____ |
| 5. | Home fax | _____ | _____ |
| | Email address | _____ | _____ |
| 6. | Employer or firm | _____ | _____ |
| 7. | Present occupation | _____ | _____ |
| 8. | Business address | _____ | _____ |
| | | _____ | _____ |
| | | _____ | _____ |
| 9. | Business phone | _____ | _____ |
| 10. | Business fax | _____ | _____ |
| 11. | Instructions for sending correspondence and documents (e.g., send everything to wife's office marked "Personal and Confidential"): | | |

A. Husband and Wife (cont.)	<i>Husband</i>	<i>Wife</i>
12. Date of birth	_____	_____
13. Place of birth	_____	_____
14. Citizenship	_____	_____
15. Present domicile [if different from state of residence]	_____	_____
16. Have you ever lived in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas or Washington)?	_____	_____
17. Social Security Number	_____	_____
18. Date and place of marriage	_____	_____
19. Do you have a pre-nuptial or post-nuptial agreement with each other?	_____	_____
20. Prior marriage(s), if any		
a. Former spouse	_____	_____
b. Present address	_____	_____
c. When and where married	_____	_____
d. How, when and where marriage ended	_____	_____
e. Divorce obligations to or from former spouse	_____	_____
(i) Child support	_____	_____
(ii) Alimony	_____	_____
21. Do you or any family members have any serious health problems?	_____	_____

C. Parents, Brothers and Sisters

Husband

Wife

1. Parents

Names _____

Address(es) _____

Ages (or date of death) _____

1. Parents

Names _____

Address(es) _____

Ages (or date of death) _____

2. Brothers/Sisters

Name _____

Address _____

Age (or date of death) _____

Spouse _____

Children
(names and ages) _____

Brothers/Sisters (continued)

Name _____

Address _____

Age (or date of death) _____

Spouse _____

Children
(names and ages) _____

2. Brothers/Sisters

Name _____

Address _____

Age (or date of death) _____

Spouse _____

Children
(names and ages) _____

Brothers/Sisters (continued)

Name _____

Address _____

Age (or date of death) _____

Spouse _____

Children
(names and ages) _____

D. Other persons who are, or who may become, wholly or partially dependent upon one of you for support:

Full Name	Age	Address	Relationship
Full Name	Age	Address	Relationship
Full Name	Age	Address	Relationship

E. Any potential inheritance from a parent or other person? (If so, state source, potential beneficiary and estimated amount.)

F. Any especially important estate planning objectives or problems which you wish to discuss?

G. Are you a beneficiary of a trust or estate? If so, please describe nature and extent of interest.

H. Do you hold any powers of appointment under a Will or any Trusts? If so, please describe.

I. Have you been appointed as an attorney-in-fact? If so, please describe.

J. Do you or your spouse anticipate any significant changes in your assets, liabilities or income in the next few years?

K. Executor:**1. Who would you wish to serve as your executor?**

Name _____ Tel #(____)____ - _____

Address _____
_____**2. Who would you wish to serve as your alternate executor?**

Name _____ Tel #(____)____ - _____

Address _____
_____**L. Guardian of your underage children:****1. Who would you wish to serve as guardian of the person and property of your underage children?**

Name _____ Tel #(____)____ - _____

Address _____
_____**2. Who would you wish to serve as alternate guardian of the person and property of your underage children?**

Name _____ Tel #(____)____ - _____

Address _____
_____**M. Beside your spouse, who would you wish to serve as your health care proxy?**

Name _____ Tel #(____)____ - _____

Address _____
_____**N. Beside your spouse do you want an additional power of attorney?**

Name _____ Tel #(____)____ - _____

Address _____

II. Personal Information

A. Please provide name(s), address(es) and telephone number(s) of advisor(s)

- 1. Stockbroker _____

- 2. Life Insurance Advisor _____

- 3. Banker or Trust Officer _____

- 4. Investment/Financial Advisor _____

- 5. Other Attorney _____

- 6. Accountant _____

B. Other Information

- 1. Safe Deposit Box _____
(Location, number) _____
- 2. Cemetery Lot(s), (location, deed, care arrangements) _____

	<i>Husband</i>	<i>Wife</i>
3. Are you insurable? If yes, are you rated?	_____ _____	_____ _____
4. Do you currently have a will? If yes, location of original (Please provide us with a copy.)	_____ _____	_____ _____
5. Do you currently have a revocable trust? If yes, location of original (Please provide us with a copy.)	_____ _____	_____ _____
6. Do you currently have a durable power of attorney? or a "living will"? If yes, location of original (Please provide us with a copy.)	_____ _____	_____ _____

C. Gift Data

1. Are you and your spouse considering any charitable gifts or bequests?

2. Have you ever created an irrevocable trust? If so, please provide us with a copy of the Trust Agreement and list the beneficiaries, any powers and rights retained, value of gift, trustees, term, any reversion, present value.

3. Have you ever created a custodial account, or has anyone else ever created a custodial account, for the benefit of any of your children? If so, please list the donor, date, custodian, minor, value of gift, present value, state law applicable.

4. Have you ever made gifts to anyone of over \$10,000 of value (or \$20,000 if you and your spouse made the gifts together)? If so, please list the date(s) of such gifts, the donee, the value of the gift, whether a gift tax return was filed and whether any part of your exemption from gift and estate taxes was used. Please provide us with copies of the gift tax returns that were filed.

5. Have you or your spouse transferred ownership of any life insurance policies (whether to a trust or to another person)?

6. Have you ever created a Foundation? If so, please state its name, the state in which it was formed, its purpose, your motive for creating, and the amount(s) you have transferred to each such foundation and the dates of such transfer(s). Please also provide us with copies of any relevant documentation.

III. Asset Inventory

[Insert a brief description as appropriate; if joint assets are substantial, indicate source of funds.]

<i>In the name of:</i>	<i>Husband</i>	<i>Wife</i>	<i>Held Jointly (Joint tenants with rights of survivorship or tenants by the entireties)</i>
	Estimated Current Value		
A. Cash Funds	\$ _____	\$ _____	\$ _____
B. Checking Accounts	\$ _____	\$ _____	\$ _____
C. Savings Accounts	\$ _____	\$ _____	\$ _____
D. Money Market Accounts	\$ _____	\$ _____	\$ _____
E. Certificates of Deposit	\$ _____	\$ _____	\$ _____
F. Marketable Securities	\$ _____	\$ _____	\$ _____
1. Listed Common Stocks	\$ _____	\$ _____	\$ _____
2. Unlisted Common Stocks	\$ _____	\$ _____	\$ _____
3. Listed Preferred Stocks	\$ _____	\$ _____	\$ _____
4. Unlisted Preferred Stocks	\$ _____	\$ _____	\$ _____
5. U.S. Savings Bonds	\$ _____	\$ _____	\$ _____
6. Treasury Bonds	\$ _____	\$ _____	\$ _____
7. Tax-Exempt Bonds	\$ _____	\$ _____	\$ _____
8. Listed Corporate Bonds	\$ _____	\$ _____	\$ _____
9. Unlisted Corporate Bonds	\$ _____	\$ _____	\$ _____
10. Other Bonds	\$ _____	\$ _____	\$ _____
11. Mutual Fund Shares	\$ _____	\$ _____	\$ _____

In the name of:

Husband

Wife

G. Employee Benefits

- | | | |
|---|-------------------|-------------------|
| 1. Deferred compensation
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 2. Group life insurance
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 3. Post-death salary continuation
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 4. Stock options
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 5. Restricted stock
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 6. Pension plan account
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 7. Profit-sharing plan account
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 8. Savings plan account
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 9. 401(k) plan value
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 10. Money Purchase plan
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 11. Annuities
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 12. IRA
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 13. SEPP
Beneficiary? | \$ _____
_____ | \$ _____
_____ |
| 14. Other benefit plans
Beneficiary? | \$ _____
_____ | \$ _____
_____ |

<i>In the name of:</i>	<i>Husband</i>	<i>Wife</i>	<i>Held Jointly (Joint tenants with rights of survivorship or tenants by the entireties)</i>
------------------------	----------------	-------------	--

H. Tangible Personal Property

- | | | | |
|--|----------|----------|----------|
| 1. Cars, trailers and other motor vehicles | \$ _____ | \$ _____ | \$ _____ |
| 2. Boats and aircraft | \$ _____ | \$ _____ | \$ _____ |
| 3. Jewelry, furs, personal effects | \$ _____ | \$ _____ | \$ _____ |
| 4. Works of art | \$ _____ | \$ _____ | \$ _____ |
| 5. Antiques | \$ _____ | \$ _____ | \$ _____ |
| 6. Collections | \$ _____ | \$ _____ | \$ _____ |
| 7. Household effects | \$ _____ | \$ _____ | \$ _____ |

I. Mortgage notes, deed of trust notes and/or other obligation owed to you

	\$ _____	\$ _____	\$ _____
--	----------	----------	----------

Are any of these owed by a child or other relative?

	\$ _____	\$ _____	\$ _____
--	----------	----------	----------

J. Other assets (such as royalties, patents, copyrights, oil, gas or mineral rights)? Please describe.

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

TOTALS	\$ _____	\$ _____	\$ _____
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IV. Liabilities

A. Fixed Liabilities	Husband	Wife	Joint
1. Income taxes accrued	\$ _____	\$ _____	\$ _____
2. Margin accounts	\$ _____	\$ _____	\$ _____
3. Bank loans	\$ _____	\$ _____	\$ _____
4. Installment contracts	\$ _____	\$ _____	\$ _____
5. Other secured (<i>indicate desired source of payment of any insurance loans</i>)			
Recourse	\$ _____	\$ _____	\$ _____
Non-Recourse	\$ _____	\$ _____	\$ _____
6. Accounts payable	\$ _____	\$ _____	\$ _____
7. Other unsecured	\$ _____	\$ _____	\$ _____
8. Leases	\$ _____	\$ _____	\$ _____
9. Charitable pledges	\$ _____	\$ _____	\$ _____
10. Notes endorsed	\$ _____	\$ _____	\$ _____
11. Lawsuits	\$ _____	\$ _____	\$ _____
12. Guarantees	\$ _____	\$ _____	\$ _____
13. Judgments against you	\$ _____	\$ _____	\$ _____
Total liabilities	\$ _____	\$ _____	\$ _____
B. Contingent Liabilities	\$ _____	\$ _____	\$ _____
C. Present fiduciary* positions which may impose liability or accountability			
	_____	_____	_____
	_____	_____	_____

* For example, trustee, executor, administrator or personal representative of estate, director or officer of corporation, general partner of partnership

C. Other Closely Held Business Interests

<p>Business Name: _____</p> <p>Mailing Address: _____</p> <p>Type of Business Entity:</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Joint Venture</p> <p>Nature of Business: _____</p> <p>Ownership Interest: _____% Owned By Husband _____% Owned By Wife</p> <p>Estimated Current Value: \$ _____</p> <p><input type="checkbox"/> Please check if the ownership interest in this business is subject to the terms of a buy-sell or shareholder agreement or the transferability of this business interest is otherwise restricted. If so, please provide a copy of all applicable agreements.</p>	<p>Business Name: _____</p> <p>Mailing Address: _____</p> <p>Type of Business Entity:</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Joint Venture</p> <p>Nature of Business: _____</p> <p>Ownership Interest: _____% Owned By Husband _____% Owned By Wife</p> <p>Estimated Current Value: \$ _____</p> <p><input type="checkbox"/> Please check if the ownership interest in this business is subject to the terms of a buy-sell or shareholder agreement or the transferability of this business interest is otherwise restricted. If so, please provide a copy of all applicable agreements.</p>
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