



**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 \$17,000 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 \_\_\_\_\_