



**ESTATE PLANNING INFORMATION – MARRIED**

**PERSONAL DATA**

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BUSINESS NAME/PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**IF MARRIED, COMPLETE THE FOLLOWING FOR SPOUSE:**

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

BUSINESS NAME/PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**IF MARRIED PREVIOUSLY, INDICATE WHETHER:**

\_\_\_\_ PRIOR MARRIAGE ENDED IN DIVORCE

\_\_\_\_ PRIOR MARRIAGE ENDED WITH DEATH OF SPOUSE

**IF SPOUSE WAS PREVIOUSLY MARRIED, INDICATE WHETHER THAT MARRIAGE ENDED BY:**

\_\_\_\_ DEATH \_\_\_\_ DIVORCE

**IF YOU HAVE CHILDREN, COMPLETE THE FOLLOWING FOR EACH CHILD:**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married? \_\_\_\_ YES \_\_\_\_ NO

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Children of Child:**

Name:	Date of Birth	Married?
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO

**CONTINUED NEXT PAGE**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married?  YES  NO

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Children of Child:

Name:	Date of Birth	Married?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married?  YES  NO

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Children of Child:

Name:	Date of Birth	Married?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married?  YES  NO

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Children of Child:

Name:	Date of Birth	Married?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**ARE YOU, YOUR SPOUSE AND CHILDREN CITIZENS OF THE U.S.A.?  YES  NO**

**DO YOU OR YOUR SPOUSE HAVE ANY CHILDREN BY A PREVIOUS MARRIAGE (OR ANY CHILDREN BORN OUT OF WEDLOCK)?  YES  NO**

**DOES YOUR SPOUSE OR ANY CHILD HAVE ANY PHYSICAL, MENTAL, OR EMOTIONAL DISABILITY?  YES  NO**

**DESCRIPTION OF ASSETS:**

	<b>Spouse #1:</b>	<b>Spouse #2:</b>	<b>Joint</b>	<b>Named</b>
Name:	_____	_____	<b>Assets</b>	<b>Beneficiary</b>
Savings Accounts	\$ _____	\$ _____	\$ _____	_____
Checking Accounts	\$ _____	\$ _____	\$ _____	_____
Certified of Deposit/ Money Market Accounts/ U.S. Gov't Securities	\$ _____	\$ _____	\$ _____	_____
Municipal Bonds	\$ _____	\$ _____	\$ _____	_____
Marketable Stocks	\$ _____	\$ _____	\$ _____	_____
Marketable Corporate Bonds	\$ _____	\$ _____	\$ _____	_____
Mutual Funds	\$ _____	\$ _____	\$ _____	_____
Annuities	\$ _____	\$ _____	\$ _____	_____
Ground Rents	\$ _____	\$ _____	\$ _____	_____
Mortgages	\$ _____	\$ _____	\$ _____	_____
Notes	\$ _____	\$ _____	\$ _____	_____
Residence	\$ _____	\$ _____	\$ _____	_____
Vacation Home	\$ _____	\$ _____	\$ _____	_____
Investment Real Estate	\$ _____	\$ _____	\$ _____	_____
Interest in Partnership	\$ _____	\$ _____	\$ _____	_____
Stock or other interest In Closely-Held Business	\$ _____	\$ _____	\$ _____	_____
Automobiles	\$ _____	\$ _____	\$ _____	_____
Other Tangible Personal Property	\$ _____	\$ _____	\$ _____	_____
*IRA's	\$ _____	\$ _____	\$ _____	_____

ASSETS	Name _____	Name _____	Joint
*SEP IRA's	\$ _____	\$ _____	\$ _____
	Primary Beneficiary: _____		
	Contingent Beneficiary: _____		
*Retirement Plans	\$ _____	\$ _____	\$ _____
	Primary Beneficiary: _____		
	Contingent Beneficiary: _____		
*Keough Plans	\$ _____	\$ _____	\$ _____
	Primary Beneficiary: _____		
	Contingent Beneficiary: _____		

(\*Please provide primary and contingent beneficiary designations)

<u>LIABILITIES</u>			
	Name _____	Name _____	Joint
Current Accounts	\$ _____	\$ _____	\$ _____
Unsecured Notes Payable To Banks	\$ _____	\$ _____	\$ _____
Notes Payable to Others	\$ _____	\$ _____	\$ _____
Unpaid Taxes	\$ _____	\$ _____	\$ _____
Mortgages on Residence	\$ _____	\$ _____	\$ _____
Other Mortgages	\$ _____	\$ _____	\$ _____

**DO YOU PRESENTLY HOLD ANY CLOSELY-HELD BUSINESS INTEREST?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**FOR EACH SUCH INTEREST, COMPLETE:**

TYPE OF INTEREST:

\_\_\_\_\_ CORPORATION \_\_\_\_\_ SOLE OWNER \_\_\_\_\_ PARTNERSHIP

PERCENTAGE OF OWNERSHIP: \_\_\_\_\_ FAIR MARKET VALUE: \_\_\_\_\_

DESCRIPTION OF PRODUCT OR SERVICE: \_\_\_\_\_

IS THERE A BUY/SELL AGREEMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

**LIFE INSURANCE**

INSURANCE COMPANY	POLICY #	FACE VALUE	WHOLE LIFE/ TERM	PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**REAL PROPERTY**

Please bring deeds to your initial meeting.

PROPERTY ADDRESS	TITLE	APPRAISED VALUE	MORTGAGE BALANCE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MISCELLANEOUS DATA**

(A) Have you ever made a gift of cash or property with a value in excess of the annual gift exclusion amount to any one person during a single calendar year?

If so, please provide details and copies of any gift tax returns that were filed.

(B) Do you currently have a Will, Financial Power of Attorney, Health Power of Attorney and/or Advance Directive? If so, please furnish copies.

(C) If you have ever established a trust, please provide a copy of the trust instrument.

(D) If you are a present or future beneficiary under any will or trust agreement, please provide copies of any such instruments.

(E) Please list those persons upon whom you depend for business or financial advice in the following categories:

NAME CITY/STATE PHONE NUMBER

Accountant \_\_\_\_\_

Insurance \_\_\_\_\_

Financial Advisor \_\_\_\_\_