

**CONFIDENTIAL  
PERSONAL AND FINANCIAL DATA**

**TO ASSIST IN WEALTH PRESERVATION  
AND  
ESTATE PLANNING**

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**CLIENT ESTATE PLANNING DATA SHEET**

DATE \_\_\_\_\_ REFERRED BY \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(Please print your full legal name.)

SPOUSE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(Please print their full legal name.)

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE ( ) \_\_\_\_\_ COUNTY \_\_\_\_\_

E-MAIL(S) \_\_\_\_\_

WORK PLACE – **HIS** \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK TELEPHONE ( ) \_\_\_\_\_ E-MAIL(S) \_\_\_\_\_

WORK PLACE-**HERS** \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK TELEPHONE ( ) \_\_\_\_\_ E-MAIL(S) \_\_\_\_\_

SOCIAL SECURITY #: YOU \_\_\_\_\_ SPOUSE \_\_\_\_\_

MARITAL STATUS:  MARRIED  SINGLE  WIDOW(ER)  DIVORCED

UNITED STATES CITIZEN: YOU:  YES  NO; SPOUSE  YES  NO

SERVICES DESIRED:  ESTATE PLANNING  BUSINESS PLANNING

OTHER

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\_\_\_\_\_  
\_\_\_\_\_

## ESTATE PLANNING DATA SHEET

**PLEASE BRING TO THE FIRST CONFERENCE COPIES OF AS MANY OF THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO YOU:**

- Existing Wills &/or Trust Agreements;
- Life Insurance Policies;
- Estate Preservation Policies (Medical, Disability, Long Term Health Care);
- Divorce Decrees and Property Settlement Agreements;
- Deeds and Lease Agreements for Real Estate;
- Employee Benefit and Retirement Plans;
- Corporation Documents and Shareholder Agreements;
- Partnership Agreements;
- Deeds of Trust and Notes for Money Owed to You;
- Pre-nuptial or post-nuptial Agreements;

If your Estate might be worth over 4 million dollars at your death

- Last Year's Income Tax Returns;
- Gift Tax Returns;

Any Other Information **That Might Be Important.**

### II. CHILDREN:

1. **NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NO.S \_\_\_\_\_  
E-MAIL(S) \_\_\_\_\_  
CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_  
CHILDREN?  YES  NO IF SO, AGES \_\_\_\_\_
  
2. **NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NO.S \_\_\_\_\_  
E-MAIL(S) \_\_\_\_\_  
CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_  
CHILDREN?  YES  NO IF SO, AGES \_\_\_\_\_
  
3. **NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NO.S \_\_\_\_\_  
E-MAIL(S) \_\_\_\_\_  
CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_  
CHILDREN?  YES  NO IF SO, AGES \_\_\_\_\_
  
4. **NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NO.S \_\_\_\_\_  
E-MAIL(S) \_\_\_\_\_  
CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_

CHILDREN? [ ] YES [ ] NO IF SO, AGES \_\_\_\_\_

5. NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NO.S \_\_\_\_\_  
E-MAIL(S) \_\_\_\_\_  
CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_  
CHILDREN? [ ] YES [ ] NO IF SO, AGES \_\_\_\_\_

6. NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NO.S \_\_\_\_\_  
E-MAIL(S) \_\_\_\_\_  
CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_  
CHILDREN? [ ] YES [ ] NO IF SO, AGES \_\_\_\_\_

7. NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NO.S \_\_\_\_\_  
E-MAIL(S) \_\_\_\_\_  
CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_  
CHILDREN? [ ] YES [ ] NO IF SO, AGES \_\_\_\_\_

**III. KEY PEOPLE IN YOUR ESTATE PLAN:**

**A. TRUSTEES OF TRUSTS: PLEASE PROVIDE FULL LEGAL NAMES**

**HUSBAND**

ORIGINAL [ ] Spouse [ ] Other \_\_\_\_\_

1ST SUCCESSOR \_\_\_\_\_

2ND SUCCESSOR \_\_\_\_\_

3RD SUCCESSOR \_\_\_\_\_

Corporate Successor [ ] Jones Law Office [ ] Other \_\_\_\_\_

**WIFE**

ORIGINAL [ ] Spouse [ ] Other \_\_\_\_\_

1ST SUCCESSOR \_\_\_\_\_

2ND SUCCESSOR \_\_\_\_\_

3RD SUCCESSOR \_\_\_\_\_

Corporate Successor [ ] Jones Law Office [ ] Other \_\_\_\_\_

**B. EXECUTORS OF WILLS** (if different than Trustees above):

**HUSBAND**

FIRST  Spouse  Other \_\_\_\_\_

SECOND \_\_\_\_\_

THIRD \_\_\_\_\_

FOURTH \_\_\_\_\_

**WIFE**

FIRST  Spouse  Other \_\_\_\_\_

SECOND \_\_\_\_\_

THIRD \_\_\_\_\_

FOURTH \_\_\_\_\_

**C. FINANCIAL POWER OF ATTORNEY** (if different than Trustees above):

**HUSBAND**

FIRST  Spouse  Other \_\_\_\_\_

SECOND \_\_\_\_\_

THIRD \_\_\_\_\_

FOURTH \_\_\_\_\_

**WIFE**

FIRST  Spouse  Other \_\_\_\_\_

SECOND \_\_\_\_\_

THIRD \_\_\_\_\_

FOURTH \_\_\_\_\_

**D. GUARDIANS FOR MINOR CHILDREN:**

FIRST \_\_\_\_\_

SECOND \_\_\_\_\_

THIRD \_\_\_\_\_

FOURTH \_\_\_\_\_

**E. HEALTH CARE POWER OF ATTORNEY & ADVANCED DIRECTIVE (Living Will):**

ORIGINAL  Spouse(s)  Other \_\_\_\_\_

**HUSBAND:**

1ST SUCCESSOR \_\_\_\_\_

2ND SUCCESSOR \_\_\_\_\_

**WIFE:**

1ST SUCCESSOR \_\_\_\_\_

2ND SUCCESSOR \_\_\_\_\_

**E. GUARDIAN OR CONSERVATOR FOR YOURSELF AND SPOUSE :**

ORIGINAL [ ] Spouse(s) [ ] Other \_\_\_\_\_

**HUSBAND:**

1ST SUCCESSOR \_\_\_\_\_

2ND SUCCESSOR \_\_\_\_\_

**WIFE:**

1ST SUCCESSOR \_\_\_\_\_

2ND SUCCESSOR \_\_\_\_\_

**IV. INVENTORY OF ASSETS (PLEASE COMPLETE WITH FULL INFORMATION):**

**\*TITLE:** J-JOINT TENANCY WITH SURVIVORSHIP H-HUSBAND W-WIFE  
S-SELF TC-TENANTS IN COMMON C-COMMUNITY PROPERTY

**\*\*PROPERTY DESCRIPTION:** VR-VACANT RESIDENTIAL CD-CONDOMINIUM  
(PD) VC-VACANT COMMERCIAL TH-TOWNHOUSE  
IR-IMPROVED RESIDENTIAL TS-TIMESHARE  
IC-IMPROVED COMMERCIAL CO-CO-OWNERSHIP

STATE \*TITLE MARKET VALUE DEBTS

**RESIDENCE** \_\_\_\_\_

**OTHER REAL ESTATE, MINERAL INTEREST, OR INTEREST :**

ADDRESS OF PROPERTY	TITLE*	MARKET VALUE	DEBTS	PD**	LEGAL DESCRIPTION

ITEM(S)	TITLE*	VALUE
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**PERSONAL PROPERTY**

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**VEHICLES**

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**CHECKING ACCOUNTS**

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**SAVINGS ACCOUNTS**

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**STOCKS & BONDS**

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**T-BILLS, CDS**

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**MUTUAL FUNDS**

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**NOTES TO YOU**

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**OTHER**

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**RETIREMENT PLANS: INCLUDES IRAs, KEOGHs, PENSION & PROFIT SHARING PLANS**

OWNER	TYPE	DEATH BENEFICIARY	DEATH VALUE
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**LIFE INSURANCE: TYPE: T-TERM WL-WHOLE LIFE G-GROUP TERM**

OWNER	*TYPE	INSURED BENEFICIARY	FACE VALUE	CASH VALUE
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**BUSINESSES** (Please give complete information):

TYPE: C-CORPORATION                      S-S CORPORATION                      SP-SOLE PROPRIETORSHIP  
         P-PARTNERSHIP                      PC-PROFESSIONAL CORPORATION                      LLC

#1. NAME OF BUSINESS: \_\_\_\_\_  
WHAT DOES BUSINESS DO? \_\_\_\_\_

**\*TYPE                      SHAREHOLDERS/PARTNERS                      OWNERSHIP VALUE**

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WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH?

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DO YOU HAVE BUY-SELL AGREEMENTS FOR THE BUSINESS? \_\_\_\_\_  
DO YOU HAVE KEY-MAN AND/OR DISABILITY INSURANCE? \_\_\_\_\_

#2. NAME OF BUSINESS: \_\_\_\_\_  
WHAT DOES BUSINESS DO? \_\_\_\_\_

**\*TYPE                      SHAREHOLDERS/PARTNERS                      OWNERSHIP VALUE**

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WHO WILL CONTINUE THE BUSINESS UPON RETIREMENT OR DEATH?

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DO YOU HAVE BUY-SELL AGREEMENTS FOR THE BUSINESS? \_\_\_\_\_  
DO YOU HAVE KEY-MAN AND/OR DISABILITY INSURANCE? \_\_\_\_\_

**INTERESTS IN TRUSTS:** (WHERE YOU ARE NAMED AS A BENEFICIARY)

NAME OF TRUST	INTEREST HELD	VALUE	WHEN TO RECEIVE

**TOTALS FOR ESTATE:**

	MARKET VALUE	DEBTS
BUSINESSES:	_____	_____
INTERESTS IN TRUST:	_____	_____
LIFE INSURANCE:	_____	_____
RETIREMENT PLANS:	_____	_____
ALL OTHER:	_____	_____
GROSS ESTATE:	_____	
LESS DEBTS:		_____
<b><u>NET ESTATE VALUE</u></b>	_____	

**V. ESTATE PRESERVATION MATERIALS:**

**MEDICAL HEALTH INSURANCE POLICIES AND/OR ACCOUNTS:**

OWNER	TYPE	POLICY CARRIER	DEDUCTIBLE AMOUNT	COVERAGE AMOUNT

**DISABILITY INSURANCE (Personal and Property)**

OWNER	TIME TO ACTIVATION	POLICY CARRIER	COVERAGE AMOUNT	COVERAGE PERIOD

**LONG TERM HEALTH CARE**



TO OTHERS: NAME	One Distribution	Two Distributions
	SPECIFIC ASSETS	PERCENTAGE

INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

B. UPON THE SURVIVING SPOUSE'S DEATH, THE ASSETS ARE TO BE DISTRIBUTED AS FOLLOWS:

NAME	SPECIFIC ASSETS	PERCENTAGE

INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

C. TRUST DISTRIBUTIONS FOR CHILDREN:

- AGES & PERCENTAGES: \_\_\_\_\_% at \_\_\_\_\_ YEARS  
 \_\_\_\_\_% at \_\_\_\_\_ YEARS  
 \_\_\_\_\_% at \_\_\_\_\_ YEARS

2. SPECIAL PROVISIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. BACKGROUND INFORMATION: (VERY IMPORTANT, PLEASE COMPLETE)**

A. DID EITHER YOU OR YOUR SPOUSE HAVE ANY PREVIOUS MARRIAGES:

YES  NO

IF YES, PLEASE LIST FOR EACH ONE:

**I. PARTICULARS**

FORMER SPOUSE'S NAME: \_\_\_\_\_

DATE & PLACE OF MARRIAGE: \_\_\_\_\_

HOW TERMINATED: \_\_\_\_\_

II. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT: \_\_\_\_\_  
ALIMONY: \_\_\_\_\_  
LIFE INSURANCE: \_\_\_\_\_  
OTHER TERMS: \_\_\_\_\_

III. CHILDREN FROM THIS MARRIAGE? [ ] YES [ ] NO

IF YES, WHICH CHILDREN:

\_\_\_\_\_

B. ARE THERE SPECIAL NEEDS FOR ANY CHILD? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

C. DO YOU SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A PARENT OR OTHER PERSON? ~ [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

D. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES): \_\_\_\_\_

\_\_\_\_\_

E. DESCRIBE ANY SIGNIFICANT HEALTH PROBLEMS FOR EITHER YOU OR YOUR SPOUSE:

\_\_\_\_\_

\_\_\_\_\_

F. NAME(S) & ADDRESS(ES) OF PHYSICIAN(S): \_\_\_\_\_

\_\_\_\_\_

G. HAVE YOU EVER LIVED IN A COMMUNITY PROPERTY STATE? (AZ, CA, TX, ID, LA, NM, NV, WA& WI) [ ] YES [ ] NO

IF YES, PLEASE TELL WHERE AND WHEN: \_\_\_\_\_

\_\_\_\_\_

H. ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED? [ ] YES [ ] NO

IF YES, WHICH ONES: \_\_\_\_\_

\_\_\_\_\_

K. PREVIOUS RESIDENCES: (STATES) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- L. ANY NAME CHANGES:  YES  NO
- M. ANY GIFTS MADE PRIOR TO 1982  
IN EXCESS OF \$3,000?  YES  NO
- AFTER 1982 IN EXCESS OF \$13,000?  YES  NO
- N. FORGIVE ANY LOANS AT DEATH?  YES  NO
- O. SPECIFIC INSTRUCTIONS FOR BURIAL?  YES  NO
- P. ANTICIPATE INHERITANCES FROM OTHERS?  YES  NO
- Q. ANY RECENTLY INHERITED ASSETS?  YES  NO
- R. ANY PRE-NUPTIAL AGREEMENTS?  YES  NO
- S. ANY MEDICARE/MEDICAID PROVISIONS?  YES  NO

**VIII. PARENTS &/OR OTHER PARTIES INVOLVED IN ESTATE:**

NAME	ADDRESS	PHONE

**IX. ADVISORS:**

	NAME	ADDRESS	PHONE
A. ACCOUNTANT:			
B. BUSINESS ATTORNEY:			
C. STOCKBROKER:			
D. FINANCIAL PLANNER:			
E. LIFE INSURANCE AGENT:			
F. OTHER ADVISORS:			

**X. COMMENTS:**