

**CONFIDENTIAL**  
**CLIENT ESTATE PLAN INFORMATION REPORT**  
**(Please Print)**

Today's Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

**1. PERSONAL INFORMATION:**

Full Name

First, Middle, Last: \_\_\_\_\_

Title: Dr. / Mr. / Mrs. / Ms.

Nickname or aka's: \_\_\_\_\_

Soc. Sec #: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Preferred Name for signing legal documents: \_\_\_\_\_

Preferred Name to take title as Trustee: \_\_\_\_\_

Signing Initials: \_\_\_\_\_

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

\_\_\_\_\_  
City County State Zip

Home Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Have you ever been married? Yes / No Ended by: [ ] Legal Separation [ ] Divorce [ ] Death

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

**2. FAMILY INFORMATION:**

List name(s), gender and date(s) of birth of all children:

N=Natural  
A=Adopted  
S=Step-Child

**Full Names of Children:**

**Date of Birth:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any deceased children? Yes / No      If YES, please provide name(s) and date of birth and date of death.

\_\_\_\_\_

Did your deceased child leave any children? (If yes, please provide names and birth dates)

\_\_\_\_\_

\_\_\_\_\_

**3. TRUST INFORMATION:**

**Trustees:**

Is Client the initial trustee? Yes / No

If not:

Initial Trustee(s): \_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

Please list the successor trustee(s).

1st Successor: \_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

2nd Successor: \_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

**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		
_____			
Address	City	State	Zip

**Alternate Guardian(s):**

_____	_____		
Name(s)	Relationship		
_____			
Address	City	State	Zip

**Executors:**

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

Primary:	_____	_____
	Name	Relationship
First Alternate:	_____	_____
	Name	Relationship
Second Alternate:	_____	_____
	Name	Relationship

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	TYPE OF ACCOUNT	ACCOUNT NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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	<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.)

\_\_\_\_\_

\_\_\_\_\_

**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.**