

© 2011 Bartlett & Spirn, P.L.C.

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

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

B. Closely Held Corporations

| | | | | | Total No. of Shares Outstanding | | | | Number of Shares Owned by Husband and/or Wife | | | | | |
|------------------------|---|-----------------|------------------|--------------------|---------------------------------|----------------------------|-----------------|----------------------------|---|---|-----|-----------------|---|-----|
| | | | | | Common Stock | | Preferred Stock | | Common Stock | | | Preferred Stock | | |
| Exact name and Address | * | Date of Incorp. | Place of Incorp. | Nature of Business | No. Shs. | Est. curr. value per share | No. Shs. | Est. curr. value per share | H | W | J** | H | W | J** |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

* Please indicate by a (S) or a (C) whether corporation is a Subchapter S corporation.

** Jointly

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> |
| <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> |