WESTERMAN & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION

(734) 995-9731

CONFIDENTIAL ESTATE PLANNING INFORMATION FORM

Date ________________ Completed by ____________________________________

PERSONAL AND FAMILY DATA

Personal Financial Organizer for:

____
(name as you would like it to appear on legal documents)

CLIENT	BACKGROUND INFORMATION REQUIRED
	Date and Place of Birth
	Social Security No.
	State of Health
	Home Address
	County of Residence
	Residence Phone
	Business Phone
	Cell Phone
	E-mail Address
	Employer
	Occupation/Title
	Citizenship
	Previous Marriage (Y/N)

ADVISORS	
Accountant Name/Firm/Address/Phone	
Bank Contact Name/Bank/Address/Phone	
Life Insurance Agent Name/Firm/Address/Phone	
Investment Advisor or Stockbroker Name/Firm/Address/Phone	

Children
(Indicate by [P-H] or [P-W] if by previous marriage)

Full Name	Date of Birth	Soc. Sec. No.	Is Child Married?	Is Child Dependent?

Grandchildren

Full Name	Date of Birth	Soc. Sec. No.	Child/Parent

Other Dependents			
Name	Date of Birth	Soc. Sec. No.	Child/Parent

CLIENT	PARENTAL INFORMATION
	Mother · Name · Age or "deceased" · Health
	Father · Name · Age or "deceased" · Health

FAMILY OBJECTIVES

1. Do any of your family members have special needs? Please explain.

 ____

 ____

2. Please list the names and addresses of the primary beneficiaries of your estate:

 ____

 ____

 ____

3. Have you made any non-charitable gifts during your lifetime (> $10,000)? If so, to whom? ____

 ____

4. Do you plan to make any non-charitable gifts during your lifetime? If so, please describe the nature of the gift and name of donee? ________
____
____

5. Do you wish to make any charitable or other special gifts through your estate plan? ____
____

6. Do you hold any powers of appointment over assets or act as a fiduciary with regard to another persons assets? If so, please describe. _______
____

7. Have you ever resided in a Community Property state during your marriage? If yes, which state(s)? __________________________________
____

8. In the event of your death, what annual income would be needed to maintain your family's desired standard of living at this time?
Pre-Tax $___________________ or After-Tax $______________________

9. Are there any other items you would like to have incorporated in your estate plan? ____
____
____

LOCATION OF DOCUMENTS & OTHER INFORMATION	
Item	**Please Provide a Copy for Our Files**
Prenuptial or Postnuptial agreements	
Latest Will & Codicils and Trust Agreements	
Divorce decrees or separation agreements (please provide description of resulting obligations)	
Powers of Attorney for Assets	
Powers of Attorney for Medical Decisions	
Gift Tax returns, federal & state	
Employee benefit plan statements/reports	
Life Insurance Policies	
Deeds	
Federal Income tax returns - most recent	

INFORMATION REQUIRED FOR ESTATE PLANNING DOCUMENTS

Please provide ALL available requested information.

CLIENT	PERSONAL REPRESENTATIVE OF WILL
	First choice - **Full name, address, phone numbers (home, work, cell) and e-mail**
	Alternate - **Full name, address, phone numbers (home, work, cell) and e-mail**

(Indicate additional Alternate Personal Representatives on reverse and circle "more".MORE)

CLIENT	AGENT FOR POWER OF ATTORNEY FOR ASSETS
	First choice - **Full name, address, phone numbers (home, work, cell) and e-mail**
	Alternate - **Full name, address, phone numbers (home, work, cell) and e-mail**

(Indicate additional Alternate Agents on reverse and circle "more". MORE)

CLIENT	PATIENT ADVOCATE FOR POWER OF ATTORNEY FOR MEDICAL DECISIONS
	First choice - **Full name, address, phone numbers (home, work, cell) and e-mail**
	Alternate - **Full name, address, phone numbers (home, work, cell) and e-mail**

(Indicate additional Alternate Patient Advocates on reverse and circle "more". MORE)

CLIENT	SUCCESSOR TRUSTEE OF TRUST
	First choice - Full name, address, phone numbers (home, work, cell) **and e-mail**
	Alternate - Full name, address, phone numbers (home, work, cell) and e-mail

CLIENT	**GUARDIAN OF MINOR CHILDREN-if applicable**
	First choice - *(i.e. AFTER death of last parent)* **Full name, address, phone numbers (home, work, cell) and e-mail**
	Alternate - Full name, address, phone numbers (home, work, cell) and e-mail

CLIENT	**TRUSTEE OF RETIREMENT TRUST - if applicable**
	First choice - Full name, address, phone numbers (home, work, cell) and e-mail
	Alternate - Full name, address, phone numbers (home, work, cell) and e-mail

SUMMARY OF ASSETS AND LIABILITIES

IF YOU PROVIDE US WITH A DETAILED BALANCE SHEET OF YOUR ASSETS, YOU DO NOT NEED TO COMPLETE THE BALANCE OF THIS FORM.

Real Estate

* Please attach copy of deed(s).

Description & Location*	Estimated Mkt. Value	Balance of Mortgage	Owner

Brokerage/Investment Accounts

Institution	Contact Name	Current Value	Owner

Mutual Funds

Institution	Contact Name	Current Value	Owner

Individual Stocks

Name of Security	Number of Shares	Current Value	Owner

Individual Bonds			
Bond Issuer	**Number of Units**	**Current Value**	**Owner**

Cash & Cash Equivalents (including checking & savings accounts, CD's, money market funds, treasury bills, etc.)			
Institution	**Type of Account**	**Current Balance**	**Owner**

Life Insurance (include all policies including employer policies) * If a term policy, indicate length of term & whether renewable and/or convertible.			
Information Required	**#1**	**#2**	**#3**
A. Company & Policy Number			
B. Date of Issue			
C. Type of Policy (whole life/term)*			
D. Owner (self, employer?)			
E. Insured			
F. Annual Premium			
G. Current Face Amount			
H. Approximate Cash Value			
I. Policy Loan			
J. Beneficiary Designation			
K. Dividend Option			
L. Settlement Option(s)			
N. If employer, indicate your own contributions			

Business Interests (closely held corp, LLC, partnership, sole prop., etc.)				
Description	Estimated Mkt. Value	Cost or Tax Basis	Estimated Income/Loss	Owner

Stock Options		
Description (qualified or non-qualified)	Estimated Mkt. Value	Owner

Retirement Accounts or Qualified Annuities (eg. 401k, 403b, IRA, Keough, SEP, Deferred Compensation, Profit Sharing, Pension)				
Institution/Custodian of Account or Employer	Current value	Date active in plan	Beneficiaries	Owner

OTHER ASSETS				
Description	Date & Method of Acquisition	Estimated Mkt. Value	Cost Basis	Owner
Personal Effects (furniture, autos, collections etc)				
Notes, Accounts Receivables, Mortgages, Etc.				
Miscellaneous				

INCOME ANALYSIS (Four year projection & retirement year estimates.)					
Source of Income	20__	20___	20___	20___	Average Retirement Year 20
Salary					
Bonus (paid in year)					
Interest					
Dividends					
Capital Gains [Losses]					
Rents (net of expenses)					
Royalties (net of expenses)					
Partnerships, Estates or Trusts					
Retirement Plans & Deferred Compensation					
Other					
TOTALS	$	$	$	$	

LIABILITIES				
(Include mortgages, personal loans, support obligations, pledges to charities, tax obligations, etc.)				
Creditor	Loan Number	Balance Due	Date Loan Will be Paid	Maker - Client/ Joint/Other