

Latham Law Offices LLC
ESTATE PLANNING FACT SHEET

Date Form Completed: _____ 20____.

GENERAL INFORMATION:

	You	Spouse
Name		
Home Address		
Age(s); Dates of birth		
Telephone Number(s)		
Home		
Work		
Cell		
Occupation		
Work Address(es)		
Your Children	Child #1:	Special Needs/Other Notes
Child #1: Name		
Date of Birth		
Address		
Telephone		
Child's spouse		
	Child #2	Special Needs/Other Notes
Child #2: Name		
Date of Birth		
Address		
Telephone		
Child's spouse		
	Child #3	Special Needs/Other Notes
Child #3: Name		
Date of Birth		
Address		
Telephone		
Child's spouse		
	Child #4	Special Needs/Other Notes
Child #4: Name		
Date of Birth		
Address		
Telephone		
Child's spouse		
	Child #5	Special Needs/Other Notes
Child #5: Name		
Date of Birth		
Address		
Telephone		
Child's spouse		

ADVISORS:

ACCOUNTANT:	Address:	Telephone number:
INVESTMENT ADVISOR:		
STOCKBROKER:		
LIFE INSURANCE AGENT:		
OTHER:		

PERSONAL ASSETS: [Please provide the approximate total values in each category.]

ASSET	APPROXIMATE TOTAL VALUE	OWNER(S)
Bank Accounts (<u>non-retirement</u>)	\$	
Stocks, mutual funds, bonds, securities (<u>non-retirement</u>)	\$	
Real Estate:		
Property #1: address		
Fair market value	\$	
Balance due on mortgages	\$	
Type of property [uses]	Primary residence	
Property #2: address		
Fair market value	\$	
Balance due on mortgages	\$	
Type of property [uses]		
Property #3: address		
Fair market value	\$	
Balance due on mortgages	\$	
Type of property [uses]		
Life Insurance/Annuities:		
Policy #1: Name of Insurance Company		
Type of policy/contract	Term/whole life/universal/second to die/annuity	
Death benefit amount	\$	
Cash Value (if any)	\$	
Policy Loan Amount (if any)	\$	
Policy Owner		
Beneficiary		
Contingent Beneficiary		
Policy #2: Name of Insurance Company		
Type of policy/contract	Term/whole life/universal/second to die/annuity	
Death benefit amount	\$	
Cash Value (if any)	\$	
Policy Loan Amount (if any)	\$	
Policy Owner		
Beneficiary		
Contingent Beneficiary		

Policy #3: Name of Insurance Company		
Type of policy/contract	Term/whole life/universal/second to die/annuity	
Death benefit amount	\$	
Cash Value (if any)	\$	
Policy Loan Amount (if any)	\$	
Policy Owner		
Beneficiary		
Contingent Beneficiary		
Retirement Accounts:	You	Spouse
Account No. 1:		
Name of Account		
Type of Account	IRA/401k/403b/	
Value of Account	\$	\$
Loans Balance (if any)	\$	\$
Beneficiary		
Contingent Beneficiary		
Account No. 2:		
Name of Account		
Type of Account	IRA/401k/403b/	
Value of Account	\$	\$
Loans Balance (if any)	\$	\$
Beneficiary		
Account No. 3:		
Name of Account		
Type of Account	IRA/401(k)/403(b)/	
Value of Account	\$	\$
Loans Balance (if any)	\$	\$
Beneficiary		
Account No. 4:		
Name of Account		
Type of Account	IRA/401(k)/403(b)/	
Value of Account	\$	\$
Loans Balance (if any)	\$	\$
Beneficiary		
Business owned by you or spouse:		
Name of Company		
Type of business entity (corporation, partnership, sole proprietorship)		
Nature of business		
Location		
Other Assets (if valued over \$10,000):		
Potential Inheritance From Others:		
Donor's Relationship to you		
Possible value (if known)	\$	\$

QUESTIONS:

A. Do you currently have an estate plan (*Will; Trust; Health Care Proxy; Durable Power of Attorney; Emergency Guardianship Proxy; etc.*)?

B. To whom would you want your assets to go when you die?

C. State the name and address of the person(s) who (Agent; Attorney-in-Fact) would manage your property if you become incompetent:

Primary Agent	
Address	
Secondary Agent	
Address	

D. State the name and address of the person(s) who (Personal Representative/Executor) would manage your estate when you die:

Primary Executor	
Address	
Secondary Executor	
Address	

E. If you have minor or incapacitated children, with whom (guardian) would you want your children to live if you [and your spouse, if married] both die?

Primary Guardian	
Home Address	
Telephone Number(s)	
Home	
Work	
Cell	

Secondary Guardian	
Home Address	
Telephone Number(s)	
Home	

Work	
Cell	

F. If you could not do so yourself, who would make medical decisions for you?

Primary Health Care Agent	
Home Address	
Telephone Number(s)	
Home	
Work	
Cell	

Secondary Health Care Agent	
Home Address	
Telephone Number(s)	
Home	
Work	
Cell	

G. Do you have any particular estate planning objectives or are there any specific circumstances that you would like to call to our attention? [Add extra sheets if needed.]

H. What existing/potential claims or liabilities are there against you, other than mortgages?

I. Do you have any long term (nursing home) care insurance and if so to what levels?

J. Have you been previously married and divorced? Do you have a copy of the final Settlement Agreement and Judgment of Divorce? Have all terms been complied with?

K. Are you named, or serving, as a Trustee, Executor or beneficiary of any trust(s) or estate(s)?

L. Do you have any children of a prior marriage?

M. Do you have any deceased children? Grandchildren?

N. Are your parents living? _____

O. Have you made any gifts in the last three (3) years which exceed \$11,000, whether in cash or property? _____

P. Are you or your spouse a party to any pending or threatened litigation, or is any of your property subject to, or likely to be subject to, any litigation? If so, please provide the name of the court and docket number and brief explanation of the case. _____
