

PERSONAL INFORMATION

Full Legal Name _____
 Signature Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 County _____ E-Mail _____
 Home Telephone _____ Cell Phone _____
 Employer _____ Business Phone _____

 Date of Marriage _____

Spouse's Legal Name _____
 Signature Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 County _____ E-Mail _____
 Home Telephone _____ Cell Phone _____
 Employer _____ Business Phone _____

ADVISORS

Name of:	Telephone:
Attorney: _____	_____
Accountant: _____	_____
Financial Advisor: _____	_____
Personal Banker: _____	_____
Life Insurance Agent: _____	_____
Stock Broker: _____	_____
Trustee (if any): _____	_____
Who Referred You: _____	_____

CHILDREN AND/OR OTHER DEPENDENTS

Full Legal Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 County _____ Home Telephone _____

Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both Husband Only Wife Only

Full Legal Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 County _____ Home Telephone _____

Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both Husband Only Wife Only

Full Legal Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 County _____ Home Telephone _____

Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both Husband Only Wife Only

Full Legal Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 County _____ Home Telephone _____

Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both Husband Only Wife Only

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you support any charitable organizations now that you wish to make provisions for at the time of your death?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse currently the beneficiary of anyone else's trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse receiving Social security, Disability, or other governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary, or other major financial support, to adult children or others?	<input type="checkbox"/>	<input type="checkbox"/>
Have either of you or your spouse been divorced or widowed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement agreement? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever signed a pre- or post-marriage agreement or contract? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse been widowed? <i>(If a federal estate tax return or state death tax return was filed, please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
In what states have you lived with your current spouse? During what periods of time did you reside there? _____ _____		
Have you or your spouse ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse completed previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are both you and your spouse United States citizens? If you answered "No", who is not and are you (spouse) a nonresident alien? _____	<input type="checkbox"/>	<input type="checkbox"/>

PERSONS TO ACT FOR YOU

GUARDIANS FOR YOUR CHILDREN

Who would you appoint to care for your children if you both are unable to care for them? If you do not know, I will help you decide who is appropriate.

Name and Address

Relationship

_____	_____
_____	_____
_____	_____

DISABILITY TRUSTEE/POWER OF ATTORNEY AGENT

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? If you do not know, I will help you decide who is appropriate.

FOR HUSBAND

Name and Address

Relationship

_____	_____
_____	_____
_____	_____

FOR WIFE

Name and Address

Relationship

_____	_____
_____	_____
_____	_____

CARETAKER FOR YOUR PETS

Who would you ask to care for your pets if you both are unable to care for them?

EXECUTOR/SUCCESSOR TRUSTEE

After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? If you do not know, I will help you decide who is appropriate.

FOR HUSBAND

Name and Address

Relationship

_____	_____
_____	_____
_____	_____

FOR WIFE

Name and Address

Relationship

_____	_____
_____	_____
_____	_____

MEDICAL DECISION MAKERS

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? If you do not know, I will help you decide who is appropriate.

FOR HUSBAND

Name and Address

Phone number(s)

_____	_____
_____	_____
_____	_____

FOR WIFE

Name and Address

Phone number(s)

_____	_____
_____	_____
_____	_____

SPECIFIC GIFTS

Are there any specific assets or cash amounts that you would like to leave to certain people or charities? Indicate whether these gifts are to be made even if the other spouse is alive.

FOR HUSBAND:

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?
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FOR WIFE:

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?
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DIVISION OF THE REST OF OUR PROPERTY

How would you like to divide the remainder of your estate after personal property and specific gifts have been distributed?

FOR HUSBAND:

- ALL TO MY SPOUSE, and then divided between my children and/or grandchildren
- SOME TO MY SPOUSE AND SOME TO BE DIVIDED BETWEEN MY CHILDREN AND/OR GRANDCHILDREN
- TO MY CHILDREN AND/OR GRANDCHILDREN
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

FOR WIFE:

- ALL TO MY SPOUSE, and then divided between my children and/or grandchildren
- SOME TO MY SPOUSE AND SOME TO BE DIVIDED BETWEEN MY CHILDREN AND/OR GRANDCHILDREN
- TO MY CHILDREN AND/OR GRANDCHILDREN
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

INSTRUCTIONS FOR COMPLETING THE *Property Information* CHECKLIST

- General Headings** This *Property Information Checklist* is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your property.
- Type** Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.
- Evidence of Title** This indicates the document, or documents, you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself you will save substantial professional fees.
- “Owner” of Property** How you own your property is extremely important for purposes of properly designing and implementing your comprehensive estate plan. For each property category there is a column titled “Owner”. When filling in this column, please use the following abbreviations:

For Property Owned As:	With:	Use:
Single	If you are single and own property in your name only	I
Community Property	Husband and wife together (not in joint tenancy)	CP
Husband only	No other person. Sole and separate property.	H
Wife only	No other person. Sole and separate property.	W
In Trust Name	Property in a trust which benefits you	T (CP,H,W)
Joint Tenancy	With a spouse	JTS
	With someone other than a spouse	JTO
Tenancy In Common	With a spouse	TCS
	With someone other than a spouse	TCO
Unknown	If you cannot determine how the property is owned	?

BANK ACCOUNTS

Type: Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD" (*Indicate type below*).

Evidence of Title: Bank statement or a copy of the application you signed to open the account.

Note: If account is in your name (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Institution	Type	Account Number	Owner	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
			Total	\$ _____

REAL PROPERTY YOU OWN

Type: Land, buildings, homes. If you have an interest in land or buildings that you own in partnership with someone other than your spouse, you should list those under the "Partnership Interests" section. If two or more names are on a deed or contract that does not state the type of ownership, enter the property below and please use "?" for owner.

Evidence Of Title: Deed or land contract (Do not use mortgage or tax assessment.)

General Description and/or Address	Owner	Fair Market Value	Mortgage
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
		Total	\$ _____

BROKERAGE AND MUTUAL FUND ACCOUNTS (DO NOT INCLUDE RETIREMENT ACCOUNTS)

Type: Money Market "MM", Investment "I", Cash Management "CM", or other account that is in a street name (*Indicate type below*).

Evidence of Title: Account statement or the documents you signed to set up the account..

Note: If account is in your (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Brokerage Firm Or Mutual Fund	Type	Account Number	Owner	Current Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
			Total	\$ _____

STOCK AND BOND CERTIFICATES HELD BY YOU (NOT IN A BROKERAGE ACCOUNT)

Type: Stock in publicly owned corporations which is traded on an exchange or over the counter. (Stock owners in family, or nonpublicly traded companies, should be listed under "Corporate Business Interests". Stocks held in a street name, or investment account, should be listed under "Brokerage and Mutual Fund Accounts".)

Evidence Of Title: Stock certificate.

Company	Owner	Number of Shares	Fair Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			Total \$ _____

STOCK OPTIONS HELD BY YOU

ISO/NQSO	Company	Owner	Number of Shares	Strike Price	Current Stock Price
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
					Total \$ _____

TRUST DEEDS, NOTES, AND OTHER RECEIVABLES OWED TO YOU

Type: Mortgages or promissory notes payable to you; other monies owed to you.

Evidence Of Title: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date Due	Owed To	Payment (mo/yr)	Current Balance
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
				Total \$ _____

YOUR PARTNERSHIP AND LLC INTERESTS

Type: General/Limited Partnerships and Limited Liability companies. Please state the percentage interest you have in the partnership when you list your interest as a general/limited partner or member.

Evidence Of Title: Partnership/LLC agreement, certificate of partnership, or any documents you signed when purchasing the partnership/LLC interest. Include any buy/sell agreements.

Partnership Name	Percentage Owned		Owner	Net Value
	General Partner	Ltd Partner/Member		
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
			Total	\$ _____

YOUR CORPORATE BUSINESS INTERESTS

Type: Privately owned (nonpublicly traded) stock. *(Please indicate if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

Evidence of Title: Stock certificate or minute book.

Company	Number of shares	Buy/Sell Agreement (Y / N)	Percentage Ownership	Owner	Net Value
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
				Total	\$ _____

YOUR SOLE PROPRIETORSHIP BUSINESS INTERESTS

Type: All of the assets used by you in a sole proprietorship type of business ownership.

Evidence Of Title: Balance Sheet, depreciation schedule, registration or title issued by your state, bills of sale, fictitious name or trade name affidavit. Since a sole proprietorship is an amalgamation of assets, each asset must have evidence of title.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total			\$ _____

YOUR FARM AND RANCH INTERESTS (ENTER LAND AND BUILDING VALUES IN REAL ESTATE)

Type: Livestock, machinery, leases and all business assets.

Evidence Of Title: If your farm or ranch operation is owned by a corporation, partnership, or LLC, enter it in the appropriate section. If it is in your name, enter it here. Describe each asset.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

YOUR OIL, GAS AND MINERAL INTERESTS

Type: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Evidence Of Title: Lease agreement, deed, royalty agreement, farm out agreement, pooling agreement or other agreement you signed to create your oil, gas or mineral interest.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

RETIREMENT ACCOUNTS

Type: Pension "P", Profit Sharing "PS", IRA, SIMPLE IRA, SEP, 401(K), Roth (*indicate type below*)

Evidence of Title: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation.

Type	Participant	Company	Beneficiary	% Vested	Value
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
Total					\$ _____

PERSONAL PROPERTY

Type: Major personal effects. Such as motor vehicles, boats, jewelry, collections, antiques, furs and all other valuable nonbusiness personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items*)

Evidence of Title: Registration, or title, issued by your state, bill of sale, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return, if you received property by gift or inheritance.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT

Type: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Evidence of Title: Copies of wills or trusts, copy of lawsuits or judgments, or any other document that evidences your anticipated interest.

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Estimated Value	\$ _____

OTHER ASSETS

Type: Other property is any property you have that does not fit into any listed category.

Evidence of Title: Documents you signed to purchase the property. Documents you received when you received the property, or any other document you have that shows you own the property.

Description:

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Estimated Value	\$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

Type: Term, whole life, split dollar, group life, annuity (*Indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation".*)

Evidence of Title: The policy itself, including all endorsements and amendments, and the original application you signed.

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____
