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ESTATE PLANNING INFORMATION

Client # 1 Full Name _____

Home Address _____

Home Phone _____ Home e-mail _____

Date & Place of Birth _____ Social Sec. # _____

Occupation _____ Work Phone # _____

Employer & address _____

Cell Phone Number _____ Work e-mail _____

Client # 2 Full Name _____

Home Address _____

Home Phone _____ Home e-mail _____

Date & Place of Birth _____ Social Sec. # _____

Occupation _____ Work Phone # _____

Employer & address _____

Cell Phone Number _____ Work e-mail _____

Referred by _____

What estate planning documents are currently in place? Please provide copies _____

Estate Planning Goals _____

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

Physician _____

Primary Bank _____

Safe Deposit Box
Location & Number _____

FAMILY

Please indicate if any children are not from the current marriage.

	<u>CHILD'S or DEPENDENT'S FULL NAME</u>	<u>ADDRESS</u>	<u>BIRTH DATE</u>	<u>SPOUSE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

	<u>GRANDCHILD'S FULL NAME</u>	<u>ADDRESS</u>	<u>BIRTH DATE</u>	<u>PARENT</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Are both you and your spouse U.S. Citizens?	Yes	No
Does any family member have a mental or physical disability?	Yes	No
Have you or your spouse ever signed a pre- or post-marital agreement?	Yes	No
Do you or your spouse have children from a previous marriage?	Yes	No
Did you or your spouse have substantial assets before you were married?	Yes	No
Are you supporting any adult children?	Yes	No
Are either you or your spouse making payments pursuant to a divorce decree?	Yes	No
Have you ever signed a corporate shareholder or buy-sell agreement?	Yes	No
Have you or your spouse ever filed a gift tax return?	Yes	No
Have you ever been involved in any probate court proceeding?	Yes	No
Do you hold any accounts or own property jointly with anyone other than your spouse?	Yes	No
Are you currently receiving distributions from a trust or estate?	Yes	No
Are you expecting any large inheritances?	Yes	No

Trustee/Executor. Who do you want to act as trustee or executor to manage and distribute your estate?

CLIENT 1

CLIENT 2

1 st	_____	1 st	_____
2 nd	_____	2 nd	_____
3 rd	_____	3 rd	_____

Durable Power of Attorney for Property. If you become unable to make financial decisions who should make them on your behalf?

1 st	_____	1 st	_____
2 nd	_____	2 nd	_____
3 rd	_____	3 rd	_____

Durable Power of Attorney for Health Care. If you become unable to make health care decisions who should make them on your behalf?

1 st	_____	1 st	_____
2 nd	_____	2 nd	_____
3 rd	_____	3 rd	_____

Guardian for Minor Children. Please provide name(s) and address(es).

1st _____
2nd _____

At what age(s) should the children receive their share of the estate? _____

What restrictions, if any, should be placed on the funds? _____

Who should manage your children's inheritance until they reach the specified age(s)? _____

DISPOSITION OF PROPERTY

Identify the individuals, institutions, or charities that should receive your assets upon your death.

A. Personal Effects (collections, jewelry, automobiles, etc.)

B. Specific Gifts of Money

C. Balance of the Estate

If all members of your immediate family are deceased, who should receive your assets?

ASSET INFORMATION

(You may supply personal financial statements or summaries.)

REAL ESTATE

	<u>Property Address</u>	<u>Owner</u>	<u>Mortgage</u>	<u>Value</u>
1.	_____			
2.	_____			
3.	_____			

CHECKING & SAVINGS ACCOUNTS/CDS

	<u>Bank or other institution</u>	<u>Acct. Type & Number</u>	<u>Owner</u>	<u>Value</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

BROKERAGE ACCOUNTS/MUTUAL FUNDS

	<u>Institution</u>	<u>Acct. Number</u>	<u>Owner</u>	<u>Value</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			

STOCKS AND BONDS IN YOUR POSSESSION (Certificates, DRIPs, or Book Entry)

	<u>Company</u>	<u>No. of Shares</u>	<u>Owner</u>	<u>Value</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			

ANNUITIES/LIFE INSURANCE POLICIES

	<u>Company/Policy #</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value/Death Benefit</u>
1.					
2.					
3.					
4.					

IRAS

	<u>Institution/Acct. #</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>
1.				
2.				
3.				
4.				

401(K)/PENSION/PROFIT SHARING PLANS

	<u>Plan Name or Sponsor/Acct. #</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>
1.				
2.				
3.				
4.				

DEFERRED COMPENSATION PLANS, STOCK OPTIONS OR NON-QUALIFIED PLANS

	<u>Plan Name or Sponsor/Acct. #</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>
1.				
2.				
3.				
4.				

Please provide a copy of the front page of the most current statement for each plan listed.

CLOSELY HELD BUSINESS INTERESTS

Name of
Company

State of Incorporation
or Organization

C Corp

S Corp

Please provide most recent financial statements.

Owner and number of shares
owned

Partnership or LLC interests

Please provide copies of all Partnership Agreements, Shareholder Agreements, and LLC Operating Agreements.

FINANCIAL SUMMARY

ASSET VALUES

Real Estate

Bank Accounts

Brokerage Accounts/Mutual Funds

Stocks & Bonds in Your Possession

Annuities/Life Insurance Policies

Qualified Retirement Plans
(IRAs/401(k)/Pensions/Profit Sharing Plans)

Deferred Compensation Plans, Stock Options or
Non-Qualified Plans

Closely Held Business Interests

TOTAL

LIABILITIES

Mortgages

Loans/Notes

Other liabilities

TOTAL

NET WORTH (Assets minus Liabilities)