

ESTATE PLANNING OBJECTIVES

Estate planning is about more than what happens to your estate when you are gone. It is about developing strategies to use and enjoy what you have, and to pass your legacy on to the persons or causes you intend to benefit. It is about planning for your own affairs when you are unable to direct them. It is about people, families, and futures.

In connection with the preparation of your Estate Planning Documents, you will need to consider (but need not answer on this form) the following questions, to the extent they are applicable to your situation:

1. Guardians for Minor Children: If you have children under age 18, who would you want to designate as initial and successor Guardians to take care of them and to manage their property in the event of the death of you and your spouse?
2. Executor: Who would you want to designate to be the initial and successor Executors of your Will? The Executor will be responsible for paying your final debts and taxes and distributing your Estate as directed in your Will.
3. Trustees: Who would you want to designate to be the initial and successor Trustees of Trusts you create? The Trustee will be responsible for administering your Trusts for your intended beneficiaries.
4. Disposition of Assets: In general terms, how do you wish your property to be distributed after your death? For example, all to your spouse, if living, otherwise equally to all children or more to one child than another. In addition, do you wish to provide for any specific gifts to any individual or charity?
5. Contingent Beneficiaries: If at any time there shall be no living member of the class consisting of you, your spouse and all of your descendants (e.g., your children and grandchildren), to what individuals or charities should your assets be given?

Help us tailor your estate plan by completing the sections below. Feel free to contact our office if you have any questions regarding your estate plan.

I. PERSONAL INFORMATION:

	Client	Spouse
Full Legal Name:		
Residence:		
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No.	()	()
Home Fax No.	()	()
Date of Birth:	Month Day Year Age	Month Day Year Age
Place of Birth:		
Social Security No.:		
Occupation or Profession:		
Employer or Firm:		
Position:		
Business Address:		
Business Phone No.	()	()
Business Fax No.	()	()
May we Phone you at your Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where should we send mail?	<input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="checkbox"/> Home <input type="checkbox"/> Business
Marital Status: (Check applicable box or boxes)	<input type="checkbox"/> Married <input type="checkbox"/> Divorced* <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Prior Divorce	<input type="checkbox"/> Prior Divorce
Any Pre-nuptial or Post-nuptial Agreement?	<input type="checkbox"/> Yes** <input type="checkbox"/> No	<input type="checkbox"/> Yes** <input type="checkbox"/> No

At any time during your current marriage did you reside in, work in, or acquire property in a community property jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin)?

Yes No

If "Yes," explain When and Where:

* Furnish copy of Divorce Decree and Property Settlement Agreement.

** If answer is "yes" furnish a copy of the document.

	Client	Spouse
In what state are you registered to vote?		
Are you or your family receiving or entitled to receive Veterans Benefits? ? Yes ? No If "yes," give your military serial number:	Serial #	Serial #
Do you have a Safety Deposit Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," Where?: Box #: Box in Name Of: Who has Right of Entry?:	If "yes," Where?: Box #: Box in Name Of: Who has Right of Entry?:
Do you expect to inherit property or receive substantial gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," explain:	
Are you a beneficiary under any will or trust?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Are you currently acting as an executor under any will or as a Trustee of any trust?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you ever filed any Federal Gift Tax Returns?	<input type="checkbox"/> Yes** <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you (or your spouse) a participant in, a beneficiary under or party to any of the plans or agreements listed? If so, check the applicable box or boxes and furnish us with copies of each document.	<input type="checkbox"/> Deferred Compensation Plan	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Death Benefit Agreement	<input type="checkbox"/> Profit-Sharing Plan
	<input type="checkbox"/> Buy/Sell Agreement	<input type="checkbox"/> Pension Plan
	<input type="checkbox"/> Stock Redemption Agreement	<input type="checkbox"/> Keogh Plan
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> IRA Account
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Stock Option Plan

* If answer is "yes," furnish copy of document.

** If answer is "yes," furnish copies of all gift tax returns.

II. FAMILY INFORMATION

(A) YOUR CHILDREN:

NAME	DATE OF BIRTH	AGE	STATUS*	HUSBAND OR WIFE'S NAME

*Indicate STATUS as follows: (A) if adopted; (M) if married; (P) if child of a prior marriage; (S) if stepchild; and (D) if deceased. Attach a separate page and fill out information for other children as required.

(B) YOUR GRANDCHILDREN:

NAME	DATE OF BIRTH	AGE	STATUS*	MOTHER'S NAME	FATHER'S NAME

*Indicate STATUS as follows: (A) if adopted; (M) if married; (S) if stepchild; and (D) if deceased. Attach a separate page and fill out information for other children as required.

(C) YOUR GREAT-GRANDCHILDREN:

NAME	DATE OF BIRTH	AGE	STATUS*	MOTHER'S NAME	FATHER'S NAME

*Indicate STATUS as follows: (A) if adopted; (M) if married; (S) if stepchild; and (D) if deceased. Attach a separate page and fill out information for other children as required.

II. FAMILY INFORMATION: (Cont'd.)

(D) PARENTS:

	NAME	STATUS*
Client's Mother Father		
Spouse's Mother Father		

* Indicate (L) if living; or (D) if deceased.

(E) SIBLINGS:

CLIENT

NAME	DATE OF BIRTH	AGE	STATUS*	MOTHER'S NAME	FATHER'S NAME

SPOUSE

NAME	DATE OF BIRTH	AGE	STATUS*	MOTHER'S NAME	FATHER'S NAME

* Indicate (L) if living; or (D) if deceased.

If there are any special factors such as family health problems, etc. which should be considered in planning your estate, please note here:

III. KEY ADVISORS:

<p>Accountant:</p> <p>May we contact him/her if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p> <p>Phone:</p>
<p>Insurance Agent:</p> <p>May we contact him/her if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p> <p>Phone:</p>
<p>Stock Broker/Investment Advisor/Financial Planner:</p> <p>May we contact him/her if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p> <p>Phone:</p>
<p>Primary Physician:</p> <p>May we contact him/her if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p> <p>Phone:</p>

IV. IMPORTANT DOCUMENTS:

	CLIENT	SPOUSE
Do you have a Will?	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of original:	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of original:
Have you created any Trusts?	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of originals and any amendments:	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of originals and any amendments:
Have you executed a Living Will?	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of original:	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of original:
Have you executed a Health Care Power of Attorney?	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of original:	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of original:
Have you executed a Property Power of Attorney?	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of original:	<input type="checkbox"/> Yes* <input type="checkbox"/> No If "yes," location of original:

*If answer is "yes," furnish copy of document.

Other Important Documents:

The documents listed below are very important and are often needed when you (and/or your spouse) are not available or not able to tell other where to find them. For each document, give its current location and if you don't know, take time now to find it or give enough information about it so that someone else can find it when needed. If the document does not apply to you (and/or your spouse), put "N/A" next to it.

Document	Location	Document	Location
Funeral and Burial Arrangements		Naturalization or Citizenship Papers	
Cemetery Plot and Deed to Plot		Passport	
Organ Donation Directions		Children's Birth Certificates	
Birth Certificate		Children's Adoption Papers	
Marriage Certificate		Deed to Primary Residence and/or Secondary Residence	
Divorce Decree		Insurance Policies	

V. NET WORTH INFORMATION:

A. Summary of Assets and Liabilities for Estate Tax Purposes

(Provide Estimated Current Values, in Multiples of \$1,000)

ASSETS	IN CLIENT'S SOLE NAME	IN SPOUSE'S SOLE NAME	IN BOTH NAMES
Personal and Household Effects			
Cash and Cash Equivalents			
Publicly Traded Stocks and Bonds			
Personal Primary Residence*			
Secondary/Vacation Residence*			
Investment Real Estate			
Retirement Assets/IRAs			
Life Insurance (Face Value of Policies, including Term Insurance**)			
Closely Held Businesses			
Limited Partnerships			
Limited Liability Company Interests			
Other Business Interests			
Other Assets (please list):			
TOTAL ASSETS			
LIABILITIES			
Mortgages			
Other Liabilities			
TOTAL LIABILITIES			
NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)			

* Indicate whether joint tenancy, tenancy-in-common or tenancy by the entirety.

** For Federal estate tax purposes, insurance proceeds payable upon death are included in a decedent's estate if the decedent owned the policy at the time of his/her death or if the proceeds are payable to his/her estate.

V. NET WORTH INFORMATION (Cont'd.):

B. Life Insurance Information

Please Provide the Following Information with Respect to the Life Insurance Policies Included in Summary of Assets and Liabilities

1. Policies Insuring Life of Client

Company	Type*	Face Value	Owner	Beneficiary**	Annual Premium	Cash Value	Outstanding Loans (if any)
---------	-------	------------	-------	---------------	----------------	------------	----------------------------

* WL = While Life; T = Term Life; GT = Group Term; SDI = Split Dollar Policy.

** Furnish copy of beneficiary designation if available.

Attach a separate page and fill out information for other insurance policies as required.

2. Policies Insuring Life of Spouse

Company	Type*	Face Value	Owner	Beneficiary**	Annual Premium	Cash Value	Outstanding Loans (if any)
---------	-------	------------	-------	---------------	----------------	------------	----------------------------

* WL = While Life; T = Term Life; GT = Group Term; SDI = Split Dollar Policy.

** Furnish copy of beneficiary designation if available.

Attach a separate page and fill out information for other insurance policies as required.

3. Policies Insuring Life of Client and Spouse (Second to Die)

Company	Type*	Face Value	Owner	Beneficiary**	Annual Premium	Cash Value	Outstanding Loans (if any)
---------	-------	------------	-------	---------------	----------------	------------	----------------------------

* WL = While Life; T = Term Life; GT = Group Term; SDI = Split Dollar Policy.

** Furnish copy of beneficiary designation if available.

Attach a separate page and fill out information for other insurance policies as required.

V. NET WORTH INFORMATION (Cont'd.):

C. Retirement Assets/IRAs

Please Provide the Following Information with Respect to the Retirement Assets/IRAs Included in the Summary of Assets and Liabilities.

1. Client

	Estimated Current Value	Primary Beneficiary*	Contingent Beneficiary
IRA/Keogh Accounts			
Pension Plans			
401(k) Plans			
Profit-Sharing Plans			
Deferred Compensation Arrangements			
Other			
Totals			

* Furnish a copy of beneficiary designation if available.

2. Spouse

	Estimated Current Value	Primary Beneficiary*	Contingent Beneficiary
IRA/Keogh Accounts			
Pension Plans			
401(k) Plans			
Profit-Sharing Plans			
Deferred Compensation Arrangements			
Other			
Totals			

* Furnish a copy of beneficiary designation if available.

V. NET WORTH INFORMATION (Cont'd.):

D. Closely Held Businesses

Please Provide the Following Information with Respect to the Closely Held Businesses Included in the Previous Summary.

	Business 1	Business 2	Business 3
Name of Business			
Type of Entity*			
Total Value of Entity			
Percentage Amount of Entity Owned by You and Your Spouse			
Names of Other Individuals Who Own a Material Interest in the Entity			
Is there a Buy/Sell Agreement?	<input type="checkbox"/> Yes** <input type="checkbox"/> No	<input type="checkbox"/> Yes** <input type="checkbox"/> No	<input type="checkbox"/> Yes** <input type="checkbox"/> No

* C-Corp; S-Corp; General Partnership; Limited Partnership; Limited Liability Company; or Sole Proprietorship

** If answer is "yes," please furnish us with a copy of the agreement.