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Conference Fee _____ Date _____
Total Fees _____
Terms _____ Referred By _____
Retainer _____

ESTATE PLAN DATA SHEET

1. Client's Full Name _____
Last First Middle or Maiden
2. Social Security No. _____
3. Driver's License No. _____
4. Religious Affiliation _____
5. Date of Birth _____ Place of Birth _____
6. Marital Status (Married) _____ (Single) _____ (Widowed) _____
(Divorced) _____
7. If married, date/place of marriage _____
8. Full name of Spouse _____
Last First Middle or Maiden
9. Spouse's Social Security No. _____
10. Spouse's Date of Birth _____ Place of Birth _____
11. Present Address _____
12. Previous Address _____
13. Name and Address of Present Place of Employment _____

14. Home Telephone _____ Business Telephone _____

15. Names of Children and/or Grandchildren in descending order:

Name _____ Relation _____ DOB _____
SSN _____ Address _____

Name _____ Relation _____ DOB _____
SSN _____ Address _____

Name _____ Relation _____ DOB _____
SSN _____ Address _____

16. If any of the above children were born of a previous marriage, please indicate child's name and parent's name and address:

17. Do you presently have a Last Will and Testament or Trust in force? Yes _____
No _____; if yes, please attach a copy or provide information as to location of Last Will and Testament or Trust: _____

18. Present inventory:
(a) Real Estate

<u>Address</u>	<u>Value</u>	<u>Name of Record Title Holder</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Personal property (please list type and value of all personal property such as automobiles, furniture, boats, jewelry, valued paintings and collections):

<u>Description</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____

20. Cash and Savings:

<u>Approximate Amount</u>	<u>Name of the Bank or Savings & Loan/Address</u>
_____	_____
_____	_____

21. Safety Deposit Boxes:

<u>Contents</u>	<u>Depository</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____

22. Intangible Property (please list all stocks, bonds, promissory notes, and real estate mortgages owned):

<u>Description</u>	<u>Value</u>	<u>Title Name of Owner</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Insurance:

Type (Whole life, term, endowment)	Name of <u>Company</u>	Beneficiary(ies)	Face <u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list location of above policies

24. Retirement programs (if retired, please explain briefly the type and nature of any retirement program under which you may now, or in the future, be entitled to benefits):

25. Business interests (if you are the owner, partner or major stockholder in any business, please list name of the business and the extent of your ownership):

26. Debts and mortgages (please list any and all debts for which you are now obligated or for which your estate may be obligated):

<u>Description</u>	<u>Amount</u>	<u>Creditors</u>	<u>Date Due (if any)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

27. Beneficiary Information:

If you desire any specific items or real or personal property or cash bequeathed to any particular person or group of persons, please indicate the following:

<u>Description of Gift</u>	<u>Name/Address/ SSN of Beneficiary (ies)</u>
_____	_____
_____	_____
_____	_____

28. Remainder of Estate (please indicate the person or group of persons to whom you wish the remainder of your estate assets to be distributed):

<u>Name of Person/SSN</u>	<u>Share of Remainder</u>
_____	_____
_____	_____
_____	_____

29. Churches or charities (if you wish any religious, charitable or other organization to receive any portion of your estate, please indicate):

<u>Institution and address</u>	<u>Amount of Item</u>
_____	_____
_____	_____

30. Administration information:
Personal Representative (please list the name, address and relationship, if any, of the person or persons you wish to serve as the personal representative of your estate):

Name/Address

Relation

_____	_____
_____	_____

Alternate Personal Representative (please list the name, address and relationship of the person or persons you wish to serve as your alternate or substitute personal representative):

Guardian (if you have minor children, please list the name, address and relationship of the person or persons you wish to serve as the guardian of the person of your minor children):

31. Other information (please provide any and all other information you feel may be helpful in the analysis of your estate plan which has not been covered above):

Date: _____

Taken by: _____