LIFEPLAN NEBRASKA

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PERSONAL INFORMATION

(Please Print)

Client # 1 ☐ **Male** ☐ **Female** **Date Completed** _____

Full Legal Name_____

How you sign your name on legal documents (please print)_____

Nickname _____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address: _____

Employer_____

Position _____ Business Telephone _____

Business address_____City_____State_____ Zip_____

❑Single ❑Married: Date _____❑Divorced: Date_____❑Widowed: Date_____

❑U.S. Citizen ❑ Lived in any of the following states:

❑ California ❑ Washington ❑ Nevada ❑ Arizona ❑ New Mexico

❑Texas ❑ Idaho ❑ Louisiana ❑Wisconsin

Veteran: _____ No _____ Yes (Branch: _____)

Primary Care Physician name: _____

Address: _____

Telephone number: _____ Fax number: _____

Medical information for **DocuBank** Enrollment:

Allergies: *(Optional)*

❑Penicillin ❑ Bee Stings ❑Shellfish ❑ Sulfa ❑ Latex ❑ Nuts

Other – Please specify

❑ _____ ❑ _____ ❑_____

Permanent Medical Conditions: *(Optional) Do not list medications you're taking.*

❑ Alzheimer's ❑ Cancer survivor ❑ Low vision ❑ Arthritis

❑ Diabetes ❑ Lung disease ❑ Asthma ❑ Hearing loss

❑ Stroke history ❑ High blood pressure ❑ Heart disease

❑ Cancer (type) _____ ❑ _____

❑_____ ❑ _____

First Emergency Contact: *(Optional)*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Second Emergency Contact: *(Optional)*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Third Emergency Contact: *(Optional)*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc?_____

Client # 2 ☐ Male ☐ Female

Full Legal Name_____

How you sign your name on legal documents (please print)_____

Nickname _____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address: _____

Employer_____

Position _____ Business Telephone _____

Business address_____City_____State_____ Zip_____

❑ Single ❑Married: Date _____❑Divorced: Date_____❑Widowed: Date_____

❑U.S. Citizen ❑ Lived in any of the following states:

❑ California ❑ Washington ❑ Nevada ❑ Arizona ❑ New Mexico

❑Texas ❑ Idaho ❑ Louisiana ❑Wisconsin

Veteran: _____ No _____ Yes (Branch: _____)

Primary Care Physician name: _____

Address: _____

Telephone number: _____ Fax number: _____

Medical information for **DocuBank** Enrollment:

Allergies: *(Optional)*

❑Penicillin ❑ Bee Stings ❑Shellfish ❑ Sulfa ❑ Latex ❑ Nuts

Other – Please specify

❑ _____ ❑ _____ ❑_____

Permanent Medical Conditions: *(Optional) Do not list medications you're taking.*

❑ Alzheimer's ❑ Cancer survivor ❑ Low vision ❑ Arthritis

❑ Diabetes ❑ Lung disease ❑ Asthma ❑ Hearing loss

❑ Stroke history ❑ High blood pressure ❑ Heart disease

❑ Cancer (type) _____ ❑ _____

❑_____ ❑ _____

First Emergency Contact: *(Optional)*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Second Emergency Contact: *(Optional)*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Third Emergency Contact: *(Optional)*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc?_____

INFORMATION FOR CHILDREN

Child # 1 ☐ Male ☐ Female

Child's Full Legal Name_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Parent: ❑ Husband ❑ Wife ❑ Joint

Special Needs: ❑Medical ❑Educational ❑ Financial

❑ Married ❑ Divorced ❑Widowed ❑Single Spouse's Name: _____

Grandchildren's Names	Sex	Parents	DOB	Special Needs
				❑
				❑
				❑

Child # 2 ☐ Male ☐ Female

Child's Full Legal Name_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Parent: ❑ Husband ❑ Wife ❑ Joint

Special Needs ❑ Medical ❑ Educational ❑Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Sex	Parents	DOB	Special Needs
				❑
				❑
				❑

Child # 3 ☐ Male ☐ Female

Child's Full Legal Name_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Parent: ❑ Husband ❑ Wife ❑ Joint

Special Needs ❑ Medical ❑ Educational ❑Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Sex	Parents	DOB	Special Needs
				❑
				❑
				❑

Child # 4 ☐ Male ☐ Female

Child's Full Legal Name_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Parent: ❑ Husband ❑ Wife ❑ Joint

Special Needs ❑ Medical ❑ Educational ❑Financial

❑ Married ❑ Divorced ❑ Widowed ❑Single Spouse's Name: _____

Grandchildren's Names	Sex	Parents	DOB	Special Needs
				❑
				❑
				❑

Child # 5 ☐ Male ☐ Female

Child's Full Legal Name_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Parent: ❑ Husband ❑ Wife ❑ Joint

Special Needs ❑Medical ❑Educational ❑ Financial

❑ Married ❑ Divorced ❑Widowed ❑Single Spouse's Name: _____

Grandchildren's Names	Sex	Parents	DOB	Special Needs
				❑
				❑
				❑

Child # 6 ☐ Male ☐ Female

Child's Full Legal Name_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Parent: ❑ Husband ❑ Wife ❑ Joint

Special Needs ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Sex	Parents	DOB	Special Needs
				❑
				❑
				❑

OTHER DEPENDENTS

Friends or relatives who are dependents.

Dependent # 1

Dependent's Full Legal Name_____

Relationship:_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Dependent # 2

Dependent's Full Legal Name_____

Relationship:_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Email Address_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

PROVISIONS FOR YOUR PETS

DO YOU OWN ANY PETS? _____ HOW MANY? _____

NAME and BREED?

HOW WOULD YOU LIKE YOUR PETS TO BE CARED FOR?

WHO WOULD YOU LIKE TO APPOINT TO TAKE CARE OF YOUR PETS?

NAME: _____

ADDRESS: _____

TELEPHONE: _____

WHO WOULD YOU LIKE TO APPOINT AS AN ALTERNATE IF THE PERSON NAMED ABOVE SHOULD DECLINE, OR BECOME UNABLE TO CARE FOR YOUR PETS?

NAME: _____

ADDRESS: _____

TELEPHONE: _____

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail: _____

Name of Financial Advisor: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail: _____

Name of Family Attorney: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail: _____

Name of Stock Broker: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail: _____

Name of Life Insurance Agent: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail: _____

Name of Personal Banker: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail: _____

IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	Client #1		Client #2	
	YES	NO	YES	NO
Do you have children not of spouse?				
Do any of your children receive governmental support or benefits?				
Do you have any adopted children?				
Do any of your children have special education/learning disability, medical, or physical needs?				
Are any of your children institutionalized?				
Are you or your spouse receiving social security, disability, or other governmental benefits?				
Do you or your spouse own a long-term care (nursing home) insurance policy?				
Do you provide primary or other major financial support to adult children?				
Have either you or your spouse been divorced?				
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)				
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.)				
Do you hold everything jointly with your partner?				
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)				
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)				
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)				
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)				
Are you and your spouse United States citizens?				
If you answered "NO," are either you or your spouse a resident or a non-resident alien?				
Do you or your spouse have any property that was inherited by one or gifted to one, that that spouse would consider his or her sole and separate property?				

Gift Tax Returns

Have gift tax returns ever been filed to report gifts made?❑ No ❑ Yes ***If YES, please bring copies of the returns to your appointment.

Appointments

1. Personal Representative. The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.)

Personal Representative: _____

Address: _____

Telephone Number: _____

Alternate Name: _____

Address: _____

Telephone Number: _____

Second Alternate Name: _____

Address: _____

Telephone Number: _____

2. Successor Trustee. If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable to do so. The successor trustee would manage assets in the event of your incapacity and would distribute assets to beneficiaries after death.

Successor Trustee: _____

Address: _____

Telephone Number: _____

Alternate Name: _____

Address: _____

Telephone Number: _____

Second Alternate: _____

Address: _____

Telephone Number: _____

3. Financial Agent. Who should be named to make financial decisions on your behalf? It is not necessary to appoint the same person who is your successor trustee, health care agent or personal representative as your financial agent.

You would like your Financial Power of Attorney document(s) to be effective:

❑ **Immediately**
❑ **Upon Incapacity**
❑ **Mixed**

Financial Agent: _____

Address: _____

Telephone Number: _____

Alternate Name: _____

Address: _____

Telephone Number: _____

Second Alternate Name: _____

Address: _____

Telephone Number: _____

4. Health Care Agent. Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee, personal representative or your financial agent, as your health care agent.

You would like your Health Care Power of Attorney document(s) to be effective:

❑ **Immediately**
❑ **Upon Incapacity**
❑ **Mixed**

Health Care Agent: _____

Address: _____

Telephone Number: _____

Alternate Name: _____

Address: _____

Telephone Number: _____

Second Alternate Name: _____

Address: _____

Telephone Number: _____

Plan of Distribution

1. Specific Gifts. Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

2. Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)
   - ☐ All to spouse; then among children, and if a child didn't survive, the deceased child's share to the deceased child's children.
   - ☐ All to spouse, then equally among surviving children.
   - ☐ All to spouse, then_____
   - ☐ As follows:_____

3. Ultimate Distribution. You might want to provide for the distribution of your property if neither you, your spouse, nor your children/other beneficiaries named above survive.

Please complete this section ***only*** if you have minor beneficiaries or beneficiaries with disabilities.

1. Guardian. If you have minor child(ren), beneficiary(ies), or child(ren)/beneficiary(ies) with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.
   Guardian: _____

   Address: _____

   Telephone Number: _____

   Alternate Name: _____

   Address: _____

   Telephone Number: _____

2. Testamentary Trustee. You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.
   Testamentary Trustee:_____

   Address: _____

   Telephone Number: _____

   Alternate Name: _____

   Address: _____

   Telephone Number: _____

3. Age of Distribution. If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

   _____

   _____

   _____

   _____

CASH ACCOUNTS

TYPE: Checking Account "CA" ◆ Savings Account "SA" ◆ Certificate of Deposits "CD" ◆ Safety Deposit Box "SD". (*Indicate type below for all bank and credit union accounts.*) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner. (Please bring your statements.)

Name of Institution and Branch Where Account was Opened ______________________ **Type** ________ **Account #** ______________________ **Owner** ________ **Balance** **$**__________

Address:______________________________________ **Phone:**___________________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

Name of Institution and Branch Where Account was Opened ______________________ **Type** ________ **Account #** ______________________ **Owner** ________ **Balance** **$**__________

Address:______________________________________ **Phone:**___________________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

Name of Institution and Branch Where Account was Opened ______________________ **Type** ________ **Account #** ______________________ **Owner** ________ **Balance** **$**__________

Address:______________________________________ **Phone:**___________________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

Name of Institution and Branch Where Account was Opened ______________________ **Type** ________ **Account #** ______________________ **Owner** ________ **Balance** **$**__________

Address:______________________________________ **Phone:**___________________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

Name of Institution and Branch Where Account was Opened ______________________ **Type** ________ **Account #** ______________________ **Owner** ________ **Balance** **$**__________

Address:______________________________________ **Phone:**___________________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market "MM" ◆ Investment Account "IA" ◆ Cash Management "CM" ◆ or Other Account "OA". (*Indicate type below for all investment and street accounts.*) If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner. (Please bring your statements.)

Name of Brokerage Firm **Type** **Account #** **Owner** **Amount**

____________________________ ______ ______________________ ______

Address:____________________________________ **Phone:**________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

Is this account pledged as collateral on any loans? ❑ **Yes** ❑ **No**

Name of Brokerage Firm **Type** **Account #** **Owner** **Amount**

____________________________ ______ ______________________ ______

Address:____________________________________ **Phone:**________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

Is this account pledged as collateral on any loans? ❑ **Yes** ❑ **No**

Name of Brokerage Firm **Type** **Account #** **Owner** **Amount**

____________________________ ______ ______________________ ______

Address:____________________________________ **Phone:**________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

Is this account pledged as collateral on any loans? ❑ **Yes** ❑ **No**

Name of Brokerage Firm **Type** **Account #** **Owner** **Amount**

____________________________ ______ ______________________ ______

Address:____________________________________ **Phone:**________________

Are funds electronically deposited or withdrawn from this account? ❑ **Yes** ❑ **No**

Is this account pledged as collateral on any loans? ❑ **Yes** ❑ **No**

STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts". If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock ____________________ **Number of Shares** ____________ **Owner** ______ **Fair Market Value** ________

Please provide name and address of Transfer Company:

Address: ________________________________ **Name:** __________________

________________________________ **Phone**: __________________

Is this stock pledged as collateral on any loans? ☐ **Yes** ☐ **No**

Name of Stock ____________________ **Number of Shares** ____________ **Owner** ______ **Fair Market Value** ________

Please provide name and address of Transfer Company:

Address: ________________________________ **Name:** __________________

________________________________ **Phone**: __________________

Is this stock pledged as collateral on any loans? ☐ **Yes** ☐ **No**

Name of Stock ____________________ **Number of Shares** ____________ **Owner** ______ **Fair Market Value** ________

Please provide name and address of Transfer Company:

Address: ________________________________ **Name:** __________________

________________________________ **Phone**: __________________

Is this stock pledged as collateral on any loans? ☐ **Yes** ☐ **No**

Name of Stock ____________________ **Number of Shares** ____________ **Owner** ______ **Fair Market Value** ________

Please provide name and address of Transfer Company:

Address: ________________________________ **Name:** __________________

________________________________ **Phone**: __________________

Is this stock pledged as collateral on any loans? ☐ **Yes** ☐ **No**

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, household furniture and furnishings and all other valuable non-business personal property. (*Indicate type below and give a lump sum value for miscellaneous items*.)

Type	**Owner**	**Value**	**Indicate Primary Driver for Automobiles**	**Is there a lien against the asset?**
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No

Name of Car Insurance Agent _____

Policy # _____

Company _____

Address_____**City**_____**State**_____**Zip**_____

Phone # _____**Fax #**_____**E-Mail**_____

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ◆ H.R. 10 ◆ IRA ◆ SEP ◆ 401(k) (*Indicate type below.*) Please provide a copy of your Retirement Plan Summary Agreement. (Please bring your statements.)

Company Name	**Type of Plan**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	__________	_____________	________________	_______

Account #_________________________

Address:____ **Phone:**__________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**

Company Name	**Type of Plan**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	__________	_____________	________________	_______

Account #_________________________

Address:____ **Phone:**__________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**

Company Name	**Type of Plan**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	__________	_____________	________________	_______

Account #_________________________

Address:____ **Phone:**__________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**

Company Name	**Type of Plan**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	__________	_____________	________________	_______

Account #_________________________

Address:____ **Phone:**__________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**

Company Name	**Type of Plan**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	__________	_____________	________________	_______

Account #_________________________

Address:____ **Phone:**__________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**

PENSION PLANS

Please bring your statements.

Company Name	**Account #**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	_____________	_______________	_______________	_______

Address:____ **Phone:**___________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**
Do your benefits continue to be paid out to a beneficiary after your death? ❑ **Yes** ❑ **No**
If yes, do your benefits continue to be paid out after the death of your beneficiary? ❑ **Yes** ❑ **No**

Company Name	**Account #**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	_____________	_______________	_______________	_______

Address:____ **Phone:**___________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**
Do your benefits continue to be paid out to a beneficiary after your death? ❑ **Yes** ❑ **No**
If yes, do your benefits continue to be paid out after the death of your beneficiary? ❑ **Yes** ❑ **No**

Company Name	**Account #**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	_____________	_______________	_______________	_______

Address:____ **Phone:**___________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**
Do your benefits continue to be paid out to a beneficiary after your death? ❑ **Yes** ❑ **No**
If yes, do your benefits continue to be paid out after the death of your beneficiary? ❑ **Yes** ❑ **No**

Company Name	**Account #**	**Owner**	**Beneficiary Upon Your Death**	**Value**
____________________	_____________	_______________	_______________	_______

Address:____ **Phone:**___________________

Are you currently receiving benefits from this plan? ❑ **Yes** ❑ **No**
Do your benefits continue to be paid out to a beneficiary after your death? ❑ **Yes** ❑ **No**
If yes, do your benefits continue to be paid out after the death of your beneficiary? ❑ **Yes** ❑ **No**

INSURANCE POLICIES

TYPE: Term ◆ Whole life ◆ Variable or Universal life ◆Split dollar ◆ Group life ◆ Second-To-Die ◆ Disability ◆ Long Term Care (*Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*).

Company Name **Insured** **Policy #** **Owner** **Type of Policy**

________________________ ________________ _______________ _____________ _____________

Address:_____________________________________ **Phone:**________________**Agent:**____________

Face Amount _____________ **Death Benefit** _______________ **Cash Value** _______________

Primary Beneficiary:______________________**Secondary Beneficiary:**________________________

Company Name **Insured** **Policy #** **Owner** **Type of Policy**

________________________ ________________ _______________ _____________ _____________

Address:_____________________________________ **Phone:**________________**Agent:**____________

Face Amount _____________ **Death Benefit** _______________ **Cash Value** _______________

Primary Beneficiary:______________________**Secondary Beneficiary:**________________________

Company Name **Insured** **Policy #** **Owner** **Type of Policy**

________________________ ________________ _______________ _____________ _____________

Address:_____________________________________ **Phone:**________________**Agent:**____________

Face Amount _____________ **Death Benefit** _______________ **Cash Value** _______________

Primary Beneficiary:______________________**Secondary Beneficiary:**________________________

Company Name **Insured** **Policy #** **Owner** **Type of Policy**

________________________ ________________ _______________ _____________ _____________

Address:_____________________________________ **Phone:**________________**Agent:**____________

Face Amount _____________ **Death Benefit** _______________ **Cash Value** _______________

Primary Beneficiary:______________________**Secondary Beneficiary:**________________________

Are any of the above referenced insurance policies pledged as collateral on any loans? ❑ Yes ❑ No

ANNUITIES

Please provide a copy of each annuity contract.

Company Name ____________ **Annuitant** ________ **Account #** ________ **Owner** __________ **Face Amount** $______ **Cash Value** $______

Address: ____________________ **Phone:**____________ **Agent:**__________

Primary Beneficiary:______________ **Secondary Beneficiary:**________________

Are you receiving any regular distributions from this annuity contract? ❑ **Yes** ❑ **No**
If "yes", do the distributions have "survivorship" or "period certain" provisions? ❑ **Yes** ❑ **No**
❑ **Survivorship** ❑ **Period Certain**

Company Name ____________ **Annuitant** ________ **Account #** ________ **Owner** __________ **Face Amount** $______ **Cash Value** $______

Address: ____________________ **Phone:**____________ **Agent:**__________

Primary Beneficiary:______________ **Secondary Beneficiary:**________________

Are you receiving any regular distributions from this annuity contract? ❑ **Yes** ❑ **No**
If "yes", do the distributions have "survivorship" or "period certain" provisions? ❑ **Yes** ❑ **No**
❑ **Survivorship** ❑ **Period Certain**

Company Name ____________ **Annuitant** ________ **Account #** ________ **Owner** __________ **Face Amount** $______ **Cash Value** $______

Address: ____________________ **Phone:**____________ **Agent:**__________

Primary Beneficiary:______________ **Secondary Beneficiary:**________________

Are you receiving any regular distributions from this annuity contract? ❑ **Yes** ❑ **No**
If "yes", do the distributions have "survivorship" or "period certain" provisions? ❑ **Yes** ❑ **No**
❑ **Survivorship** ❑ **Period Certain**

Company Name ____________ **Annuitant** ________ **Account #** ________ **Owner** __________ **Face Amount** $______ **Cash Value** $______

Address: ____________________ **Phone:**____________ **Agent:**__________

Primary Beneficiary:______________ **Secondary Beneficiary:**________________

Are you receiving any regular distributions from this annuity contract? ❑ **Yes** ❑ **No**
If "yes", do the distributions have "survivorship" or "period certain" provisions? ❑ **Yes** ❑ **No**
❑ **Survivorship** ❑ **Period Certain**

BONDS

TYPE: US Savings Bonds Corporate Bonds ◆ Municipal Bonds ◆ Treasury Bills (*Indicate type below*.)
If you are named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Owner	Face Value	Social Security # on Bond Face

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ◆ Other monies owed to you
(Please provide a copy of any promissory notes.)

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.
(Please provide a copy of the Partnership Agreement.)

Name of Partnership or LLC_____

Owners_____ **Value**_____

Who holds Partnership or LLC papers_____ **Phone:**_____

Is this a "Professional" Partnership or LLC? ❑ Yes ❑ No

Entity Type: ❑ General Partnership ❑ Limited Partnership ❑ Limited Liability Company

Name of General Partner or Managing Member_____

Name of Partnership or LLC_____

Owners_____ **Value**_____

Who holds Partnership or LLC papers_____ **Phone:**_____

Is this a "Professional" Partnership or LLC? ❑ Yes ❑ No

Entity Type: ❑ General Partnership ❑ Limited Partnership ❑ Limited Liability Company

Name of General Partner or Managing Member_____

Do any of your children work in a business with you?

_____

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.
(Please provide a copy of your Corporate book and any Buy/Sell agreements, if applicable.)

Company_____________________ Address__________________________Phone:_________________

Number of Shares_________________________% of Ownership ______________________________

Owner_______________________________________Value_____________________________________

Is there a Buy/Sell Agreement ❑ Yes ❑ No Is this an "S-Corporation" ❑ Yes ❑ No

Is this a "Professional" Corporation? ❑ Yes ❑ No

Company_____________________ Address__________________________Phone:_________________

Number of Shares_________________________% of Ownership ______________________________

Owner_______________________________________Value_____________________________________

Is there a Buy/Sell Agreement ❑ Yes ❑ No Is this an "S-Corporation" ❑ Yes ❑ No

Is this a "Professional" Corporation? ❑ Yes ❑ No

Company_____________________ Address__________________________Phone:___________________

Number of Shares_________________________% of Ownership ______________________________

Owner_______________________________________Value_____________________________________

Is there a Buy/Sell Agreement ❑ Yes ❑ No Is this an "S-Corporation" ❑ Yes ❑ No

Is this a "Professional" Corporation? ❑ Yes ❑ No

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____

Is this a "Professional" Business? ❑ Yes ❑ No

Business Insurance Agent _____ **Phone**_____ **Policy #**_____

Address_____**City**_____**State**_____**Zip**_____

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____

Is this a "Professional" Business? ❑ Yes ❑ No

Business Insurance Agent _____ **Phone**_____ **Policy #**_____

Address_____ **City** _____ **State** _____ **Zip** _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Value
_____	_____
_____	_____

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ◆ Overriding royalty ◆ Fee mineral estate ◆ Working interest ◆ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Company_____ **Type**_____ **Name**_____

Address_____ **City**_____ **State**_____ **Zip**____

County_____ **Phone #**_____

Owner_____ **Value**_____

Company_____ **Type**_____ **Name**_____

Address_____ **City**_____ **State**_____ **Zip**____

County_____ **Phone #**_____

Owner_____ **Value**_____

OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

Description	**Owner**	**Value**

REAL PROPERTY

TYPE: Land ◆ Buildings ◆ Homes ◆ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ◆ Tenants in common (TC) ◆ Tenancy by the entireties (TBE)

Owner **Mortgage Amount** **Fair Market Value**

_____ _____ _____

Address_____ **City** _____ **State** _____ **Zip** _____

County_____

Legal Description _____

Home Insurance Agent _____ **Phone**_____

Company_____ **Policy #**_____

Address _____ **City**_____ **State**_____ **Zip**_____

What year did you buy this property? _____ **How much did you pay?**_____

Please provide a copy of your Title Insurance Policy

Owner **Mortgage Amount** **Fair Market Value**

_____ _____ _____

Address_____ **City** _____ **State** _____ **Zip** _____

County_____

Legal Description _____

Home Insurance Agent _____ **Phone**_____

Company_____ **Policy #**_____

Address _____ **City**_____ **State**_____ **Zip**_____

What year did you buy this property?_____ **How much did you pay?**_____

Please provide a copy of your Title Insurance Policy

Owner **Mortgage Amount** **Fair Market Value**

_____ _____ _____

Address_____ **City** _____ **State** _____ **Zip** _____

County_____

Legal Description _____

Home Insurance Agent _____ **Phone**_____

Company_____ **Policy #**_____

Address _____ **City**_____ **State**_____ **Zip**_____

What year did you buy this property? _____ **How much did you pay?**_____

Please provide a copy of your Title Insurance Policy

Owner | **Mortgage Amount** | **Fair Market Value**

________________________________ ________________________ ________________________

Address_____________________________________ **City** __________________ **State** _____ **Zip** ________

County_____________________________________

Legal Description ____

Home Insurance Agent ________________________ **Phone**________________________________

Company____ **Policy #**____________________

Address _________________________ **City**________________ **State**______ **Zip**________________

What year did you buy this property? ___________ **How much did you pay?**__________________

Please provide a copy of your Title Insurance Policy

Owner | **Mortgage Amount** | **Fair Market Value**

________________________________ ________________________ ________________________

Address_____________________________________ **City** __________________ **State** _____ **Zip** ________

County_____________________________________

Legal Description ____

Home Insurance Agent ________________________ **Phone**________________________________

Company____ **Policy #**____________________

Address _________________________ **City**________________ **State**______ **Zip**________________

What year did you buy this property? ___________ **How much did you pay?**__________________

Please provide a copy of your Title Insurance Policy

Owner | **Mortgage Amount** | **Fair Market Value**

________________________________ ________________________ ________________________

Address_____________________________________ **City** __________________ **State** _____ **Zip** ________

County_____________________________________

Legal Description ____

Home Insurance Agent ________________________ **Phone**________________________________

Company____ **Policy #**____________________

Address _________________________ **City**________________ **State**______ **Zip**________________

What year did you buy this property? ___________ **How much did you pay?**__________________

Please provide a copy of your Title Insurance Policy

General Questions

Notes and Questions: Please note anything else which may be of importance in planning your estate, or note any questions you may have.