

**DZIALO, PICKETT
&
ALLEN, P.C.**

ESTATE PLANNING DATA SHEET

Attorney

Today's Date

Name

Date of Birth

Spouse's Name

Date of Birth

Residence

Residence Telephone

e-mail

Business – Occupation

Business Telephone

CHILDREN AND/OR GRANDCHILDREN

Name and Address

Date of Birth

Marital Status

Address _____

Address _____

Address _____

Address _____

Previous marriage for either spouse?

Yes _____ **No** _____

Are all children natural issue of this marriage?

Yes _____ **No** _____

If no, please explain. _____

Are all grandchildren natural issue?

Yes _____ **No** _____

If no, please explain. _____

OTHERS

Apart from spouse, children and/or grandchildren, are there parents, brothers, sisters or others client wants to provide for in his or her Will and/or Trust Agreement?

Yes _____ No _____

If so, state names, relationship and ages.

<u>Name</u>	<u>Relationship to You</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXECUTORS, ADMINISTRATORS AND TRUSTEES

Name and Address of Executor, Etc.

<u>Executor</u>	<u>Name</u>	<u>Relationship to You</u>	<u>Address</u>
_____	_____	_____	_____
<u>Co-Executor</u>	_____	_____	_____
_____	_____	_____	_____
<u>Substitute/Successor Executor</u>	_____	_____	_____
_____	_____	_____	_____
<u>Trustee</u>	_____	_____	_____
_____	_____	_____	_____
<u>Co-Trustee</u>	_____	_____	_____
_____	_____	_____	_____
<u>Substitute/Successor Trustee</u>	_____	_____	_____
_____	_____	_____	_____

GUARDIANS

<u>Guardian</u>	<u>Name</u>	<u>Relationship to You</u>	<u>Address</u>
	_____	_____	_____
<u>Co-Guardian</u>	_____	_____	_____
	_____	_____	_____
<u>Substitute/Successor Guardian</u>	_____	_____	_____
	_____	_____	_____

OTHER RESOURCES OF CHILDREN AND GRANDCHILDREN

BROKER ; ACCOUNTANT; LIFE INSURANCE AGENT

Broker

<u>Name</u>	<u>Address</u>
_____	_____

Accountant

<u>Name</u>	<u>Address</u>
_____	_____

Life Insurance Agent

<u>Name</u>	<u>Address</u>
_____	_____

SAFE DEPOSIT BOX YES/ _____ NO/ _____

<u>IF SO, LOCATION:</u>	<u>Name of Bank</u>	<u>Address</u>
_____	_____	_____

OTHER ESTATE PLANNING DOCUMENTS

Do you want us to prepare any or all of the following documents?

LIVING WILL Yes _____ No _____

HEALTH CARE POWER OF ATTORNEY Yes _____ No _____

<u>Name</u>	<u>Relationship to You</u>	<u>Address</u>
<u>Attorney-in-Fact</u>		

_____	_____	_____

<u>Substitute/Successor Attorney-in-Fact</u>		
_____	_____	_____

_____	_____	_____

FINANCIAL POWER OF ATTORNEY Yes _____ No _____

<u>Name</u>	<u>Relationship to You</u>	<u>Address</u>
<u>Attorney-in-Fact</u>		

_____	_____	_____

_____	_____	_____

Name(s)

Date

FAMILY ASSETS SCHEDULE

	Husband	Wife	Jointly	Total
Checking Account (avg.)				

Cash Savings

U. S. Savings Bonds

Marketable Securities (stocks and bonds in non-Retirement plans)

Marketable Securities, cont'd

Closely Held Businesses (% interest and type of entity)

Closely-held Businesses (cont'd)

Residential Real Estate

List: (estimated fair market value) less (outstanding mortgage balance) = (net value)

\$	-	\$	=	\$.
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Real Estate Investments

List: (estimated fair market value) less (outstanding mortgage balance) = (net value)

\$	-	\$	=	\$.
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Estate Planning Data Sheet (Continued)

Name(s)

Date

IRAs, 401(k)s, Pension – Profit Sharing, Qualified Savings Plans, Other Fringe Benefits

Notes and/or Mortgage Receivable

Life Insurance – List Details (On Last Page)

Automobiles

Furnishings, Furs, Jewelry, etc. (List only if in excess of \$5,000)

Expected Inheritances

Other

Total

Attach Schedules where necessary.

INSURANCE SCHEDULE

<u>Company</u>	<u>Policy Number</u>	<u>Face Amount</u>
<u>Form of Insurance</u>	<u>Owner</u>	<u>Beneficiary</u>
<u>Company</u>	<u>Policy Number</u>	<u>Face Amount</u>
<u>Form of Insurance</u>	<u>Owner</u>	<u>Beneficiary</u>
<u>Company</u>	<u>Policy Number</u>	<u>Face Amount</u>
<u>Form of Insurance</u>	<u>Owner</u>	<u>Beneficiary</u>

Physically inspect insurance policies to check on above.