

PERSONAL INFORMATION BOOKLET

Married Version

The information disclosed in this
booklet will be kept strictly
confidential.

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INTRODUCTION

What is it that you hope to achieve through your estate plan? A clear understanding of what motivates you to prepare your estate plan is critically important to us. An understanding and an appreciation of those beliefs and values which prompt you to take action is the foundation upon which we build your estate plan. Please answer the following questions giving thoughtful consideration to the issues. Please note that there is no right or wrong answer, only *your* answer.

1. Rank the top five (5) concerns you have (1=most important) and identify any remaining issues which are important to you with an "X."

- | | |
|---|---|
| <input type="checkbox"/> Planning for a disability | <input type="checkbox"/> Provide for disabled descendants |
| <input type="checkbox"/> Elimination of probate or guardianship | <input type="checkbox"/> Divorce and Creditor protection for children |
| <input type="checkbox"/> Protection from frivolous lawsuits | <input type="checkbox"/> Protect children from immature spending habits |
| <input type="checkbox"/> Minimize income taxes | <input type="checkbox"/> Protect spouse in the event of a subsequent marriage |
| <input type="checkbox"/> Protect the value of the family business | <input type="checkbox"/> Provide for parents |
| <input type="checkbox"/> Minimize gift and estate taxes | <input type="checkbox"/> Make a positive difference in the community |
| <input type="checkbox"/> Insure liquidity for debts and taxes | <input type="checkbox"/> Pass values and responsibility to family members |

2. Rank the following in the order of most importance. (1=most important)

- | | |
|---|---|
| <input type="checkbox"/> Social status | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Business relationships | <input type="checkbox"/> Material Possessions |
| <input type="checkbox"/> Family | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Church or Synagogue | |

3. If you could pass your estate in any manner you wished, how would you do so?

- % to Heirs % to Internal Revenue Service % to Charitable Organizations

4. What is your monthly after-tax income? \$ _____

5. What percentage of your income or what amount do you spend monthly? \$ _____

FAMILY INFORMATION

Husband

Full Legal Name _____ Nickname _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
County _____ Home Telephone _____ Home Fax _____
U.S. Citizen? Yes ___ No ___ Social Security Number _____ Cell Phone\Pager _____
Internet E-Mail Address _____
Name as you would like it to appear on legal documents _____

Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
Business Telephone _____ Business Fax _____

Wife

Full Legal Name _____ Nickname _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
County _____ Home Telephone _____ Home Fax _____
U.S. Citizen? Yes ___ No ___ Social Security Number _____ Cell Phone\Pager _____
Internet E-Mail Address _____
Name as you would like it to appear on legal documents _____

Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
Business Telephone _____ Business Fax _____

Date of Marriage _____ Prenuptial Agreement? Yes ___ No ___

Do either of you have parents who are still living? Yes ___ No ___

Do either of you have grandparents who are still living? Yes ___ No. ___

Previous States of Residence:

_____ Number of Years _____
_____ Number of Years _____
_____ Number of Years _____

Children

- 1. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____
- 2. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____
- 3. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____
- 4. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____
- 5. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____
- 6. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____

Advisors

Accountant _____	Telephone _____
Attorney _____	Telephone _____
Primary Personal Bank _____	Telephone _____
Stockbroker _____	Telephone _____
Referred to Our Firm by _____	Telephone _____

ESTATE SUMMARY

[This information will be kept strictly confidential.]

Detailed financial statements from your CPA may be submitted in lieu of completing the Estate Summary below.

Please list the value of all assets at their gross value, i.e., without accounting for any debt.

Please list all debt associated with the assets in the right column

	Husband	Joint	Wife	Debt
Cash & Bank Accounts				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Brokerage Accounts/Mutual Funds				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Individual Stocks and Bonds held by you. (List each stock or bond on the reverse side.)				
_____	_____	_____	_____	_____

	Husband	Joint	Wife	Debt
IRA or other Tax Qualified Account				
Real Estate				
(List additional parcels on reverse side.)				
Limited Partnership Interests				
Notes Receivable				

Husband

Joint

Wife

Debt

Business Interests

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance Death Benefit
(Please list agent for each policy)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Effects (Cars, Boats, etc.)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

	Husband	Joint	Wife	Debt
Annuities				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Miscellaneous Assets Not Included Elsewhere				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Assets	_____	_____	_____	
Liabilities				_____
Net Worth	_____	_____	_____	
Combined Net Worth		_____		

YOUR SUCCESSORS

Typically, when most people travel, they make arrangements for their affairs to be taken care of while they're gone. When there are children being left at home, there are usually several lists of instructions left for the babysitter, or whoever is left in charge. Your successors are the "babysitters" you're putting in charge of your affairs while you're incapacitated and after you're gone. Who do you want making decisions for you? This is a vital part of the planning process which most people are ill-equipped to decide on the spot. You do not have to have an answer set in stone. We would prefer, however, that you have several choices to consider choosing from.

1. Who would you choose to manage your financial affairs if you were incapacitated?

	Husband's Answer	Wife's Answer
First Choice		
Second Choice		
Third Choice		

2. Who would you choose to take charge of your estate and administer the terms of your trust or will upon your death?
[] Same as above; or

If different, list names below:

	Husband's Answer	Wife's Answer
First Choice		
Second Choice		
Third Choice		

3. Who would you choose to make health care decisions for you if you were incapacitated and could not make these decisions for yourself?

	Husband's Answer	Wife's Answer
First Choice		
Second Choice		
Third Choice		

4. If you have minor children, who would you choose to raise your children if you and your spouse could not?

Guardians for Minor Children:	Relationship:
First Choice:	
Second Choice:	