

**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 Name Exactly as it Appears on Driver's License

\_\_\_\_\_  
Husband's Preferred Name for Signing Legal Documents

\_\_\_\_\_  
Print Husband's Signing Initials

\_\_\_\_\_  
Print Wife's Signing Initials

Wife's nickname or aka's: \_\_\_\_\_

\_\_\_\_\_  
Wife's Name Exactly as it Appears on Driver's License

\_\_\_\_\_  
Wife's Preferred Name for Signing Legal Documents

Home Address: \_\_\_\_\_

City

County

State

Zip

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Husband's Preferred E-mail Address: \_\_\_\_\_

Wife's Preferred 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.**

Do you currently have a financial planner?  Yes  No      If yes, please provide the name and telephone number: \_\_\_\_\_

**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**

Address(es) (or legal description for vacant land) including county and state:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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).

**STOCKS**

COMPANY	NUMBER OF SHARES
_____	_____
_____	_____
_____	_____

**CORPORATE BUSINESS INTERESTS**

COMPANY	NUMBER OF SHARES
_____	_____
_____	_____
_____	_____

**LIMITED LIABILITY COMPANY INTERESTS**

COMPANY	PERCENTAGE OF INTEREST
_____	_____
_____	_____
_____	_____

**PARTNERSHIP INTERESTS**

PARTNERSHIP NAME	<u>PERCENTAGE OF PARTNERSHIP INTEREST</u>	
	GENERAL PARTNER	LIMITED PARTNER
_____	_____	_____
_____	_____	_____

**SOLE PROPRIETORSHIP BUSINESS INTEREST**

NAME OF BUSINESS	DESCRIPTION OF BUSINESS
_____	_____
_____	_____

**FARM AND RANCH INTERESTS**

Description (livestock, machinery, leases, etc.)

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**OIL AND GAS INTERESTS**

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

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**ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGEMENT**

Description \_\_\_\_\_

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**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)

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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.**