



### Personal and Financial Information

Please complete the following as it will aid us in developing a custom estate plan that works best for your individual needs.

#### Personal Information

Date: \_\_\_\_\_

1 Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce			
2 Are you and your spouse planning your estates separately? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3 Your Name (First, Middle, Last)		Social Security Number	Date of Birth
4 Spouse's Name (First, Middle, Last)		Social Security Number	Date of Birth
5 Home Address (Number and Street)		City	State    Zip
6 Mailing Address if different from above		City	State    Zip
7 Home Phone	8 Cell Phone		9 Spouse's Cell Phone
10 Your Email Address		11 Spouse's Email Address	
12 Employer		13 Occupation	
14 Business Address		15 Business Phone	
16 Spouse's Employer		17 Spouse's Occupation	
18 Spouse's Business Address		19 Spouse's Business Phone	

## Information About Your Family

20 Children		
a)	Date of Birth	Marital Status
b)	Date of Birth	Marital Status
c)	Date of Birth	Marital Status
d)	Date of Birth	Marital Status

  

21 Grandchildren		
a)	Date of Birth	Marital Status
b)	Date of Birth	Marital Status
c)	Date of Birth	Marital Status
d)	Date of Birth	Marital Status

Are there any special personal considerations such as health, stepchildren, adopted children, disabled dependents, or prior marriages for either spouse?

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## Background Information

	You	Your Spouse
22 Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Do you currently have a will or trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Are you expecting to receive property from any of the following?		
(a) Gift	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Inheritance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Lawsuit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much?	\$	\$
25 In which state do you vote?		
26 Which state issued your driver's license?		
27 In which state is your car registered?		
28 Do you pay state income tax? To which state?		
29 In what state do you plan on retiring?		
30 Have you ever lived in a community property state during your marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31 Do you have a pre-nuptial or post-nuptial agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Do you have a divorce decree affecting your pension or other property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to questions 31 or 32, please bring these documents to your appointment.

## Financial Information: Part I – Assets

Asset	Self	Jointly with Spouse <sup>1</sup>	Spouse
<b>Principal Residence</b>	\$	\$	\$
Mortgage	( \$ )	( \$ )	( \$ )
<b>Net Value:</b>	\$	\$	\$
Address:			

<b>Second Residence</b>	\$	\$	\$
Mortgage	( \$ )	( \$ )	( \$ )
<b>Net Value:</b>	\$	\$	\$
Address:			

<b>Third Residence</b>	\$	\$	\$
Mortgage	( \$ )	( \$ )	( \$ )
<b>Net Value:</b>	\$	\$	\$
Address:			

<b>Investment Property</b>	\$	\$	\$
Mortgage	( \$ )	( \$ )	( \$ )
<b>Net Value:</b>	\$	\$	\$
Address:			

<b>Tangible Personal Property (e.g., cars, jewelry, furniture)</b>			
a)	\$	\$	\$
b)	\$	\$	\$
c)	\$	\$	\$

<sup>1</sup> Please include in this column all assets owned by both spouses as joint tenants or as tenants by the entirety. Do not include property owned individually, as tenants in common, or as joint tenants with other persons. If any property is owned jointly with someone other than your spouse, please indicate on the Supplemental Information sheet at the end of this Questionnaire, showing the entire value of the property and the approximate percentage which you contributed to the value of the property. In that case, the entire value multiplied by that percentage should be included in the left column of the asset schedule.

## Financial Information: Part I – Assets (continued)

Asset	Self	Jointly with Spouse	Spouse
<b>Bank and Mutual Fund Accounts</b>			
a)	\$	\$	\$
b)	\$	\$	\$
c)	\$	\$	\$
<b>Marketable Securities</b> (aggregate value)	\$	\$	\$
<b>Death Benefit from Life Insurance</b> (from Part II below)	\$	\$	\$
<b>Interests in Closely Held Business</b> <sup>2</sup>	\$	\$	\$
<b>Employer Pension and Profit-Sharing Plans</b> <sup>3</sup>	\$	\$	\$
<b>Individual Retirement Accounts</b> <sup>3</sup>	\$	\$	\$
<b>Trust Interests</b> <sup>4</sup>	\$	\$	\$
<b>Likely Inheritance from Persons other than Spouse</b> (indicate source)	\$	\$	\$
<b>Other assets, including debts owed to you</b> <sup>5</sup>			
a)	\$	\$	\$
b)	\$	\$	\$
<b>Total Individual</b>	<b>\$</b>		
<b>Total Joint</b>		<b>\$</b>	
<b>Total Spousal</b>			<b>\$</b>
<b>Total Assets</b>			<b>\$</b>

<sup>2</sup> Please indicate each business and show your percentage of the total ownership. If you have interests in more than one business and need more space, use the Supplemental Information sheet to identify separately each business, ownership percentage and value.

<sup>3</sup> Please identify the designated beneficiary or beneficiaries. Enter account balances of defined contribution plans and approximate actuarial value of death benefits in defined benefit plans. Include Keogh Plan amounts on the employer plan line.

<sup>4</sup> Please identify and describe each trust interest of which you are a beneficiary or with respect to which you have any powers (other than powers held in your capacity as a trustee). Attach a copy of the trust instrument if available.

<sup>5</sup> Please identify and describe the nature of any other asset. Please indicate separately if any assets owned have special characteristics, for example, tax-sheltered investments, stock options, or royalties.

## Financial Information: Part II – Life Insurance<sup>6</sup>

### INSURANCE ON YOUR LIFE

Company	Death Benefit	Owner	Primary Beneficiary	Approximate Cash Surrender Value
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
<b>Total</b>	\$			

### INSURANCE ON YOUR SPOUSE'S LIFE

Company	Death Benefit	Owner	Primary Beneficiary	Approximate Cash Surrender Value
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
<b>Total</b>	\$			

### INSURANCE OWNED BY YOU OR YOUR SPOUSE ON THE LIVES OF OTHERS

Company	Death Benefit	Owner	Primary Beneficiary	Approximate Cash Surrender Value
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
<b>Total</b>	\$			

<sup>6</sup> Please make an entry in each column for each policy. The owner of a policy is ordinarily the person who has the power to change the beneficiary. If a policy has no known Approximate Cash Surrender Value, please enter "WL" for a whole-life policy, "UT" for a universal life policy, "VT" for a variable life policy, "GT" for a group term policy, or "IT" for an individual term policy. Please identify and describe any split-dollar policies and any loans outstanding against any policies.

Financial Information: Part III – **Liabilities**<sup>7</sup>

Creditor	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<b>Total</b>	\$

<sup>7</sup> Please include all liabilities other than those secured by mortgages or real estate.

## Advisors

Other Attorney(s)	Firm and Contact Information
Accountant	Firm and Contact Information
Life Insurance Advisor	Firm and Contact Information
Bank and Trust Officers	Firm and Contact Information
Stockbroker(s)	Firm and Contact Information
Investment Advisor	Firm and Contact Information

**If you would prefer that we do not contact any of the indicated advisors, please so note.**



## Additional Information

1. If you have a safe deposit box, please indicate its location and names of those who have access to it.


2. Have you or your spouse made any gifts during your lifetimes that required the filing of a gift tax return?  
If so, please provide copies of the gift tax returns.

3. Do you or your spouse have an interest in a closely held business?

a) Name of Company	
b) Percentage Ownership	
c) Approximate Value	
d) Shareholder Agreements (buy/sell, redemption, etc.)	
e) Type of Entity (partnership, S corporation, C corporation, LLC, sole proprietorship)	
f) Any company-owned life insurance not listed above?	
Please bring any shareholder agreements and recent appraisals to your appointment.	



# Carrier

Law Offices LLC