

Graft Law Offices, PLC

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Consistently Producing Personalized Results

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At the “Truth About Estate Planning” workshop, you had the opportunity to learn about our firm, and how to make an estate plan that works. The “Prep Meeting” is our opportunity to begin learning about you, your family, your assets and your goals. We anticipate this meeting lasting roughly two hours.

Preparing for the “Prep Meeting”

- Please fill this form out as completely as you are able. Call us if you have questions. If you can't reach Jon at the Office, you can reach Diane at her home office at (703) 815-7397.
- Please bring statements for all your accounts and insurance policies. This includes custodial accounts (such as UTMA accounts and 529 Plans) and insurance that you hold for your children. We will photocopy them at the meeting.
- Please bring the Deed, Title Insurance and Homeowner's insurance for each piece of Real Estate you own. We do not need the Deed of Trust.
- Please bring any Will or Trust you already have.
- Please bring your calendar, so we can schedule your next meeting.
- Please bring a check or credit card for the portion of the planning fee due at the Prep Meeting.

We look forward to meeting with you.

Graft Law Offices

PERSONAL INFORMATION

(Please Print)

Client # 1

Date Completed _____

Full Legal Name _____

How your name appears on financial accounts _____

Nickname _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone(_____) _____ County of Residence _____

Employer _____ Position _____ Business Telephone (_____) _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

e-mail _____

Client # 2

Full Legal Name _____

How your name appears on financial accounts _____

Nickname _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone(_____) _____ County of Residence _____

Employer _____ Position _____ Business Telephone (_____) _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

e-mail _____

CHILDREN'S INFORMATION

Child

Child's Full Legal Name _____

How child's name is signed on documents: _____

Nickname _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone(_____) _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial Marriage date: _____

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

DOB

Special Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child

Child's Full Legal Name _____

How child's name is signed on documents: _____

Nickname _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone(_____) _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial Marriage date: _____

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

DOB

Special Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CHILDREN'S INFORMATION

(Please Print)

Child

Child's Full Legal Name _____

How child's name is signed on documents: _____

Nickname _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone(_____) _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial Marriage date: _____

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

DOB

Special Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child

Child's Full Legal Name _____

How child's name is signed on documents: _____

Nickname _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone(_____) _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial Marriage date: _____

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

DOB

Special Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS

Friends or relatives who are dependents. (Use Full Legal Name)

Name	Relationship	Special Needs
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____ Company _____
Phone # _____ Address _____

Name of Fin. Advisor: _____ Company _____
Phone # _____ Address _____

Name of Family Attorney: _____ Company _____
Phone # _____ Address _____

Name of Stock Broker: _____ Company _____
Phone # _____ Address _____

Name of Client's Physician: _____ Company _____
Phone # _____ Address _____

Name of Spouse's Physician: _____ Company _____
Phone # _____ Address _____

Do we have permission to contact the above individuals about your estate plan? _____

You may staple business cards to this page instead of filling it out if you wish.

IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post-marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you and your spouse United States citizens?		
If you answered “NO,” are either you or your spouse a resident or a non-resident alien?		
Have you and your spouse ever lived in one of the following Community Property States? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin.</i>		

CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of deposits "CD" ♦ Safety Deposit Box "SD". *(Indicate type below.)*

Name of	Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		

Name of	Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		

Name of	Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		

Name of	Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		

Name of	Institution and Branch	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		

TOTAL \$ _____

Are any funds electronically deposited or withdrawn from any of the above accounts?
 Yes No

Are you named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)? Yes No

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

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money market “MM” ♦ Investment “I” ♦ Cash Management “CM” ♦ Or other account that is in a street name. *(Indicate type below.)*

Name of Brokerage Firm or Fund	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Brokerage Firm or Fund	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Brokerage Firm or Fund	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Brokerage Firm or Fund	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

Name of Brokerage Firm or Fund	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		

TOTAL \$ _____

Are any funds electronically deposited or withdrawn from any of the above accounts?
 Yes No

Are you named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, grandchildren, etc.)? Yes No

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

STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in family business or non-publicly-traded company should be listed under “Corporate Business and Professional Interests.” Stocks held in a **street name** or **investment account** should be listed under “Investment Accounts”.

Name of Stock	Number of Shares	Account number	Owner	Fair Market Value
_____	_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____				
Address: _____ Phone: _____				

Basis? \$ _____ How acquired <input type="checkbox"/> Stock Option <input type="checkbox"/> Purchase <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Other _____				

Name of Stock	Number of Shares	Account number	Owner	Fair Market Value
_____	_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____				
Address: _____ Phone: _____				

Basis? \$ _____ How acquired <input type="checkbox"/> Stock Option <input type="checkbox"/> Purchase <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Other _____				

Name of Stock	Number of Shares	Account number	Owner	Fair Market Value
_____	_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____				
Address: _____ Phone: _____				

Basis? \$ _____ How acquired <input type="checkbox"/> Stock Option <input type="checkbox"/> Purchase <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Other _____				

Name of Stock	Number of Shares	Account number	Owner	Fair Market Value
_____	_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____				
Address: _____ Phone: _____				

Basis? \$ _____ How acquired <input type="checkbox"/> Stock Option <input type="checkbox"/> Purchase <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Other _____				

Name of Stock	Number of Shares	Account number	Owner	Fair Market Value
_____	_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____				
Address: _____		Phone: _____		

Basis? \$ _____ How acquired <input type="checkbox"/> Stock Option <input type="checkbox"/> Purchase <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Other _____				

TOTAL \$ _____

Are any of the above referenced stocks pledged as collateral on any loans? Yes No

Are you named as a co-owner on any stock owned by someone else (i.e. parents, siblings, grandchildren, etc.)? Yes No

Were any of the above stocks purchased as part of a tax-qualified Stock Option? If so, please indicate date of granting of option and date of exercise of option for each stock involved.

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other non-business personal property. (*Indicate type below and give a lump sum value for miscellaneous items.*)

Type	Owner	Value	Is there a lien against the asset?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Estimate of total value of home furnishings and other personal stuff</u>		\$ _____	

For automobiles, please indicate both the owner and the primary driver of the vehicle.

Car Insurance Agent _____	Phone _____	Policy # _____
Address _____	City _____	State _____ Zip _____

TOTAL \$ _____

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)*

Please provide a copy of the **Plan Summary Agreement** for each plan.

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____	_____
Address: _____		Phone: _____		Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

PENSION PLANS

Please provide a copy of **Pension Agreement** for each pension.

Company Name	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____
Address: _____		Phone: _____	Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____
Address: _____		Phone: _____	Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____
Address: _____		Phone: _____	Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Beneficiary Upon Your Death	Owner	Value
_____	_____	_____	_____
Address: _____		Phone: _____	Acct # _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TOTAL \$ _____

LIFE INSURANCE POLICIES

TYPE: Term ◆ Whole life ◆ Variable or Universal life ◆ Split dollar ◆ Group life ◆
 Second-To-Die (Indicate type of policy below. If a corporation or company owns the policy or
 pays the premium on the policy, write "Corporation").

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount
_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount
_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount
_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount
_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

TOTAL \$ _____

Are any of the above referenced insurance policies pledged as collateral on any loans? Yes No

Are any of the above referenced insurance policies subject to the provisions of a divorce decree? Yes No

ANNUITIES

Please provide copy of **Annuity Agreement** for each annuity.

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		

Are you receiving any regular distributions from any annuity contracts? Yes No
 If "yes," do the distributions have "survivorship" or "period certain" provisions? Yes No
 Survivorship Period Certain

TOTAL \$ _____

BONDS

TYPE: US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills *(Indicate type below.)*

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you
(Please provide a copy of any promissory notes.)

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

PARTNERSHIP & LLC's INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.
(Please provide a copy of the Partnership Agreement.)

Name of Partnership or LLC _____

Owners _____ Value _____

Who holds Partnership or LLC papers _____ Phone: _____

Is this a "Professional" Partnership or LLC? Yes No

Entity Type: General Partnership Limited Partnership Limited Liability Company

Name of General Partner or Managing Member _____

TOTAL \$ _____

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.
(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

Company _____ Address _____ Phone: _____

Number of Shares _____ % of Ownership _____

Owner _____ Value _____

Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No

Is this a "Professional" Corporation? Yes No

TOTAL \$ _____

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

TOTAL \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

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.

Description	Value
_____	_____
_____	_____

TOTAL \$ _____

OIL, GAS, AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

TOTAL \$ _____

OTHER ASSETS

TYPE: Any property you own that does not fit into any listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

REAL PROPERTY

TYPE: Land ◆ Buildings ◆ Homes ◆ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ◆ Tenants in common (TC) ◆ Tenancy by the entireties (TBE) *(Please provide a copy of the Deed or Agreement relating to each property, and also a copy of your title insurance policy for each.)*

	Owner	Mortgage	Fair Market
Address _____		Amount	Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____	Phone _____		
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____	How much did you pay? _____		

	Owner	Mortgage	Fair Market
Address _____		Amount	Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____	Phone _____		
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____	How much did you pay? _____		

	Owner	Mortgage	Fair Market
Address _____		Amount	Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____	Phone _____		
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____	How much did you pay? _____		

	Owner	Mortgage	Fair Market
Address _____		Amount	Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____	Phone _____		
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____	How much did you pay? _____		

TOTAL \$ _____

ASSETS*

	Amount
Cash Accounts	
Investment Accounts	
Stocks	
Personal Effects	
Retirements Plans	
Pension Plans	
Life Insurance Policies	
Annuities	
Bonds	
Monies Owed to You	
Partnership & LLC's Interests	
Corporate Business Interests	
Sole Proprietorship Interests	
Anticipated Inheritance, Gift, or Judgment	
Oil, Gas, and Mineral Interests	
Other Assets	
Real Property	
TOTAL ASSETS	

LIABILITIES

	Amount
Loans payable	
Accounts payable	
Real estate mortgages payable	
Loans against life insurance	
Unpaid taxes	
Other obligations	
TOTAL LIABILITIES	
NET ESTATE	

* Joint Tenancy (JT), Tenancy in Common (TC), and Community Property (CP) values go 1/2 in Client #1's column and 1/2 in Client #2's column

Please list any individuals that you might consider designating as a Trustee, Guardian, Attorney-in-Fact, or any other important position in your estate plan. *You do not have to make a final decision at this time as to who will fill each role, we only ask for correct information on those individuals whom you might consider choosing.*

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (_____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (_____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (_____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (_____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (_____) _____.

Full Name: _____ Nickname _____ Relationship _____

Address: _____

_____ Phone (_____) _____.