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Of Counsel
Richard E. Dessimoz

Date of Meeting _____

ESTATE PLANNING INFORMATION

Client #1

Full Legal Name

Home Address

City, State Zip

Preferred Phone

Preferred e-mail

Date & Place of Birth

Social Sec. #

Employer & address

Client #2

Full Legal Name

Home Address

City, State Zip

Preferred Phone

Preferred e-mail

Date & Place of Birth

Social Sec. #

Employer & address

Referred by

Goals for meeting/
Completion Date

ITEMS REQUIRED FOR INITIAL MEETING

Copies of current Estate Planning documents, recorded deeds for real estate, statements for financial accounts, and current beneficiary designations on all accounts, 401(k)'s IRA's and life insurance policies.

Accountant _____

Financial Advisor _____

Can we share your estate planning documents with your financial advisor? _____

Physician _____

FAMILY

CHILD(REN) OR DEPENDENT(S) FULL NAME ADDRESS PHONE # BIRTHDATE PARENT

1. _____

2. _____

3. _____

4. _____

5. _____

GRANDCHILD'S FULL NAME ADDRESS (IF DIFFERENT FROM PARENT) BIRTHDATE PARENT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
8. _____
10. _____

Trustee/Executor Who do you want to act as trustee or executor to manage and distribute your estate? Please provide name, address and phone number.

CLIENT 1

1. _____
2. _____
3. _____

CLIENT 2

1. _____
2. _____
3. _____

Durable Power of Attorney for Property If you become unable to make financial decisions, who should make them on your behalf? Please provide name, address and phone number.

CLIENT 1

1. _____
2. _____
3. _____

CLIENT 2

1. _____
2. _____
3. _____

Durable Power of Attorney for Health Care If you become unable to make health care decisions, who should make them on your behalf? Please provide name address and phone number.

Have you ever signed a Practitioner Order For Life-Sustaining Treatment (POLST) Form? _____

CLIENT 1

1. _____
2. _____
3. _____

CLIENT 2

1. _____
2. _____
3. _____

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

1. _____
2. _____

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

Who should manage your children's inheritance until they reach the specified age(s)? Please provide name, address and phone number. _____

Cremation and Burial Instructions. Please provide cremation or burial instructions.

DISPOSITION OF PROPERTY

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

A. Personal Effects (collections, jewelry, automobiles, etc.) Please provide a list of specific items to be distributed.

B. Provision for Pet(s). Please provide amount you would like to leave for your pet(s), who will be taking care of your pet(s) (name, address and phone number).

C. Specific Gifts of Money.

D. Balance of the Estate – who will receive your estate after all expenses and taxes are paid?

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

Asset Information

(You may supply personal financial statements or summary)

Please provide copies of current statements for each account, the recorded deed for any real estate interests, and all beneficiary designations.

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.	_____			

SAFE DEPOSIT BOX

	<u>Location & Number</u>	<u>Owner(s)</u>
1.	_____	

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 NOT INCLUDED ABOVE (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

Institution/Acct. # Owner Beneficiary Value

1. _____
2. _____
3. _____
4. _____

401(K)/PENSION/PROFIT SHARING PLANS

Plan Name or Sponsor/Acct. # Owner Beneficiary Value

1. _____
2. _____
3. _____
4. _____

DEFERRED COMPENSATION PLANS, STOCK OPTIONS OR NON-QUALIFIED PLANS

Plan Name or Sponsor/Acct. # Owner Beneficiary Value

1. _____
2. _____
3. _____
4. _____

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) _____

To the best of my/our knowledge the foregoing accurately reflects our personal and financial information.

Signature

Date

Signature

Date

