

SEMANOFF ORMSBY GREENBERG & TORCHIA, LLC
Confidential Estate Planning Data Sheet



Date: _____

GENERAL INFORMATION

You

Name _____
 Street Address _____
 County & Boro/Twp _____
 Mailing Address _____
 Phone Number(s) H: _____ C: _____ W: _____
 Email Address(es) H: _____ W: _____
 Employer _____
 Business Address _____
 Date and Place of Birth _____
 Social Security Number _____
 Citizenship _____

Spouse

Name _____
 Phone Number(s) H: _____ C: _____ W: _____
 Email Address(es) H: _____ W: _____
 Employer _____
 Business Address _____
 Date and Place of Birth _____
 Social Security Number _____
 Citizenship _____

In what year did you establish residency in your current state of residence? _____

Children – please complete information in chart on last page

If you have any minor children, have you designated one or more individuals to act as guardian for the child(ren) during minority, if necessary? If so, who? Would you designate the same person(s) for physical custody of your children *and* to handle the children's assets? Yes _____ No _____

 Legal Name of Guardian(s) Address

 Legal Name of Alternative Guardian(s) Address

If you, your spouse, any of your children or other intended beneficiaries have any long-term or serious health problems or disabilities, please provide details. _____

ESTATE PLANNING DATA

Do you currently have a:	<i>You</i>	<i>Date</i>	<i>Spouse</i>	<i>Date</i>
• Will? (Y or N)	_____	_____	_____	_____
• Codicil? (Y or N)	_____	_____	_____	_____
• Revocable Trust? (Y or N)	_____	_____	_____	_____
• Irrevocable Trust? (Y or N)	_____	_____	_____	_____
• Durable Power of Attorney? (Y or N)	_____	_____	_____	_____
• Health Care Power of Attorney? (Y or N)	_____	_____	_____	_____

Have you or your spouse been previously married? (Y or N)	<i>You</i>	<i>Spouse</i>
	_____	_____

If yes:

- What is the name of your former spouse? _____
- What is your former spouse's social security number? _____
- Is your former spouse living? (Y or N) _____
- If not, what was the date of death? _____
- Are there any children of that marriage? (Y or N) _____
- Do you have any continuing obligations on account of that marriage (e.g., child or spousal support, alimony, maintaining life insurance)? (Y or N) _____

Have you and/or your spouse ever filed federal gift tax returns (Form 709)? (Y or N)	_____	_____
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Have you and/or your spouse entered into an agreement relating to property and/or support rights, whether with each other or with a prior spouse (e.g., pre- or post-nuptial, equitable distribution)? (Y or N)	_____	_____
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Who should be the Executor(s) of your estate or the Trustee(s) of any trusts you would create?

_____	_____
Legal Name of Executor or Trustee	Address

_____	_____
Legal Name of Executor or Trustee	Address

_____	_____
Legal Name of Successor Executor or Trustee	Address

_____	_____
Legal Name of Successor Executor or Trustee	Address

ASSET DATA

It is particularly important in the estate planning process to know not only what assets you own, but how you hold title to those assets. Your Will cannot dispose of property that you own jointly with rights of survivorship; or of life insurance, annuity, pension, profit-sharing or other retirement benefits which are affected by beneficiary designations. Please list the approximate net value of your assets below in the appropriate columns. "You" means property owned in your sole name, and "Spouse" means property owned in your spouse's name alone. For example, if you own stock worth \$15,000 in your sole name, "\$15,000" should be inserted in column "You" on the same line as the word "Stocks."

*Joint = with right of survivorship (JTWROS), tenants in common (TIC) or tenants by entirety (TBE)
ITF = "In Trust For"

TOD = "Transfer On Death"

POD = "Pay/Payable On Death"

For any Joint asset, indicate if JTWROS, TIC or TBE and with whom, and for any ITF/TOD/POD asset, indicate designated beneficiary/ies.

REAL ESTATE	Client	Spouse	Joint ITF/TOD/POD*
Residence: Value of \$ _____, less mortgage of \$ _____			
Investment Real Estate			
Other (e.g., vacation home)			

NON-RETIREMENT INVESTMENT ASSETS	Client	Spouse	Joint ITF/TOD/POD*
Cash on hand/Bank accounts			
Certificates of Deposit			
Bonds (including savings bonds)			
Stocks – in certificate form			
Brokerage Accounts			
Mutual Funds/ETF/Bond Funds			
Notes/Mortgages Receivable			
Limited Partnership Investments			
Cryptocurrency			
Other			

BUSINESS INTERESTS	Client	Spouse	Joint ITF/TOD/POD*
Proprietorship			
Partnership			
Closely-held Corporation			
NOTE: Is there any shareholder agreement involved with any such interest?	Yes	No	

OTHER ASSETS	Client	Spouse	Joint ITF/TOD/POD*
Intangible Property			
Interest in Trusts or Estates (currently or anticipated)			
Oil/gas/mineral rights, etc.			
TimeShare			
Royalties or similar payments/Intellectual property			
Other			
Personal Property			
Antiques			
Automobiles			
Collections (Art, Coins, Stamps, etc.)			
Jewelry of Value			
Firearms			

RETIREMENT BENEFITS	Owner	Beneficiary	Secondary Beneficiary	Value/Death Benefit (if different)
Pension Plan				
Profit-Sharing Plan				
Salary Reduction [401(k)] Plan				
Deferred Compensation Plan				
Annuity				
Keogh (H.R. 10) Plan				
IRA <input type="checkbox"/> Traditional <input type="checkbox"/> Roth				
IRA <input type="checkbox"/> Traditional <input type="checkbox"/> Roth				
IRA <input type="checkbox"/> Traditional <input type="checkbox"/> Roth				
IRA <input type="checkbox"/> Traditional <input type="checkbox"/> Roth				

LIFE INSURANCE	Owner	Beneficiary	Cash Surrender Value (if any)	Death Benefit
Whole (permanent) insurance				
Company:				
Company:				
Term Insurance				
Company:				
Company:				
Employee Group/Term				

529 ACCOUNT	Owner or Custodian	Successor Owner or Custodian	Beneficiary	Value of Account
Company: _____ State: _____				
Company: _____ State: _____				
Company: _____ State: _____				
UTMA ACCOUNT				
Company: _____				
Company: _____				
Company: _____				

Are there any 529 accounts owned by someone else, or UTMA accounts opened by someone else with you or someone else designated as Custodian, in place for your children? Yes _____ No _____

If yes, please provide more detailed information. _____

Are you a trustee of a trust or an executor of an estate? Yes _____ No _____

If yes, please provide more detailed information. _____

Are you currently guaranteeing any loans of another? If so, list amount and asset used as collateral, if any. _____

Do you have a safe deposit box? Yes _____ No _____

If yes, how is it titled? _____

Where is it located? _____

Do you have online accounts (financial, social, email, etc.)? Yes _____ No _____

If yes, have you prepared a list of the accounts and log in information to be used in the event of your incapacity or death? Yes _____ No _____

If yes, where is that list kept? _____

LIABILITIES

List amount of significant liabilities not noted above:

ADVISOR INFORMATION

Below, please provide contact information for any advisors such as brokers, financial advisors, accountants and/or insurance agents.

Accountant:

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Financial/Investment Advisor:

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Life Insurance Agent:

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Physician:

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Other Advisor:

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Physician:

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Child's Name and Address:	Date of Birth	Social Security Number	U.S. Citizen <i>yes/no</i>	Marital Status/ Spouse's Name	Children's Names and Ages (Your Grandchildren)
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