

Parsonage Vandennack Williams LLC
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ESTATE PLANNING INFORMATION LIST

The accumulation of the following information will assist us in providing you with appropriate recommendations regarding your estate plan. The time you spend completing this form will greatly increase our efficiency and our ability to deliver appropriate advice and quality service to you. Please note that this information is protected by the attorney-client privilege and will be held strictly confidential. It will be used only in formulating recommendations for your estate plan and will not be revealed by us to any person or entity without your specific authorization.

Date Prepared _____

Personal Data: _____
(full name)

(full name of spouse, if one)

Date and Place of Birth _____

Social Security Number _____

State of Health _____

Home Address _____

County _____

Residence Phone _____

Cell Phone _____

Employer & Employer's Address _____

Occupation _____

Business Phone _____

Facsimile _____

E-mail _____

Citizenship _____

Date of Marriage: _____ Place of Marriage: _____

Premarital Agreement? Yes _____ No _____ If "yes," please provide a copy of the agreement, if available.

Previous Marriage(s)? Yes _____ No _____ If "yes," please describe and please provide a copy of the divorce decree, including any related settlement agreement, if applicable: _____

Children (under Relationship, indicate whether child is from a previous marriage or either Husband (H), Wife (W), or is the child from your current marriage (C))?

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>SSN</u>	<u>Relationship</u>	<u>Is Child Married?</u>	<u>Is Child Dependent</u>	<u>Any Special Needs/ Disability?</u>	<u>Any Gov't Benefits?</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Do you expect to adopt or give birth to any children? Yes _____ No _____

Grandchildren

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Child's Parent</u>	<u>Any Special Needs/Disability?</u>	<u>Any Gov't Benefits</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<u>Living Parents</u>	<u>Where Living</u>	<u>Are you supporting?</u>	<u>Yes/No</u>
_____	_____	_____	_____
_____	_____	_____	_____

Brothers & Sisters

Where Living (City/State)

_____	_____
_____	_____
_____	_____
_____	_____

Other Relatives or Friends (who will have an interest in your estate):

Name	Where Living (City/State)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charitable Beneficiaries:

Name	Address
_____	_____
_____	_____

Advisors (list name, firm, address and telephone no., if known)

Life Insurance Agent:

Name: _____ Firm: _____
Address: _____ Phone No. _____

Accountant:

Name: _____ Firm: _____
Address: _____ Phone No. _____

Investment Advisor(s):

Name: _____ Firm: _____
Address: _____ Phone No. _____

Property/Casualty Agent:

Name: _____ Firm: _____
Address: _____ Phone No. _____

Banking Contact:

Name: _____ Firm: _____
Address: _____ Phone No. _____

Other Legal Counsel

Name: _____ Firm: _____
Address: _____ Phone No. _____

FINANCIAL DATA SUMMARY

Date Prepared _____

	Husband's Name	Wife's Name	Joint Names (Estimated \$)
Assets:			
Cash & Near Cash Assets (Bank Accounts, C.D.'s, Money Market Accounts, etc.)			
Public Stocks, Bonds or Brokerage Accounts			
Closely Held Stock or Business Interests (describe on separate sheet and include name, form (i.e. corporation, partnership, limited liability company), nature of business, and your percentage ownership)			
Retirement Plan Accounts (Pension, Profit Sharing, IRA, 401(k) etc.)			
Interests in other Estates or Trusts			
Real Estate (please indicate state in which real estate is located):			
Residence			
Vacation Home			
Commercial			
Farm/Ranch Land			
Other			
Life insurance (describe on attached separate sheet)			
Personal property/collectibles			
Other Assets (describe separately)			
TOTAL ASSETS			
Liabilities:			
Secured (identify security separately)			
Unsecured			
NET ASSETS			
Income:			
Annual Salary			
Typical Bonus			
Investment Income			
Other Income			
TOTAL INCOME			

It is important that we know how your assets are titled and their approximate value so that we may provide appropriate recommendations regarding your estate plan. You may provide a separate financial statement, if available, with the understanding that if not otherwise specified on the financial statement, we would still like to know how your assets are titled.

MISCELLANEOUS INFORMATION

1. Have you ever filed a gift tax return? (i.e. if you have made gifts greater than the annual exclusion. If yes, please supply copies of all gift tax returns).
2. Do you or your spouse have a power of appointment or other interest under a Will or Trust of another person? (Supply copies of documents, if available).
3. If you or your spouse have any prospective inheritances, describe source and estimated amount and character of assets.
4. If you or your spouse are or were employed, give details of any retirement plan (pension, 401(k), profit sharing, IRA, or stock options) or other employee benefits to which you are or may be entitled.
5. If you or your spouse are self-employed or a member of a partnership or limited liability company, give details of any contracts or commitments to sell such interest at death or retirement, as well as any retirement plans or other benefits that will be payable by reason of your death. (Supply copies of all pertinent documents).
6. If you or your spouse own stock in a closely-held corporation, give details of any stock redemption agreements, shareholder agreements, buy-sell agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable to you. (Supply copies of all pertinent documents).
7. Have you or your spouse signed any estate planning documents (i.e. Last Will and Testament, Trusts (i.e., revocable, irrevocable, or charitable), Durable Power of Attorney, Power of Attorney for Health Care, Living Will)? (Supply copies of most current documents).
8. If you or your spouse have a safe deposit box, please provide the location of the safe deposit box and the person(s) authorized to obtain access to the safe deposit box.
9. While married, have you ever lived in any of the following states: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?