

CONFIDENTIAL
CLIENT ESTATE PLAN INFORMATION REPORT
(Please Print)

Today's Date: _____

Referred By: _____

1. PERSONAL INFORMATION:

Husband

Wife

Full Name-

First, Middle, Last: _____

Title: Dr. / Mr.

Dr. / Mrs. / Ms.

Soc. Sec #: _____

Birth date: _____

Are you a U.S. Citizen? Yes / No

Yes / No

Work Telephone: (____) _____

(____) _____

Date of marriage: _____ Do you have a Premarital Agreement? Yes / No

Have you ever been married before? Yes / No

Yes / No

If yes: Was there a marital settlement agreement? Yes / No

Yes / No

Husband's nickname or aka's: _____

Husband's Preferred Name for signing legal documents

Husband's Preferred Name to take title as Trustee

Print Husband's Signing Initials

Print Wife's Signing Initials

Wife's nickname or aka's: _____

Wife's Preferred Name for signing legal documents

Wife's Preferred Name to take title as Trustee

Home Address: _____

City

County

State

Zip

Home Telephone: (____) _____

E-mail Address: _____

Distribution Designations:

Primary Beneficiaries:

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

_____	_____	_____
Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

Contingent Beneficiaries: If any of your primary beneficiary(ies) die before the complete distribution of their trust share, please list the contingent beneficiaries (i.e., their spouse, their children, the remaining beneficiaries, other family members, friends):

List any Specific Bequests of personal or real property (Beneficiary and Item):

4. WILL(S) INFORMATION:

Guardians (if minor children):

_____		_____	
Name(s)		Relationship to Husband/Wife (circle one)	

Address	City	State	Zip

Alternate Guardian(s):

_____		_____	
Name(s)		Relationship to Husband/Wife (circle one)	

Address	City	State	Zip

Executors:

Will Executors be different than Trustees? Yes / No If yes, complete below.

For Husband:	_____	_____
	Name	Relationship
First Alternate:	_____	_____
	Name	Relationship
Second Alternate:	_____	_____
	Name	Relationship
For Wife:	_____	_____
	Name	Relationship
First Alternate:	_____	_____
	Name	Relationship
Second Alternate:	_____	_____
	Name	Relationship

Husband's Signing Initials: _____ Wife's Signing Initials: _____

- 5. **PRESENT WILLS OR TRUSTS** - If you presently have a will and/or trust, please attach a copy or bring it to interview.
- 6. **POWERS OF APPOINTMENT** Do you have any Powers of Appointment? Yes / No

ASSET INFORMATION

PLEASE PROVIDE COPIES OF ANY DEEDS OF REAL PROPERTY YOU OWN, THE MOST RECENT MONTHLY FINANCIAL INSTITUTION STATEMENTS, AND LIFE INSURANCE POLICIES.

CASH

NAME OF INSTITUTION/ACCOUNT NUMBER	TYPE OF ACCOUNT	AVERAGE BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES RECEIVABLE

NAME OF DEBTOR	DATE OF NOTE	DATE NOTE DUE	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

BONDS

DESCRIPTION (U.S. SAVINGS BONDS, CORPORATE, MUNICIPAL, ETC.)	OWNER	FACE VALUE
_____	_____	_____
_____	_____	_____

REAL ESTATE

General description and/or address

If real property is/was owned by joint tenancy, please describe all changes in title, if known (i.e., did either party own the property prior to current ownership).

CORPORATE BUSINESS INTERESTS

COMPANY	NUMBER OF SHARES
_____	_____
_____	_____
_____	_____

STOCKS

COMPANY	NUMBER OF SHARES
_____	_____
_____	_____
_____	_____

PARTNERSHIP INTERESTS

PARTNERSHIP NAME	PERCENTAGE OF PARTNERSHIP INTEREST	
	GENERAL PARTNER	LIMITED PARTNER
_____	_____	_____
_____	_____	_____

SOLE PROPRIETORSHIP BUSINESS INTEREST

NAME OF BUSINESS	DESCRIPTION OF BUSINESS
_____	_____
_____	_____

FARM AND RANCH INTERESTS

Description (livestock, machinery, leases, etc.)

OIL AND GAS INTERESTS

Description (lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.)

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGEMENT

Description _____

RETIREMENT PLANS

TYPE OF PLAN	COMPANY	BENEFICIARY UPON YOUR DEATH	PERCENT VESTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL EFFECTS AND OTHER ASSETS

(Furniture, automobiles, jewelry, collectibles, and other personal assets of more than nominal value)

Total estimate fair market value: \$ _____

LONG TERM CARE INSURANCE POLICIES

Policy Number and Company _____

Insured _____ Owner _____

Who Pays Premium _____

LIFE INSURANCE POLICIES

Policy Number and Company _____
Type _____ Insured _____
Owner _____
Primary Beneficiary _____ Secondary _____
Who Pays Premium _____ Cash Value _____
Amount of Loans on Policy _____ Face Amount _____

LIFE INSURANCE/ANNUITY POLICIES

Policy Number and Company _____
Type _____ Insured _____
Owner _____
Primary Beneficiary _____ Secondary _____
Who Pays Premium _____ Cash Value _____
Amount of Loans on Policy _____ Face Amount _____

Policy Number and Company _____
Type _____ Insured _____
Owner _____
Primary Beneficiary _____ Secondary _____
Who Pays Premium _____ Cash Value _____
Amount of Loans on Policy _____ Face Amount _____

Policy Number and Company _____
Type _____ Insured _____
Owner _____
Primary Beneficiary _____ Secondary _____
Who Pays Premium _____ Cash Value _____
Amount of Loans on Policy _____ Face Amount _____

List any additional information on a separate sheet of paper. Thank you.