

**STOVER & SPITZ** LLC  
ATTORNEYS AT LAW

**ESTATE PLANNING INFORMATION FORM**

Referred by: \_\_\_\_\_

Date: \_\_\_\_\_

***PLEASE PRINT CLEARLY***

**Name** (please include all variations used in the titles to your property):

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

**CONTACT INFORMATION:**

<b>Residence Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>

<b>Mailing Address</b> (if different):			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>

<b>Seasonal Residence Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Dates Occupied:</b>			

*Please check best method of contact:*

<input type="checkbox"/> <b>Home Phone:</b>	<input type="checkbox"/> <b>Work Phone:</b>	<input type="checkbox"/> <b>Mobile Phone:</b>
<input type="checkbox"/> <b>E-mail:</b>		<input type="checkbox"/> <b>Seasonal Home Phone:</b>
<input type="checkbox"/> <b>Mail:</b>	<input type="checkbox"/> <b>Other:</b>	

**PERSONAL DATA:**

<b>1. Date of Birth:</b>	<b>2. Citizenship:</b>	<b>3. Social Security Number:</b>
--------------------------	------------------------	-----------------------------------

**4. Previous Marriage(s):**

Yes  No  *If yes, please bring a copy of the divorce decree(s) to the office conference.*

**5. Please check any community property states in which you lived while married, if applicable:**

Alaska (*elective community property*)   
  Arizona   
  California   
  Idaho   
  Louisiana  
 Nevada   
  New Mexico   
  Texas   
  Washington   
  Wisconsin

**6. Your Health:**

---



---



---

**7. Your Children:**

Name:	Date of Birth	Child's Marital Status	Number of His/Her Children	His/Her Children's Birth Dates
	/ / <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	/ / <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	/ / <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	/ / <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	/ / <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	/ / <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	/ / <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
	/ / <input type="checkbox"/> Deceased	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		

**8. Do any members of your family have any special needs for support or medical care?**

---



---

**FINANCIAL DATA:**

<b>1. Present Employer:</b>	<b>2. Annual Salary or Wages:</b>	<b>3. Annual Income From Dividends, Interest, or Other Unearned Sources:</b>
-----------------------------	-----------------------------------	--

**4. Accountant and Financial Advisors:**

<b>Name:</b>	<b>Firm:</b>	<b>Contact Information:</b>	<b>May we contact?</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. Real Property** (please bring a copy of the deed(s) to the office conference. If there are two or more owners, specify whether the property is titled in joint tenancy or tenancy in common):

<b>Address or Description:</b>	<b>Owner(s):</b>	<b>Current Market Value:</b>	<b>Mortgage Balance:</b>	<b>Date Acquired:</b>
				<input type="checkbox"/> 1031 exchange
<i>Type of Property:</i> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other:				
				<input type="checkbox"/> 1031 exchange
<i>Type of Property:</i> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other:				
				<input type="checkbox"/> 1031 exchange
<i>Type of Property:</i> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other:				
				<input type="checkbox"/> 1031 exchange
<i>Type of Property:</i> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Residence <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Other:				

**6. Retirement Plans** (check type and please bring a copy of plan agreement to the office conference):

<b>Company/Employer:</b>	<b>Account #:</b>	<b>Approximate Balance:</b>	<b>Owner:</b>	<b>Primary Beneficiary:</b>	<b>Contingent Beneficiary:</b>
<i>Type of Plan:</i> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401(k) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other:					
<i>Type of Plan:</i> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401(k) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other:					
<i>Type of Plan:</i> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401(k) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other:					
<i>Type of Plan:</i> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401(k) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other:					
<i>Type of Plan:</i> <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401(k) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other:					

**7. Securities** (not in retirement plans):

**a. Stocks** (if there are two or more owners specify whether the stocks are titled in joint tenancy or tenancy in common):

<b>Corporation:</b>	<b>Current FMV:</b>	<b>Date Acquired:</b>	<b>Owner(s):</b>	<b>POD/TOD Beneficiary:</b>

**b. Bonds** (if there are two or more owners specify whether the bonds are titled in joint tenancy or tenancy in common):

<b>Company Name or Government Institution:</b>	<b>Current FMV:</b>	<b>Date Acquired:</b>	<b>Owner(s):</b>	<b>POD/TOD Beneficiary:</b>

**c. Mutual Funds** (if there are two or more owners specify whether the funds are titled in joint tenancy or tenancy in common):

<b>Institution Name/Fund:</b>	<b>Current FMV:</b>	<b>Date Acquired:</b>	<b>Owner(s):</b>	<b>POD/TOD Beneficiary:</b>

**8. Savings Accounts, Checking Accounts, Certificates of Deposit** (if there are two or more owners specify whether the accounts are titled in joint tenancy or tenancy in common):

<b>Institution:</b>	<b>Type of Account:</b>	<b>Approximate Balance:</b>	<b>Owner(s):</b>	<b>POD Beneficiary:</b>

**9. Life Insurance** (please specify individual or group, single life or joint/survivor):

<b>Company Name:</b>	<b>Type</b> (Term, Whole Life, Group or Other):	<b>Face Amount:</b>	<b>Name of Insured:</b>	<b>Owner(s):</b>	<b>Primary Beneficiary:</b>	<b>Contingent Beneficiary:</b>

**10. Annuities:**

<b>Company Name:</b>	<b>Policy Number:</b>	<b>Face Amount:</b>	<b>Total Contributions:</b>	<b>Owner(s):</b>	<b>Primary Beneficiary:</b>	<b>Contingent Beneficiary:</b>



15. Do you have a safety deposit box? Yes  No

Name(s) of Box Owner(s):	
Institution:	Address:

16. Liabilities (other than those previously listed and current credit card balances):

Description:	Estimated Amount

17. Are there any pending or threatened lawsuits against you? Yes  No

**ESTATE PLANNING DATA:**

1. Please indicate whether you have executed any prior estate planning documents (if you have any of these documents, please bring a copy to the office conference):

- |  |   |
|--|---|
| <input type="checkbox"/> Will              | <input type="checkbox"/> Trust                                  |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Memorandum for Personal Property       |
| <input type="checkbox"/> Living Will       | <input type="checkbox"/> Appointment of Guardian or Conservator |

2. Have you made any taxable gifts or filed gift tax returns? (The gift tax annual exclusion currently allows gifts of \$13,000 per year per donee as non-taxable gifts.)

Yes  No  Years: \_\_\_\_\_

3. Do you have any desires concerning disposition of personal property?

---

---

4. Do you wish to leave bequests of specific assets or sums of money?

---

---

---

5. Who do you wish to be the beneficiary of your Residuary Estate (the remainder of your estate after taxes and expenses are paid and specific gift have been distributed)?

---

---

**6. Is there a remote contingent beneficiary that you wish to name in the event that all named beneficiaries predecease you or die in a common accident (can be a person or charity):**

\_\_\_\_\_

**7. If you have minor children, who would you like to nominate as guardian for them?**

Guardian(s): \_\_\_\_\_ Successor(s): \_\_\_\_\_

**8. Who would you like to nominate as personal representative (executor) and successor personal representative of your estate?**

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**9. Who would you like to nominate as trustee and successor trustee of any trusts under your will?**

Trustee: \_\_\_\_\_ Successor: \_\_\_\_\_

**10. Who would you like to nominate as agent and successor agents under your financial power of attorney?**

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**11. Who would you like to nominate as agent and successor agents under your medical power of attorney?**

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**12. Are you a beneficiary of any trusts? Yes  No**

Description: \_\_\_\_\_

\_\_\_\_\_

If yes, do you have any powers of appointment? \_\_\_\_\_

**13. Are you serving as guardian, trustee, or conservator for anyone? Yes  No**

Description: \_\_\_\_\_

\_\_\_\_\_

**14. Please set forth any other or additional information that you believe may be helpful in planning your estate or in settling your estate and distributing your property:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_