

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 of husband as you would like it to appear on legal documents)

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

HUSBAND	BACKGROUND INFORMATION REQUIRED	WIFE
	Date and Place of Birth	
	Social Security No.	
	State of Health	
	Home Address <i>(Just use "SAME" as applicable.)</i>	
	County of Residence	
	Residence Phone	
	Business Phone	
	Cell Phone	
	E-mail Address	
	Employer	
	Occupation/Title	
	Citizenship	
	Date of Marriage	
	Previous Marriage (Y/N)	

ADVISORS	
Accountant Name/Firm/Address/Phone	
Bank Contact Name/Bank/Address/Phone	
Life Insurance Agent 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

HUSBAND	PARENTAL INFORMATION	WIFE
	Mother · Name · Age or "deceased" · Health	
	Father · Name · Age or "deceased" · Health	

FAMILY OBJECTIVES

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

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

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

- 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 and your spouse 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	
Husband's latest Will & Codicils and Trust Agreements	
Wife's 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

In following tables, you may indicate "SPOUSE" if appropriate; we'll use address, phone numbers, etc. from Pg. 1. Otherwise, please provide ALL available requested information.

HUSBAND	PERSONAL REPRESENTATIVE OF WILL	WIFE
	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)

HUSBAND	AGENT FOR POWER OF ATTORNEY FOR ASSETS	WIFE
	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)

HUSBAND	PATIENT ADVOCATE FOR POWER OF ATTORNEY FOR MEDICAL DECISIONS	WIFE
	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)

HUSBAND	SUCCESSOR TRUSTEE OF TRUST	WIFE
	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	

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

HUSBAND	TRUSTEE OF RETIREMENT TRUST - if applicable	WIFE
	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 H/W/Jt

Brokerage/Investment Accounts

Institution	Contact Name	Current Value	Owner- H/W/Jt.

Mutual Funds

Institution	Contact Name	Current Value	Owner- H/W/Jt.

Individual Stocks

Name of Security	Number of Shares	Current Value	Owner- H/W/Jt.

Individual Bonds			
Bond Issuer	Number of Units	Current Value	Owner- H/W/Jt.

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

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- H/W/Jt.

Stock Options		
Description (qualified or non-qualified)	Estimated Mkt. Value	Owner- H/W/Jt.

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 - H/W

OTHER ASSETS				
Description	Date & Method of Acquisition	Estimated Mkt. Value	Cost Basis	H/W Jt.
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 - H/W/ Joint/Other