



Have you been previously married? (Y or N) \_\_\_\_\_

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 ever filed federal gift tax returns (Form 709)? (Y or N) \_\_\_\_\_

Have you entered into an agreement relating to property and/or support rights, with a prior spouse (e.g., pre- or post-nuptial, equitable distribution)? (Y or N) \_\_\_\_\_

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.

\*Joint = with right of survivorship (JTWROS) or tenants in common (TIC)

ITF = "In Trust For"

TOD = "Transfer On Death"

POD = "Pay/Payable On Death"

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

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

<b>NON-RETIREMENT INVESTMENT ASSETS</b>	<b>Client</b>	<b>Joint ITF/TOD/POD*</b>
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		

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

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

<b>RETIREMENT BENEFITS</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Secondary Beneficiary</b>	<b>Value/Death Benefit (if different)</b>
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				

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

<b>529 ACCOUNT</b>	<b>Owner or Custodian</b>	<b>Successor Owner or Custodian</b>	<b>Beneficiary</b>	<b>Value of Account</b>
Company: _____ State: _____				
Company: _____ State: _____				
Company: _____ State: _____				
<b>UTMA ACCOUNT</b>				
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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