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## ESTATE PLANNING INFORMATION

	10ddy 8 Date
Please complete separate sheet for each person	
A. <u>Personal Information</u>	
1. Full legal name:	
2. List any other name(s) by which you are also	known:
3. Physical address:	
Mailing address (if different):	
Email address:	
Telephone #: Home:Cell:	Work:
4. Date of birth:	
5. Social Security #:	
6. Children:  Name  Address	Date of Birth
a	
b	

d		
		with special needs? Yes No needs:
8.	Your Employer:	
8. Your Employer: Years there:		Years there:
9.	Have you been married be	
	c. What are the custody arr	rangements for those children?
11.	Are you required to pay sp	oousal support or child support? Yes No
	Have you ever served in the s, please give branch, date of	· · · · · · · · · · · · · · · · · · ·
13.	Of what country are you a	citizen?
B. Asse	<u>ets</u>	<u>Value</u>
	ation Home/Camp	
Chec Savii	er Real Estate  cking Acct  ngs Acct	
Secu	ual Funds rrities	
Annı IRAs	n Value Life Insurance uities s rement/	
Furn Cars	, Trucks	
Jewe	es, RVs elry ectibles/Antiques	

Other assets:
TOTAL ASSETS:
C. <u>Debts</u>
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 <b>each business</b> :
a. Name of business:
b. How is the business structured? D/B/A, partnership, LLC, 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:
e. Are there any restrictions on your ability to transfer your ownership in the business to anyone else? If so, please describe:
15. Have you established any trusts?YesNo If yes, please attach copies of any trust agreements, including details about what is currently held in trust.
16. Are you a beneficiary or trustee of a trust established by someone else?YesNo If yes, please attach a copy.
17. Who are your first and second choices to serve as your executor(s) or personal representative(s)? (name, address, telephone number)  a

ŀ	b
children	Who are your first and second choices to serve as guardian for any minor or disabled a? (name, address, telephone number) a. b.
trust? (1	Who are your first and second choices to serve as trustee for any property to be held in name, address, telephone number) a. b.
19. I necessar	How do you want your estate divided after your death? Please attach separate sheet if ry.
20. I estate?	If any of your beneficiaries predecease you, what should happen to their share of your
	If you want us to prepare a durable financial power of attorney, who do you want to name agent to handle your finances? (name, address, telephone number)
	your second choice for handling your finances if your agent is unable or unwilling to name, address, telephone number)
	Do you want us to prepare an advance healthcare directive? If so, who do you want to syour agent to make medical decisions for you? (name, address, telephone number)
	erson is unable or unwilling to serve, who is your second choice (name, address, ne number)?
	Is there anything else you think we should know to plan your estate? (please attach all pages if needed)

## Please attach copies of the following:

- Deeds for any real estate you and/or your spouse now own, including any property held in trust, owned by LLC or other entity in which you have an interest
- Current wills and trusts, if any. Please include copies of trusts created by you and trusts in which you are named as beneficiary.
- Prenuptial or postnuptial 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.