



ESTATE PLANNING INFORMATION – SINGLE PERSON

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 PREVIOUSLY, INDICATE WHETHER:

PRIOR MARRIAGE ENDED IN DIVORCE

PRIOR MARRIAGE ENDED WITH DEATH OF SPOUSE

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?
_____	_____	<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

CONTINUED NEXT PAGE

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

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

ARE YOU AND YOUR CHILDREN CITIZENS OF THE U.S.A.? ____ YES ____ NO

DO ANY OF YOUR CHILDREN HAVE ANY PHYSICAL, MENTAL, OR EMOTIONAL DISABILITY?

____ YES ____ NO

DESCRIPTION OF ASSETS**Beneficiary**

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 \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

*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)

□

REAL PROPERTY

Please bring deeds to your initial meeting.

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

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 _____