WESTERMAN & MORRISSEY
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) |

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| ADVISORS | |
|---|---|
| Accountant<br>Name/Firm/Address/Phone | |
| Bank Contact<br>Name/Bank/Address/Phone | |
| Life Insurance Agent<br>Name/Firm/Address/Phone | |
| Investment Advisor<br>or Stockbroker<br>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? |
|---|---|---|---|---|
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**Grandchildren**

| Full Name | Date of Birth | Soc. Sec. No. | Child/Parent |
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| Other Dependents | | | |
|---|---|---|---|
| **Name** | **Date of Birth** | **Soc. Sec. No.** | **Child/Parent** |
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| CLIENT | PARENTAL INFORMATION |
|---|---|
| | **Mother**<br>· **Name**<br>· **Age or "deceased"**<br>· **Health** |
| | **Father**<br>· **Name**<br>· **Age or "deceased"**<br>· **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 -**<br>**Full name, address, phone numbers (home, work, cell) and e-mail** |
| | **Alternate -**<br>**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 -**<br>**Full name, address, phone numbers (home, work, cell) and e-mail** |
| | **Alternate -**<br>**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 -**<br>**Full name, address, phone numbers (home, work, cell) and e-mail** |
| | **Alternate -**<br>**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 -**<br>**Full name, address, phone numbers (home, work, cell) and e-mail** |
| | **Alternate -**<br>**Full name, address, phone numbers (home, work, cell) and e-mail** |

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

| CLIENT | TRUSTEE OF RETIREMENT TRUST - if applicable |
|---|---|
| | **First choice -**<br>**Full name, address, phone numbers (home, work, cell) and e-mail** |
| | **Alternate -**<br>**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** |
|---|---|---|---|
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**Brokerage/Investment Accounts**

| **Institution** | **Contact Name** | **Current Value** | **Owner** |
|---|---|---|---|
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**Mutual Funds**

| **Institution** | **Contact Name** | **Current Value** | **Owner** |
|---|---|---|---|
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**Individual Stocks**

| **Name of Security** | **Number of Shares** | **Current Value** | **Owner** |
|---|---|---|---|
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| Individual Bonds | | | |
|---|---|---|---|
| Bond Issuer | Number of Units | Current Value | Owner |
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| 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 |
| | | | | |
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| 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 |
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| 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<br>(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<br>(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 |
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