

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 Co-habiting Widowed Divorced

Previously Married? Yes: Widow/Widower or Divorced No

Date Of Marriage: _____ Veteran? Yes No

B. Children Yes _____ No _____

If yes, please fill out the attached Appendix A.

C. Professional Advisors

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

Other _____

D. 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 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 ever signed a pre- or post-marriage contract? <i>(Please furnish a copy)</i>		
Have you been widowed? <i>(If a federal estate tax return or a state death tax return was filed, please furnish a copy)</i>		
Have you ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>		
Have you completed previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>		

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 own life insurance policies? Yes [] No [] *If so, please complete the Life Insurance portion on the Summary of Assets.*

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

Have you 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 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 [] |
| A Special/Supplemental Needs Trust? | Yes [] No [] |

PART III. SPECIAL CONSIDERATIONS

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

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

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

Are you 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)

THE INSTRUCTIONS FOR COMPLETING

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

	Amount
ASSETS	
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:	_____
	Amount
LIABILITIES	
Loans Payable	_____
Accounts Payable	_____
Real Estate Mortgages Payable	_____
Contingent Liabilities	_____
Loans Against Life Insurance	_____
Other Obligations:	_____
_____	_____
_____	_____
Total Liabilities:	_____
NET ESTATE	_____

APPENDIX A

Client: _____

1. Name _____
Address _____
City/State/Zip _____
Telephone _____

Birthdate _____
Married? Yes No
Children? Yes No

2. Name _____
Address _____
City/State/Zip _____
Telephone _____

Birthdate _____
Married? Yes No
Children? Yes No

3. Name _____
Address _____
City/State/Zip _____
Telephone _____

Birthdate _____
Married? Yes No
Children? Yes No

4. Name _____
Address _____
City/State/Zip _____
Telephone _____

Birthdate _____
Married? Yes No
Children? Yes No

5. Name _____
Address _____
City/State/Zip _____
Telephone _____

Birthdate _____
Married? Yes No
Children? Yes No

6. Name _____
Address _____
City/State/Zip _____
Telephone _____

Birthdate _____
Married? Yes No
Children? Yes No

B. Stepchildren of this 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

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: _____