

ESTATE PLANNING INFORMATION

Today's Date: _____

Please complete separate sheet for each person

A. Personal Information

1. Full legal name: _____

2. List any other name(s) by which you are also known:

3. Physical address: _____

Mailing address (if different): _____

Telephone #: Home: _____ Cell: _____ Work: _____

4. Date of birth: _____

5. Social Security #: _____

6. Children:

Name

Address

Date of Birth

a. _____

b. _____

c. _____

d. _____

7. Do you have any children with special needs? ___ Yes ___ No

Name(s) of children with special needs: _____

8. Your Employer: _____

Position/Title: _____ Years there: _____

9. Have you been married before? ___ Yes ___ No

a. If yes, when and to whom: _____

b. List all children of that marriage: _____

c. What are the custody arrangements for those children?

11. Are you required to pay spousal support or child support? ___ Yes ___ No

12. Have you ever served in the military? ___ Yes ___ No
If yes, please give branch, date of discharge and Serial #:

13. Of what country are you a citizen?

B.

Assets

Value

Home	_____
Vacation Home/Camp	_____
Other Real Estate	_____
_____	_____
Checking Acct	_____
Savings Acct	_____
CDs	_____
Mutual Funds	_____
Securities	_____
Cash Value Life Insurance	_____
Annuities	_____
IRAs	_____
Retirement/ Pensions	_____
Furniture	_____
Cars, Trucks	_____
Boats, RVs	_____
Jewelry	_____
Collectibles/Antiques	_____
Other:	_____
_____	_____

TOTAL ASSETS:

C. **Debts**

Home Mortgage:	_____
Other Mortgages:	_____
Auto Loans:	_____
Credit Cards/Other:	_____

TOTAL DEBTS:

Are any of your debts insured? ___ Yes ___ No

If yes, which ones? _____

14. Are you involved in a business? If so, please provide the following information for each business:

a. Name of business: _____

b. Proprietorship _____ Partnership _____ Corporation _____

c. What is the value of your share? _____

d. If any other members of your family are involved in the business, please list them:

15. Have you established any trusts? ___Yes ___No

16. Are you a beneficiary or trustee of a trust established by someone else? ___Yes ___No

17. Who are your first and second choices to serve as your executor(s) or personal representative(s)?

a. _____

b. _____

18. Who are your first and second choices to serve as guardian for any minor or disabled children?

a. _____

b. _____

19. Who are your first and second choices to serve as trustee for property being left to a minor or disabled child?

a. _____

b. _____

19. How do you want your estate divided after your death?

20. If any of your beneficiaries predecease you, what should happen to their share of your estate?

21. If you want us to prepare a durable financial power of attorney, who do you want to name as your agent to handle your finances? (name, address, phone number)

Who is your second choice if that person is unable or unwilling to serve?

22. If you want us to prepare an advance health-care directive, who do you want to name as your agent to make medical decisions for you?(name, address, phone number)

If that person is unable or unwilling to serve, who is your second choice?

23. Is there anything else you think we should know in planning your estate?

Please attach copies of the following:

- Deeds for any real estate you or your spouse now own.
- Current wills and trusts, if any. Please include copies of trusts created by you and trusts in which you are named as beneficiary.
- Prenuptial agreement between you and your current spouse.
- Divorce judgment(s) or child support order(s) that you are obligated to pay.
- Organizational documents, including bylaws and operating agreements, for any businesses in which you have an ownership interest.
- Life insurance policies, including beneficiary designations.
- Any gift tax returns that you have filed.

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