

---

## ESTATE AND ASSET PROTECTION PLANNING FINANCIAL INFORMATION FACT-FINDER

IF YOU HAVE A DETAILED PERSONAL FINANCIAL STATEMENT OR COMPUTER SPREADSHEET LISTING ALL ASSETS, REAL ESTATE, IRA'S, RETIREMENT PLANS, AND INSURANCE, THAT WILL SUFFICE FOR THE INITIAL MEETING, AS WILL A PLAN SUMMARY PREPARED BY A FINANCIAL PLANNER.

Attached is an estate planning "fact-finder" that is intended to provide us with a summary of your current assets, their approximate values, and how they are currently titled. The primary purpose of this fact-finder is to give us information concerning what assets you currently possess. This is an important step for you (and us as your advisors) in determining your estate plan. The information requested under the form, in order of importance and usefulness to us, is:

- 1. LISTING OF ALL YOUR ASSETS:** Once we have a listing of all your assets, we can work from that list to obtain any additional information that is needed.
- 2. OWNERSHIP OF ASSETS:** It is often necessary to determine how assets are currently owned (i.e., by one spouse or the other, or in joint tenancy) so that recommendation and suggestions can be made with respect to changes in ownership necessary to assist in the reduction of estate tax liability.
- 3. APPROXIMATE VALUE OF ASSETS:** It is not necessary that you determine the exact balance or value of each of your assets. A reasonable approximation or average balance of an asset will be more than sufficient.
- 4. LISTING OF ALL YOUR LIABILITIES.** We need to know all your current long-term liabilities including Promissory Notes, Leases, Installment Purchase Contracts, a total sum representing your current short-term liabilities including average monthly credit card debt, and any known contingent liabilities such as a personal guaranty of another's debt.
- 5. ANNUAL FAMILY BUDGET.** It is essential to retain control and access to any assets needed to maintain the family's accustomed lifestyle. Please make note of any assets listed that provide that needed income or liquidity to meet unexpected expenses.

With the foregoing in mind, we would request that you fill out the attached fact-finder in whatever detail you find comfortable. Whatever information you are unable to provide, we should be able to secure from your financial professionals or other sources. Obviously, the more information you are able to obtain the less we will have to secure. However, we do not want you to spend an inordinate amount of time with the fact-finder nor do we want you to go beyond your comfort level in filling this form out.

The information that you do provide should be listed on separate lines with each item being described by institution, number, and/or other identifying factor. Do not worry about getting each item under the "proper" heading. All of the assets are totaled at the end of the form regardless of the heading they are under so if an asset would seem to fit under more than one heading, just put it under one of the headings and go on from there.

**YOU**

**SPOUSE**

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

CELL: \_\_\_\_\_

LENGTH AT RESIDENCE: \_\_\_\_\_

LENGTH AT RESIDENCE: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Other Names Used in Last 6 Years

Other Names Used in Last 6 Years

\_\_\_\_\_

\_\_\_\_\_

MARITAL STATUS: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

**DEPENDENT and/or CHILDREN INFORMATION**

NAME	BIRTH DATE	AGE	SCHOOL GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State all other members of your household:

\_\_\_\_\_

I will not be making an independent verification of the information you provide to me, but it is essential that I have complete and accurate information. My planning recommendations to you may not be appropriate if they are based on inadequate information.

As always, please do not hesitate to call if you have any questions. Thank you.

OWNERSHIP AND VALUE

<u>Asset</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>	<u>Beneficiary</u>
CASH				
_____	\$ _____	\$ _____	\$ _____	_____
BANK ACCOUNTS (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
CERTIFICATES OF DEPOSIT (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
MONEY MARKET FUNDS (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
BROKERAGE HOUSE ACCOUNTS (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
STOCKS (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

<u>Asset</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>	<u>Beneficiary</u>
GOVERNMENT SAVINGS BONDS (Series E, H, EE, HH)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
TAX-FREE BONDS				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
OTHER BONDS				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
MUTUAL FUNDS (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
INDIVIDUAL RETIREMENT ACCOUNTS (IRAs) (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
KEOGH PLAN * (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
QUALIFIED OR NONQUALIFIED EMPLOYER PLANS * (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
ANNUITIES (include last 4 #)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

<u>Asset</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>	<u>Beneficiary</u>	
LIFE INSURANCE (Face Value/Death Benefit) (include last 4 # of policy)					
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
REAL ESTATE (Include primary residence, vacation homes, rental property, vacant land)					
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
PASSIVE REAL ESTATE INVESTMENT (i.e., limited partnerships, etc.)					
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
AUTOMOBILES					
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
INTEREST IN CLOSELY HELD BUSINESS					
Is the business incorporated?		_____	yes	_____	no
If so, has it elected Subchapter "S" status?		_____	yes	_____	no
INTEREST IN PARTNERSHIP					
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
SOLE PROPRIETORSHIP					
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
PERSONAL/MISCELLANEOUS ASSETS					
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	
_____	\$ _____	\$ _____	\$ _____	_____	

<u>Asset</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>	<u>Beneficiary</u>
OTHER ASSETS (continued)				
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____	
GRAND TOTAL	\$ _____			

LIABILITIES

Long-Term (mortgages or notes not to be repaid within one year)

<u>Asset</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL LONG-TERM LIABILITIES	\$ _____	\$ _____	\$ _____

Short-Term (total of all monthly recurring debt, debts due within one year)

<u>Asset</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL SHORT-TERM LIABILITIES	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
NET WORTH	\$ _____	\$ _____	\$ _____

- 1.) Are you currently receiving distributions from any of these retirement plans or the plan of another naming you as beneficiary? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- 2.) Are you currently receiving child support or maintenance payments? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- 3.) Are you or your spouse a party to any active lawsuits? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the nature of the lawsuit, its location, and contact information for your legal counsel related to that lawsuit:

---

4.) Please list who you are gifting your real property, personal property, or any other items to, as well as how you want that gift to vest in that beneficiary:

---

---

---

5.) Please list your executors/trustee in order of first come first serve:

---

---

---

6.) If you have minor children please list you're your order of choices for Guardianship: \_\_\_\_\_

---

---

7.) What are your wishes for your remains? (Ex. Cremation, Burial, etc.) Organ donation?

---

---

8.) If necessary, please list names and numbers for primary care providers and specialists, medications, allergies, significant family history, and health insurance information:

---

---

---

9.) Please list your agents for Power Of Attorney Health in order:

---

---

---

10.) Please list your agents for Power Of Attorney Property in order:

---

---

---