

ESTATE PLANNING INFORMATION FORM

(Confidential - To Be Completed By Client)

Date: _____

PART I. PERSONAL AND FAMILY DATA:

A. Client's Legal Name: _____
First Middle Last

Address: _____
Street City
County State Zip

Phone: Home _____ Office _____ Cell: _____

Home Fax _____ Office Fax _____ e-mail address _____

Birth Date: _____ S.S. No. _____ U.S. Citizen? Yes No

Occupation/Employer: _____

Marital Status: Single Married (Date of Marriage ___/___/___) Domestic Partners
 Co-habiting Widowed Divorced

Previously Married? Yes: Widow/Widower or Divorced No
Date of Previous Marriage: _____ Veteran? Yes No

B. Spouse/Companion's Legal Name: _____
First Middle Last

Address: _____
Street City
County State Zip

Phone: Home _____ Office _____ Cell: _____

Home Fax _____ Office Fax _____ e-mail address _____

Birth Date _____ S.S.No. _____ U.S. Citizen? Yes No

Occupation/Employer: _____

Previously Married? Yes: Widow/Widower or Divorced No
Date of Previous Marriage: _____ Veteran? Yes No

C. Children Yes_____ No_____

If yes, please fill out the attached Appendix A.

D. Professional Advisors

	Name	Firm Name & Address	Phone	How Frequently Consulted?
Attorney	_____	_____	_____	_____
Accountant	_____	_____	_____	_____
Bank Officer	_____	_____	_____	_____
Financial Planner	_____	_____	_____	_____
Insurance Agent	_____	_____	_____	_____
Stock Broker	_____	_____	_____	_____
Personal Physician	_____	_____	_____	_____
Specialist Physician	_____	_____	_____	_____
Other	_____	_____	_____	_____

E. Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have adopted children?		
Do any of your children have special educational, medical or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other Governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Are you making payments pursuant to a divorce or property settlement agreement? <i>(Please furnish a copy)</i>		
Have you or your spouse ever signed a pre- or post-marriage contract? <i>(Please furnish a copy)</i>		
(Please check "Yes" or "No" for your answer)	Yes	No
Have you or your spouse been widowed? <i>(If a federal estate tax return or a state death tax return was filed, please furnish a copy)</i>		
Have you or your spouse ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>		

Have you or your spouse completed previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>		
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PART II. ESTATE INFORMATION:

A. General Information

How long have you lived in Idaho? _____

In what other states have you lived during your marriage? _____

What is the size of your estate, roughly? (Including life insurance death benefits payable to you or your estate)

\$0 - \$750,000 [] \$750,000 - \$1,500,000 [] Over \$5,000,000 []
 \$1,500,000 - 3,000,000 [] Over \$3,000,000 [] Over \$10,000,000 []

Do you or your spouse own long term health care insurance policies? Yes [] No []

Have you or your spouse made any substantial gifts in the last three years? Yes [] No []

Do you have a safe deposit box? Yes [] No [] If so, state location and who has access to the box _____

B. Prior Documents: Have you or your spouse executed: *(Please provide copies)*

- A Will? Yes [] No []
- A Revocable Living Trust? Yes [] No []
- An Irrevocable Life Insurance Trust? Yes [] No []
- A Charitable Trust? Yes [] No []
- A Power of Attorney? Yes [] No []
- A Pre-marital or Post-marital Agreement? Yes [] No []
- Living Will (Directive to Physicians)? Yes [] No []
- Durable Power of Attorney for Health Care? Yes [] No []
- An Advance Directive? Yes [] No []
- A Community Property Trust? Yes [] No []

PART III. SPECIAL CONSIDERATIONS

Are there any especially important (or unusual) estate planning objectives (or problems) for you or your spouse?

Are there any persons (other than minor children) partially or wholly dependent upon you or your spouse for support now or possibly in the future?

Do you, your spouse or children have any special needs or concerns?

Are you or your spouse likely to receive any inheritances in the future? Yes [] No []

Do you have any particular areas of charitable interest?

What are your primary goals in estate planning? (Use extra page if necessary)

Notes and Comments:

INSTRUCTIONS FOR COMPLETING THE *PERSONAL ASSET INFORMATION* SUMMARY

Summarize the values of the assets on the appropriate line. For personal effects make a reasonable estimate of fair market value if the asset were sold today.

SUMMARY OF VALUES

ASSETS	Amount*		
	Husband	Wife	Joint
Cash Accounts			
Investment Accounts			
Stocks			
Bonds			
Personal Effects			
Retirement Plans			
Life Insurance Policies			
Mortgages, Notes, and Other Receivables			
Partnership Interests			
Corporate Business and Professional Interests			
Sole Proprietorship Business & Professional Interest			
Farm and Ranch Interests			
Oil, Gas and Mineral Interests			
Real Property			
Anticipated Inheritance, Gift, or Lawsuit Judgment			
Other Assets			

Total Assets:

LIABILITIES	Amount*		
	Husband	Wife	Joint
Loans Payable			
Accounts Payable			
Real Estate Mortgages Payable			
Contingent Liabilities			
Loans Against Life Insurance			
Unpaid Taxes			
Other Obligations:			

Total Liabilities:

NET ESTATE

APPENDIX A

Client: _____

A. Children of this Marriage/Relationship (including adopted):

1. Name _____ Birthdate _____
Address _____ Married? Yes No
City/State/Zip _____ Children? Yes No
Telephone _____

2. Name _____ Birthdate _____
Address _____ Married? Yes No
City/State/Zip _____ Children? Yes No
Telephone _____

3. Name _____ Birthdate _____
Address _____ Married? Yes No
City/State/Zip _____ Children? Yes No
Telephone _____

4. Name _____ Birthdate _____
Address _____ Married? Yes No
City/State/Zip _____ Children? Yes No
Telephone _____

5. Name _____ Birthdate _____
Address _____ Married? Yes No
City/State/Zip _____ Children? Yes No
Telephone _____

6. Name _____ Birthdate _____
Address _____ Married? Yes No
City/State/Zip _____ Children? Yes No
Telephone _____

B. Stepchildren of this Marriage/Relationship(s):

1. Name _____ Birthdate _____
Address _____ Married? Yes No
City/State/Zip _____ Children? Yes No
Telephone _____

Custody (if minor): _____

2. Name _____
Address _____
City/State/Zip _____
Telephone _____
Custody (if minor): _____

Birthdate _____
Married? Yes No
Children? Yes No

3. Name _____
Address _____
City/State/Zip _____
Telephone _____
Custody (if minor): _____

Birthdate _____
Married? Yes No
Children? Yes No

4. Name _____
Address _____
City/State/Zip _____
Telephone _____
Custody (if minor): _____

Birthdate _____
Married? Yes No
Children? Yes No

5. Name _____
Address _____
City/State/Zip _____
Telephone _____
Custody (if minor): _____

Birthdate _____
Married? Yes No
Children? Yes No

Are there any children not living? Yes No; If yes, did they leave surviving children?
 Yes No

If you have stepchildren, would you like to include them in all references to "my children?"
 Yes No

C. Children of Any Former Marriage/Relationship(s):

1. Name _____
Address _____
City/State/Zip _____
Telephone _____
Custody (if minor): _____

Birthdate _____
Married? Yes No
Children? Yes No

2. Name _____
Address _____
City/State/Zip _____
Telephone _____
Custody (if minor): _____

Birthdate _____
Married? Yes No
Children? Yes No

3. Name _____
Address _____
City/State/Zip _____
Telephone _____
Custody (if minor): _____

Birthdate _____
Married? Yes No
Children? Yes No

If you have children from a former marriage/relationship, would you like to include them in all references to “my children?” Yes No

SOME COMMON ESTATE PLANNING OBJECTIVES

Rating 0 - 10 (10 of greatest importance)

- ___ 1. Save Probate expenses and time on first death.
- ___ 2. Save Probate expenses and time on second death.
- ___ 3. Plan and provide for spousal incapacity.
- ___ 4. Plan and provide for both spouses' incapacity.
- ___ 5. Save 100% of the Federal Estate Tax on the first spouse's death.
- ___ 6. Reduce and if possible, eliminate Federal and/or State Estate Taxes on the second spouse's death.
- ___ 7. Maintain privacy.
- ___ 8. Protect, assist and help the surviving spouse.
- ___ 9. Protect, assist and help each grandchild.
- ___ 10. Protect, assist and help each child.
- ___ 11. Protect a surviving spouse from a bad remarriage.
- ___ 12. Protect the share of the deceased spouse's interest in the trust upon the remarriage of the surviving spouse.
- ___ 13. Generation Skipping Tax Planning.
- ___ 14. Protecting your child's inheritance from bankruptcy or divorce.
- ___ 15. Survival of the family business.
- ___ 16. Sale of the family business upon the death of the entrepreneurial spouse.
- ___ 17. Sale of the family business upon the death of the surviving spouse.
- ___ 18. Asset Protection Planning.
- ___ 19. Creditor protection for the surviving spouse.
- ___ 20. Creditor protection for a child.
- ___ 21. Save 100% of the estate tax on life insurance.
- ___ 22. Special planning for a physically or mentally handicapped child.
- ___ 23. Special planning for an elderly parent.
- ___ 24. Special planning for a child of a previous marriage.
- ___ 25. Disinheriting a child.
- ___ 26. Medicaid Planning.
- ___ 27. Other: _____
- ___ 28. Other: _____
- ___ 29. Other: _____
- ___ 30. Other: _____