

CONFIDENTIAL
CLIENT ESTATE PLAN INFORMATION REPORT
(Please Print)

Today's Date: _____

Referred By: _____

1. PERSONAL INFORMATION:

Husband

Wife

Full Name-

First, Middle, Last: _____

Title: Dr. / Mr.

Dr. / Mrs. / Ms.

Soc. Sec #: _____

Birth date: _____

Are you a U.S. Citizen? Yes / No

Yes / No

Cell Telephone: (____) _____

(____) _____

Date of marriage: _____ Do you have a Premarital Agreement? Yes / No

Have you ever been married before? Yes / No

Yes / No

If yes: Was there a marital settlement agreement? Yes / No

Yes / No

Husband's nickname or aka's: _____

Husband's Name Exactly as it Appears on Driver's License

Husband's Preferred Name for Signing Legal Documents

Print Husband's Signing Initials

Print Wife's Signing Initials

Wife's nickname or aka's: _____

Wife's Name Exactly as it Appears on Driver's License

Wife's Preferred Name for Signing Legal Documents

Home Address: _____

City

County

State

Zip

Home Telephone: (____) _____ Husband's Preferred E-mail Address: _____

Wife's Preferred E-mail Address: _____

2. FAMILY INFORMATION:

List name(s), gender and date(s) of birth of all children and indicate parent of each child:

<p>H=Husband W=Wife B=Both</p>	<p><u>Full Names of Children:</u></p>	<p><u>Gender:</u></p>	<p><u>Birth Dates:</u></p>	<p>N=Natural A=Adopted S=Step-Child</p>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any deceased children? Yes / No If YES, please provide name(s) and date of death

Did your deceased child leave any children? (If yes, please provide names and birth dates)

3. TRUST INFORMATION:

Trustees:

Are Husband and Wife the initial trustees? Yes / No

If not:

Initial Trustee(s): _____
Name/Relationship

_____ Name/Relationship

Please list the successor trustee(s).

For Husband:

For Wife (if different from Husband's):

1st Successor: _____
Name/Relationship to Husband

_____ Name/Relationship to Wife

2nd Successor: _____
Name/Relationship to Husband

_____ Name/Relationship to Wife

Distribution Designations:

Primary Beneficiaries:

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Contingent Beneficiary* _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Contingent Beneficiary* _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Contingent Beneficiary* _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Contingent Beneficiary* _____	

*Contingent Beneficiaries: If any of your primary beneficiary(ies) die before the complete distribution of their trust share, please list the contingent beneficiaries (i.e., their children, their spouse, the remaining beneficiaries, other family members, friends):

Ultimate Beneficiaries: If no one named above is living, who should receive estate? Charity(ies), Specific Individuals, or Trustmakers' Heirs (parents, siblings, sibling's children). List Percentages.

List any Specific Bequests of personal or real property (Beneficiary and Item):

4. **WILL(S) INFORMATION:**

Guardians (if minor children):

Name(s) Relationship to Husband/Wife (circle one)

Address City State Zip

Alternate Guardian(s):

Name(s) Relationship to Husband/Wife (circle one)

Address City State Zip

Executors:

Will Executors be different than Trustees? Yes / No If yes, complete below.

For Husband:

	_____ Name	_____ Relationship
First Alternate:	_____ Name	_____ Relationship
Second Alternate:	_____ Name	_____ Relationship

For Wife:

	_____ Name	_____ Relationship
First Alternate:	_____ Name	_____ Relationship
Second Alternate:	_____ Name	_____ Relationship

Husband's Signing Initials: _____ Wife's Signing Initials: _____

5. **PRESENT WILLS OR TRUSTS** - If you presently have a will and/or trust, please attach a copy or bring it to interview.

6. **POWERS OF APPOINTMENT** Do you have any Powers of Appointment? Yes / No

STOCKS

COMPANY (FULL NAME)	NUMBER OF SHARES	ESTIMATED VALUE	YOUR NAME(S) AS LISTED ON CERTIFICATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CORPORATE BUSINESS INTERESTS

COMPANY (FULL NAME) (LIST IF THIS IS AN S-CORP OR C-CORP)	NUMBER OF SHARES	ESTIMATED VALUE	YOUR NAME(S) AS LISTED ON CERTIFICATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIMITED LIABILITY COMPANY INTERESTS

COMPANY (FULL NAME)	PERCENTAGE OF INTEREST	ESTIMATED VALUE	YOUR NAME(S) AS LISTED ON CERTIFICATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARTNERSHIP INTERESTS

PARTNERSHIP (FULL NAME)	PERCENTAGE OF PARTNERSHIP INTEREST		YOUR NAME(S) AS LISTED IN PARTNERSHIP AGREEMENT	VALUE
	GENERAL PARTNER	LIMITED PARTNER		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SOLE PROPRIETORSHIP BUSINESS INTEREST

NAME OF BUSINESS	BRIEF DESCRIPTION OF BUSINESS	ESTIMATED VALUE
_____	_____	_____
_____	_____	_____

FARM AND RANCH INTERESTS

Description (livestock, machinery, leases, etc.)

Total estimate fair market value: \$ _____

OIL AND GAS INTERESTS

Description (lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.)

Total estimate fair market value: \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Description _____

Total estimate fair market value: \$ _____

RETIREMENT PLANS

TYPE OF PLAN	COMPANY	BENEFICIARY UPON YOUR DEATH	PERCENTAGE VESTED/ CURRENT VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL EFFECTS AND OTHER ASSETS

(Furniture, automobiles, jewelry, collectibles, and other personal assets of more than nominal value)

Total estimate fair market value: \$ _____

LONG TERM CARE INSURANCE POLICIES

Policy Number and Company _____

Insured _____ Owner _____

Who Pays Premium _____

LIFE INSURANCE POLICIES

Policy Number and Company _____
Type _____ Insured _____
Owner _____
Primary Beneficiary _____ Secondary _____
Who Pays Premium _____ Cash Value _____
Amount of Loans on Policy _____ Face Amount _____

LIFE INSURANCE/ANNUITY POLICIES

Policy Number and Company _____
Type _____ Insured _____
Owner _____
Primary Beneficiary _____ Secondary _____
Who Pays Premium _____ Cash Value _____
Amount of Loans on Policy _____ Face Amount _____

Policy Number and Company _____
Type _____ Insured _____
Owner _____
Primary Beneficiary _____ Secondary _____
Who Pays Premium _____ Cash Value _____
Amount of Loans on Policy _____ Face Amount _____

Policy Number and Company _____
Type _____ Insured _____
Owner _____
Primary Beneficiary _____ Secondary _____
Who Pays Premium _____ Cash Value _____
Amount of Loans on Policy _____ Face Amount _____

List any additional information on a separate sheet of paper. Thank you.