## FAMILY INFORMATION

| Your name and date of birth:        |   |  |
|-------------------------------------|---|--|
| Your Social Security Number:        |   |  |
| Spouse's name and date of birth:    |   |  |
| Spouse's Social Security Number:_   |   |  |
| Home Address:                       |   |  |
|                                     |   |  |
| Phone Number(s): Home:              |   |  |
| Email Address:                      |   |  |
| Your occupation and employer:       |   |  |
| Spouse's occupation and employer:   |   |  |
|                                     | n:                                      |  |
| Names of other dependents:          |   |  |
| Social Security Number for each de  | ependent:                               |  |
| NAME:                               | NUMBER:                                 |  |
| NAME:                               | NUMBER:                                 |  |
| Special family circumstances (e.g., | prior marriage, adopted child, disabled |  |
| dependent, special needs, etc.):    |   |  |
|                                     |   |  |
|                                     |   |  |

## FINANCIAL INFORMATION

NOTE: Fill in the blanks below with the approximate current values (best estimates are fine) of your assets. Please note in parentheses any mortgages or liens against an asset:

|                        | Titled in<br>Your Name | Titled in<br>Spouse's Name | Jointly Titled<br>or Untitled |
|------------------------|------------------------|----------------------------|-------------------------------|
| Assets                 | 1001110                | Spoulde a Traine           | 01 0120200                    |
| Family Home            |                        |                            |                               |
| Other Real Estate      |                        |                            |                               |
| Furnishings, silver,   | etc                    |                            |                               |
| Automobiles            |                        |                            |                               |
| Art, collections, etc. |                        |                            |                               |
| Bank Accounts          |                        |                            |                               |
| Money Market Fund      | ls                     |                            |                               |
| Stocks                 |                        |                            |                               |
| Bonds                  |                        |                            |                               |
| Stock/Bond Funds       |                        |                            |                               |
| Pension/Profit Shari   | ing                    |                            |                               |
| IRA                    |                        |                            |                               |
| Family Business Int    | erest                  |                            |                               |
| Others                 |                        |                            |                               |

## LIFE OR DISABILITY INSURANCE

|        |  | Insured         | Owner      | Beneficiary            | Face Amount<br>less loans |  |  |  |
|--------|--|-----------------|------------|------------------------|---------------------------|--|--|--|
| Group  | or through work_   |                 |            |                        |                           |  |  |  |
| Person | nal Policies   |                 |            |                        |                           |  |  |  |
|        |  |                 |            |                        |                           |  |  |  |
|        |  |                 | INCOME IN  | FORMATION              |                           |  |  |  |
| Your i |  |                 |            |                        |                           |  |  |  |
| Spouse | e's income per anr   | num (list all s | sources):  |                        |                           |  |  |  |
|        |  | PRE             | -CONFERENC | E QUESTIONNAIRE        |                           |  |  |  |
| A.     | Please consider t any question the   |                 |            | neeting and note in yo | our answers               |  |  |  |
| В.     | B. Do you have an existing will? If so, have you reviewed your existing will to see which provisions may still apply and which should be changed?                              |                 |            |                        |                           |  |  |  |
| C.     | C. Are either you or your spouse a non-U.S. citizen?   |                 |            |                        |                           |  |  |  |
| D.     | D. Have you ever filed a gift tax return?  |                 |            |                        |                           |  |  |  |
| E.     | E. Are you involved in any way with a trust, either as a Settlor (creator), beneficiary, or trustee? If so, please bring a copy of the trust document with you to our meeting. |                 |            |                        |                           |  |  |  |

 $F. \ \ Have you considered making bequests of specific property to anyone in your will (s)?$ 

- G. Have you considered making any bequests to charities in your will(s)?
- H. Is it likely that you will be receiving an inheritance in the future from a family member or other source?
- I. If you have minor children, who should be given the responsibility of raising them if both parents should die before the children reach age 18? (i.e., their guardians)
- J. Whom would you choose to probate (administer) your will and distribute your estate on your death? (i.e., your executor/administrator/personal representative)
- K. Who should make the investment decisions and determine distribution of any trust that your Will may create, including managing money for your children? (i.e., your trustee)
- L. If you create a trust in your will, should your children or grandchildren be given the right to withdraw a certain amount of trust principal at a certain age? (for example: 1/2 at age 25, 1/2 at age 30)
- M. Who should be the beneficiaries of your estate if no descendants survive you? Possible choices include parents, siblings, nieces and nephews or charities.
- N. Do you have an existing Power of Attorney for financial matters?
- O. Who do you trust to make financial decisions for you if you could not?
- P. Do you have an existing Power of Attorney for medical decision-making?
- Q. Which two people do you trust to make medical decisions for you if you could not?
- R. Do you have an existing living will? Do you wish to donate your organs?
- S. Have you signed any other Powers of Attorney at any time?
- T. If there were no tax consequences, to whom would you give your property and at what time?
- U. What questions do you have regarding your estate and financial planning?
- V. Where do you keep your valuable papers?

Please put together copies of all relevant documents for our meeting, including:

Will(s) Deeds to Property
Bank Books Life Insurance Policies

Powers of Attorney Living Wills

Stock Certificates Mutual Fund Documents
Bonds or CDs Appraisal Documents