

**CONFIDENTIAL ESTATE PLANNING INFORMATION FORM
FOR SINGLE CLIENTS**

This questionnaire was developed for use by LOVISCKY & ASSOCIATES in designing comprehensive estate plans for clients. Please complete as much of this form as you can before our meeting. It will facilitate our time together, and make our session most productive. Please bring copies of any requested documents with you. If necessary, my staff can make copies of those documents, and we will return those to you at our next meeting. It is important that you complete this form as thoroughly as you can, as our advice to you will be based upon the information you provide. Any material misstatements or omissions may result in improper advice for your situation. **The information that you supply on this form will be retained in our files, and no information will be released to any person without your prior permission.**

DATE: _____

1. Basic Information

Full Name: _____

Date of Birth: _____

Other Names Known By: _____

Place of Birth: _____

Occupation (former if retired): _____

Citizenship: _____

Employer: _____

Home Address: _____

Home Phone Number: _____

Office Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Fax Number: _____

Any serious health problems? Yes No

2. Advisors

Attorney: _____

Phone Number: _____

Accountant: _____

Phone Number: _____

Trust Officer: _____

Phone Number: _____

Insurance Agent: _____

Phone Number: _____

Financial Advisor: _____

Phone Number: _____

Pension Plan Advisor: _____

Phone Number: _____

May we speak to your advisors directly? Yes No

For tax and financial planning purposes, we recommend that your accountant and financial advisor be kept informed of your estate planning. Would you like for your accountant and financial advisor to receive copies of correspondence and draft and final documents?

Yes No

3. Names of Children of (if adopted, indicate (A) after name; if deceased, please indicate (D) after name):

A. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

B. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

C. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

D. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

E. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

4. Are there any family members who require special schooling, special medical attention, or other special attention? Yes No

If Yes, please give name(s) and describe nature of needs: _____

5. Do you have any other relatives now or likely in the future to be dependent upon you for support?

Yes No

If Yes, give name(s) and relationships: _____

6. Do you have any legal obligations to a former spouse or children?

Yes No If Yes, please provide a copy of relevant document(s).

7. Do you have a present Will? Yes No

If Yes, please attach a copy.

8. Do you have any present Trusts? Yes No

If Yes, please attach a copy.

9. Do you have a present Power of Attorney? Yes No

If Yes, please attach a copy.

10. Do you have a present Durable Healthcare Power of Attorney and/or Living Will?

Yes No If Yes, please attach a copy.

11. Have you ever received a substantial amount by inheritance? Yes No
 If Yes, when? _____ Approximate amount: \$ _____
 Do you anticipate receiving an inheritance? Yes No
 If Yes, give approximate amount: \$ _____
12. Do you hold a power of appointment under another person's Will or Trust?
Yes No If Yes, please attach a copy.
13. Have you ever been required to file a gift tax return?
Yes No If Yes, what years? _____
 Please attach copies of any gift tax returns.
14. Do you work for a business which has some type of plan under which your estate or the person you specify will receive benefits on your death?
Yes No Not Sure
15. Are you a party to a Shareholder or Partnership Agreement (including any Buy-Sell Agreements)? Yes No If Yes, please attach a copy.
16. Do you have a safe deposit box? Yes No
 If Yes, where located? _____
 Name(s) box is listed under: _____
17. Do you own any property in a foreign country? Yes No
 If Yes, give country and approximate value: \$ _____
18. Are you presently involved in any litigation, or is there litigation or potential claims against you that are known? Yes No
19. Are you engaged in any high risk ventures, professions, or circumstances that would make creditor planning important? Yes No

We will do your planning based upon the information described in this form. If you wish for us to verify any of this information, please provide us with copies of any Deeds, Mortgages, account statements, or other confirmatory documentation, if requested. The specific ownership and designation of assets, liabilities, and beneficiary designations must be coordinated properly for estate planning documents to function as intended.

The undersigned has reviewed this form and the following asset summary information and believes it to be accurate.

Client

LIST OF ASSETS

(or attach Personal Financial Statement)

Approximate Fair Market <u>Value:</u>	<u>Cost Basis:</u>	Percentage of Ownership (if <u>held jointly</u>):

1. Real estate:

Address Type (Residence/Rental/Land)

2. Bank accounts, certificates of deposit, money market funds, etc.:

Name of Financial Institution Account Number

3. Marketable securities:

Name of Financial Institution Account Number

4. Annuities:

	Approximate Fair Market <u>Value:</u>	<u>Cost Basis:</u>	Percentage of Ownership (if <u>held jointly</u>):
5. IRAs and retirement plans: <u>Name of Plan</u> <u>Account Number</u> <hr/> <hr/> <hr/>			
6. Closely held businesses (corporations, LLCs, partnerships, sole proprietorships):* <u>Name of Business</u> <u>Ownership Interest</u> <hr/> <hr/> <hr/>			
7. Other assets not listed above: <hr/> <hr/> <hr/>			
8. Valuable personal property: Motor vehicles, boats, etc.: <hr/> <hr/>			
Jewelry: _____ <hr/>			
Art, other valuable items (describe): <hr/> <hr/> <hr/>			
* Please attach copies of any shareholders' agreements, operating agreements, or partnership agreements.			

Approximate Fair Market Value:	<u>Cost Basis:</u>	Percentage of Ownership (if <u>held jointly</u>):
	N/A	
	N/A	
	N/A	
	N/A	

9. Mortgages or other substantial debts:

10. Life insurance:

Company	Death Benefit	Cash Value	Person Insured	Policy Owner	Beneficiary
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