

Personal Information Form

For

The Singer Law Firm
2653 Locust Street, Suite A
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Instructions

Please complete the following form to the best of your ability. If you have any questions or need assistance, please contact our office. You may attach copies of any account statements or documentation pertaining to any asset if you are not certain how to complete any section. Please return this form to our office as soon as possible.

PERSONAL INFORMATION

(Please Print)

Date Completed _____

Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Married: _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Client # 2

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

CHILDREN'S INFORMATION

Child # 1

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

Ages

Special Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 2

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

Ages

Special Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 3

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 4

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 5

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
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_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS

Friends or relatives who are dependents.

Dependent # 1

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Dependent # 2

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Financial Advisor: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Family Attorney: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Stock Broker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Life Insurance Agent: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Personal Banker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

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 any adopted children?		
Do any of your children have special education, 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?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post-marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you and your spouse United States citizens?		
If you answered “NO,” are either you or your spouse a resident or a non-resident alien?		

**ISSUES TO CONSIDER IN CONNECTION WITH
YOUR ESTATE PLANNING**

Your Disability.

You may direct your doctor and your family to refrain from using “heroic” or other life prolonging procedures and measures in the event you become fatally injured or ill. You should consider whether you would like to have a “**living will**” to express your preferences and directions in these matters. Please indicate what your wishes would be in this situation.

Husband: _____

Wife: _____

Fiduciaries for You.

Guardians, Conservators, Executors, Personal Representatives and Trustees are referred to as “**fiduciaries.**” Generally, a fiduciary is a person or company entrusted with the safekeeping, management and administration of the affairs of others.

A note with respect to Fiduciaries: a fiduciary may be either an individual or a corporate entity (Trust Companies or Bank Trust Departments), and each type of fiduciary has its own characteristics. **Corporate** Fiduciaries have the advantages that they do not die or become disabled, they are financially accountable for their mistakes, they are impartial as to children and other beneficiaries (this may prevent children from becoming bitter towards an individual fiduciary who happens to be a friend or relative, and who doesn’t make distribution every time the children ask for something), they are professional money managers and investors and have tax and accounting expertise, and they keep current with the constant changes in the laws. On the other hand, **Individual** Fiduciaries have several different advantages: a relative or friend may not charge a fee (the fee charged by a Corporate Fiduciary may be quite significant), a relative may have a more personal interest in you or your children, and an individual may have special expertise which is important to you (for example, running the family business). **One Option:** You may use an individual and a corporate fiduciary, to obtain the advantages of each.

A. Health Care Decision-Makers - A guardian is a person appointed by the Probate Court to make and be responsible for personal and medical decisions for another person who is incapacitated and cannot do so himself. You may appoint someone in a Durable Power of Attorney for Health Care Matters **to make health care decisions for you**, in the event you become incapacitated, so that a Probate Court proceeding to appoint a guardian is not required. You should consider several alternates for that responsibility. These persons need **not** be the same as those who would assist you with your finances. Include the names of those you would name to make health care decisions for you, and their relationships to you.

For Husband

For Wife

(1) _____ (1) _____

(2) _____ (2) _____

(3) _____ (3) _____

B. Attorneys-In-Fact and Trustees - A Conservator is a person appointed by the Probate Court to manage and “conserve” the financial resources of another person who is disabled and cannot do so for himself, and to use those resources for the welfare of the disabled person. You may appoint an “Attorney-in-Fact” by an instrument called a Durable Power of Attorney, as your agent to manage

your business and financial affairs for you (everything from paying your everyday bills and balancing your checkbook, to paying taxes and making investments), in the event you become incapacitated, so that a Probate Court proceeding to appoint a Conservator is not required. Include names and relationships.

If you have or create a living trust, the person you name as Attorney-In-Fact will probably also be named as **Trustee** of the trust; this person will then assume all responsibilities for managing your financial affairs after you become disabled, and will **also** be responsible for carrying out your trust instructions and distributions.

In naming people to as Attorney-In-Fact or Trustee, you should carefully consider their ability to invest and manage finances. These persons need **not** be the same as those who would make your health care decisions. Again, please include names and relationships.

<u>For Husband</u>	<u>For Wife</u>
(1) _____	(1) _____
(2) _____	(2) _____
(3) _____	(3) _____

C. Executors or Personal Representatives - A Personal Representative (formerly often called an “executor”) is the person or company responsible for administering the probate of a decedent’s estate, that is, collecting all of the assets, paying debts, filing tax returns and distributing the remainder of the estate according to the terms of a Will (or, if the decedent dies with no Will, by the laws of intestacy). Every estate plan includes a Will.

You should consider who might best handle these responsibilities, based upon the nature and complexity of your estate and the qualifications of those you would consider, and you should name alternates in case your choice is unable to serve as Personal Representative. You may wish to name the same individuals (and/or corporate Trustee) you named as Attorneys-in-Fact and/or Trustees to serve as Personal Representatives.

<u>For Husband</u>	<u>For Wife</u>
(1) _____	(1) _____
(2) _____	(2) _____
(3) _____	(3) _____

Fiduciaries for Your Minor Children.

A. Guardians - If you have children under the age of 18, you may appoint one or more persons to serve as their **Guardian** in the event of your death or disability, and thus avoid the necessity of a Probate court proceeding to appoint a Guardian. You should also name one or more **Successor Guardians** in case the first is unable to serve. The Guardian does **not** have to be the same person who would manage finances for your children. Please consider who (such as a relative or close friend) might be best able to raise and care for your children and see to their upbringing and education. If you choose a married couple to serve together as Guardian, consider your wishes in the event they divorce or if one of them dies. **Factors to consider** in selecting a Guardian include: the age and health of proposed Guardians; their personal and financial situations; the number and ages of their own children; the ages of your children and the number of them still minors; and the faiths, philosophies and attitudes of everyone involved.

- (1) _____ (2) _____
- (3) _____ (4) _____

B. Conservators and Trustees - If you have minor children, your estate plan will include a Trust or custodianship to hold property for their benefit in the event of your death. With these arrangements, your family won't have to go to Court to have a **Conservator** appointed to manage the financial resources available to your children. If you execute a Trust, the **Trustee** you name in the Trust would manage finances for your children. If you execute a Will alone, the Will itself will name the **Trustee** and contain provisions governing how property is to be held for your children. In naming people to serve as Trustee for your children, you should carefully consider their ability to invest and manage finances. You should name several alternative people as Trustee, in case the first is unable to serve. These persons need **not** be the same as those who would care for your children as Guardian.

- (1) _____ (2) _____
- (3) _____ (4) _____

Distributions to Your Children After Your Death.

Many people like to distribute portions of their estate to their children at different times; for example, you might direct your Trustee to distribute a child's trust in thirds at ages 25, 30 and 35. Alternatively, you may wish to retain your children's shares in trust for life. (Your trust could even be set up to continue for as many future generations of your descendants as is permissible under the law of your State.) Consider the **amount** of assets that might be available, and the ages of your children, to select a time frame that is appropriate for your family.

Additional Information Regarding Beneficiaries.

Please list any other beneficiaries to be named to receive a gift after your death.

	NAMES OF PARENTS/ SIBLINGS/ FRIENDS/ CHARITIES OR OTHER BENEFICIARIES	ADDRESS	RELATIONSHIP	AMOUNT OR PERCENTAGE OF GIFT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Other issues to consider concerning your beneficiaries would be: Do you have any beneficiaries with special educational, medical or physical **needs**? Do you wish to **disinherit** any relatives?

Final Beneficiaries Upon a Disaster.

If none of the primary beneficiaries you named survive to receive the ultimate distribution of your estate, to what more distant family members, friends or charities should your assets be given? An example would be 1/2 to husband's family and 1/2 to wife's family, or specific individuals could be named. _____

Additional Information.

Please use the following space to note any questions or ideas that may have occurred to you that don't necessarily fit within any previous section. Other issues for further discussion may include creditor protection or particular estate planning techniques which interest you.

FINANCIAL DETAILS

It is very important to complete these next few pages. We need to have your estimate of the approximate values of your assets (round numbers are fine), as well as the exact way they are owned either (1) by individuals as separate property, or (2) in joint tenancy or community property).

CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (*Indicate type below for all bank and credit union accounts.*) If the Trustmaker is named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market “MM” ♦ Investment Account “IA” ♦ Cash Management “CM” ♦ or Other Account “OA”. *(Indicate type below for all investment and street accounts.)* If the Trustmaker holds individual stock certificates, please indicate those under “Stocks” on the following page. If the Trustmaker is named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this account pledged as collateral on any loans?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this account pledged as collateral on any loans?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this account pledged as collateral on any loans?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this account pledged as collateral on any loans?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOTAL \$ _____

STOCKS

Please list any **stock certificates** that are in the Trustmaker's possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts". If the Trustmaker is named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TOTAL \$ _____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. *(Indicate type below and give a lump sum value for miscellaneous items.)*

Type	Owner	Value	Indicate Primary Driver for Automobiles	Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

Name of Car Insurance Agent _____			
Policy # _____			
Company _____			
Address _____		City _____	State _____ Zip _____

Phone # _____	Fax # _____	E-Mail _____	

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)* Please provide a copy of the Retirement Plan Summary Agreement.

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

PENSION PLANS

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care *(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation")*.

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash
Value						
_____	_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____		
Primary Beneficiary: _____		Secondary Beneficiary: _____				
Is this insurance policies pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash
Value						
_____	_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____		
Primary Beneficiary: _____		Secondary Beneficiary: _____				
Is this insurance policies pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash
Value						
_____	_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____		
Primary Beneficiary: _____		Secondary Beneficiary: _____				
Is this insurance policies pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash
Value						
_____	_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____		
Primary Beneficiary: _____		Secondary Beneficiary: _____				
Is this insurance policies pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Face Amount TOTAL \$ _____

ANNUITIES

Please provide a copy of each annuity contract.

Company Name	Annuitant	Account #	Owner	Face Amount \$_____	Cash Value \$_____
Address:		Phone:_____		Agent:_____	
Primary Beneficiary:		Secondary Beneficiary:			
Are regular distributions occurring from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

Company Name	Annuitant	Account #	Owner	Face Amount \$_____	Cash Value \$_____
Address:		Phone:_____		Agent:_____	
Primary Beneficiary:		Secondary Beneficiary:			
Are regular distributions occurring from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

Company Name	Annuitant	Account #	Owner	Face Amount \$_____	Cash Value \$_____
Address:		Phone:_____		Agent:_____	
Primary Beneficiary:		Secondary Beneficiary:			
Are regular distributions occurring from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

Company Name	Annuitant	Account #	Owner	Face Amount \$_____	Cash Value \$_____
Address:		Phone:_____		Agent:_____	
Primary Beneficiary:		Secondary Beneficiary:			
Are regular distributions occurring from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

TOTAL \$ _____

BONDS

TYPE: US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*) If the Trustmaker is named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Owner	Face Value	Social Security # on Bond Face
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL \$ _____

MONIES OWED

TYPE: List anyone that owes the Trustmaker money ♦ Promissory notes payable to the Trustmaker
(Please provide a copy of any promissory notes.)

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that the Trustmaker owns.
(Please provide a copy of the Partnership or LLC Agreement.)

Name of Partnership or LLC _____
Owners _____ Value _____
Who holds Partnership or LLC papers _____ Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company
Name of General Partner or Managing Member _____

Name of Partnership or LLC _____
Owners _____ Value _____
Who holds Partnership or LLC papers _____ Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company
Name of General Partner or Managing Member _____

TOTAL \$ _____

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

(Please provide a copy of the Corp. book and any Buy/Sell agreements, if applicable.)

Company	Address	Phone:
Number of Shares	% of Ownership	
Owner	Value	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Address	Phone:
Number of Shares	% of Ownership	
Owner	Value	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Address	Phone:
Number of Shares	% of Ownership	
Owner	Value	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TOTAL \$ _____

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned in a sole proprietorship type of business.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

TOTAL \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that are expected at some time in the future; or monies that are anticipated through a judgment in a lawsuit.

Description	Value
_____	_____
_____	_____

TOTAL \$ _____

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

TOTAL \$ _____

OTHER ASSETS

TYPE: Any asset that does not fit into any other listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year was this property purchased? _____		What was the purchase price? _____	
Please provide a copy of the Title Insurance Policy			

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year was this property purchased? _____		What was the purchase price? _____	
Please provide a copy of the Title Insurance Policy			

TOTAL \$ _____

ASSETS*

Client

Spouse

AMOUNT

Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Oil, Gas, and Mineral Interests		
Other Assets		
Real Property		
TOTAL ASSETS		

LIABILITIES

Client

Spouse

AMOUNT

Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
ANNUAL INCOME		

* The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co-ownership with someone other than a spouse, the full value of that asset should be reported under that person's column.