

Confidential Estate Planning Survey Form Update

We recognize that this information is of a personal nature. All information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.

Today's Date _____

SECTION 1: GENERAL INFORMATION UPDATE

Your Name (for legal documents) _____

Mailing Address _____

City _____ State _____ Zip _____

County of Residence: _____

Home Phone with area code _____

Cell Phone with area code _____

Work Phone with area code _____

Employer _____ Job Title _____

Email address _____

If married: Date of marriage _____ Place of marriage _____

Spouse's Name _____

Cell Phone with area code _____

Work Phone with area code _____

Date of Birth _____ Soc Sec # _____

Employer _____ Job Title _____

Email address _____

Alternate/2nd Address _____

City _____ State _____ Zip Code _____

Alternate Home Phone number _____

Children Update:

Name _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (w/area code): _____ Work: _____ Cell: _____
Email address _____

Name _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (w/area code): _____ Work: _____ Cell: _____
Email address _____

Name _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (w/area code): _____ Work: _____ Cell: _____
Email address _____

Name _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (w/area code): _____ Work: _____ Cell: _____
Email address _____

Name _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (w/area code): _____ Work: _____ Cell: _____
Email address _____

Other Dependents:

Name _____ Relationship _____ DOB _____
Name _____ Relationship _____ DOB _____

SECTION 2: DOCUMENTS TO BRING TO YOUR REVIEW CONSULTATION

Your original Estate Planning Documents and binder *(Remember the binder does not contain your originals)*
 Real Estate Deeds and Current Tax Bills **for real property acquired since your last meeting with us**

SECTION 3: TRUSTEES, PERSONAL REPRESENTATIVES, BENEFICIARIES UPDATE

Person(s) named or who will be named as Trustee(s) or Personal Representative(s) of your estate:

Name	Address

Person(s) named or who will be named Beneficiaries of your estate:

Name	Address

SECTION 4: FINANCIAL INFORMATION UPDATE

Values should be approximate and are needed only to assist in your tax planning.

IRA's/ 401(k)'s, 403(b)'s	How Titled	Approx Value
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	

Non Tax-Deferred Bank Accounts(including CD's, Money Markets)	How Titled	Approx Value
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	

Brokerage Accounts	How Titled	Approx Value
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
Stocks/Mutual Funds/Bonds (those held individually, not with a broker)	How Titled	Approx Value
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	

Annuities	How Titled	Approx Value
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
Mortgage Notes (money owed TO you)	How Titled	Approx Value
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	

Extraordinary Valuables (antiques, art, etc.)	How Titled	Approx Value
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust	

Real Estate Owned (bring tax bills and deeds to your consultation)

	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust		
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust		
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Husband's Trust <input type="checkbox"/> Wife's Trust <input type="checkbox"/> Joint Trust		

Life Insurance Policies

Company	Owner	Insured	Approx Value
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife		
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife		

Monthly Income _____ Approximate Total Gross Estate: \$ _____

Section 5: Your Questions

List any specific concerns and questions you would like to address during your review consultation:
