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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 _____

Goals for Meeting _____

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 (NON-TAX QUALIFIED, NOT IRA OR 401K)

	<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 _____

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) _____