



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Monthly Income:

Husband

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
SALARY INVESTMENTS OTHER TOTAL

Wife

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
SALARY INVESTMENTS OTHER TOTAL

If income includes social security or pension income, please list gross and net amounts:

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Others To Be Considered at your death:

<u>NAME</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>	<u>EXTENT OF DEPENDENCY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other than the child or grandchild listed above, are any intended beneficiaries eligible for Medicaid or currently living in an Assisted or Skilled Nursing Facility? \_\_\_\_\_

\_\_\_\_\_

Have you or anyone else already established an intervivos trust for any intended beneficiary? \_\_\_\_\_

Do you want his or her share to be distributed to that trust? \_\_\_\_\_

Is so, state date trust was executed, name of Grantor and attach copy of Trust \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PERSONAL OBJECTIVES

COLLEGE FUND FOR GRANDCHILDREN.....\$ \_\_\_\_\_

OTHER (PLEASE DESCRIBE).....\$ \_\_\_\_\_

SPECIAL BEQUESTS TO CHARITIES:

EXISTING \$ \_\_\_\_\_  
DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

PLANNED \$ \_\_\_\_\_  
DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

In the event of death, would home be • retained or • sold



**GIFTS AND TRUSTS**

HAVE ANY TRUSTS BEEN CREATED? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe fully or enclose copy \_\_\_\_\_

HAVE ANY REPORTABLE GIFTS (i.e. above \$10,000 in any year) BEEN MADE

Yes \_\_\_\_\_ No \_\_\_\_\_ DESCRIBE \_\_\_\_\_

LIST **ALL** GIFTS (OTHER THAN BIRTHDAY, CHRISTMAS, WEDDING, ETC. GIFTS) MADE DURING THE LAST FIVE YEARS, INCLUDING THE AMOUNT OF THE GIFT AND TO WHOM THE GIFT WAS MADE: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE POSSIBLE FUTURE INHERITANCES: \_\_\_\_\_

**ASSETS AND LIABILITIES**

**HOW OWNED**

NAME OF ASSET	JOINT TEN. PERCENT		BY HUSB.	BY WIFE	TEN. IN COMMON (3)	COMM. PROP. (4)	CURRENT VALUE	DEPENDABLE INCOME (5)
	(1)	(2)						
CASH AND BANK ACCOUNTS (jointly owned)	• _____%		•	•	•	•	\$ _____	\$ _____
CASH AND BANK ACCOUNTS (individually owned)	• _____%		•	•	•	•	\$ _____	\$ _____
CASH AND BANK ACCOUNTS (individually owned)	• _____%		•	•	•	•	\$ _____	\$ _____
NOTES RECEIVABLE	• _____%		•	•	•	•	_____	_____
LIFE INS. AND ANNUITIES	• _____%		•	•	•	•	_____	_____
REAL ESTATE	• _____%		•	•	•	•	_____	_____
MARKETABLE SECURITIES AND MUTUAL FUNDS	• _____%		•	•	•	•	_____	_____
BENEFIT PLANS	• _____%		•	•	•	•	_____	_____

BUSINESS INTEREST	• _____%	•	•	•	•	_____	_____
PERSONAL EFFECTS	• _____%	•	•	•	•	_____	_____
_____	• _____%	•	•	•	•	_____	_____
_____	• _____%	•	•	•	•	_____	_____
_____	• _____%	•	•	•	•	_____	_____
						HUSBAND'S TOTAL	\$_____ \$_____
						WIFE'S TOTAL	\$_____ \$_____

**LIABILITIES**

NAME OF LIABILITY  
 (Show personal liabilities only -  
 Bus. debts reduce value of bus.)

	HUSBAND	WIFE	PRINCIPAL BALANCE	TERM
MORTGAGES	_____	_____	_____	_____
BANK LOANS	_____	_____	_____	_____
NOTES PAYABLE	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL	\$_____	\$_____		

**LIFE INSURANCE AND ANNUITIES**

REF. NO.	NAME OF INSURED	COMPANY	POLICY NUMBER	OWNER Primary	BENEFICIARY Primary	BENEFICIARY Contingent	PLAN OF INSURANCE (Whole Life, Term, Etc.)
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Total Life Insurance-Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_ Children \$ \_\_\_\_\_

REAL ESTATE

HOW OWNED

TYPE	LOCATION (STATE)	JOINT TEN. PERCENT		BY HUSB.	BY WIFE	TEN. IN COMMON (3)	COMM. PROP. (4)	FAIR MARKET VALUE
		(1)	(2)					
RESIDENCE	_____	•	____%	•	•	•	•	\$ _____
_____	_____	•	____%	•	•	•	•	_____
_____	_____	•	____%	•	•	•	•	_____
_____	_____	•	____%	•	•	•	•	_____
_____	_____	•	____%	•	•	•	•	_____
TOTAL VALUES								\$ _____

PAY OFF MORTGAGES AT

MORTGAGE BALANCE	DEATH OF FIRST SPOUSE	DEATH OF SECOND SPOUSE	OTHER	OTHER JOINT OWNERS
\$ _____	•	•	_____	_____
\$ _____	•	•	_____	_____
\$ _____	•	•	_____	_____
\$ _____	•	•	_____	_____
\$ _____	•	•	_____	_____

SPLIT-DOLLAR PLAN • YES • NO (List insurance information on page 5 & 6)

DESCRIBE PLAN OF INSURANCE, DEATH BENEFIT, OWNERSHIP AND BENEFICIARY (Furnish copy of Agreement if possible)

\_\_\_\_\_  
 \_\_\_\_\_

ONE YEAR TERM INSURANCE IN FORCE • YES • NO INSURED'S CONSENT REQUIRED TO CHANGE BENEFICIARY • YES • NO

DEFERRED COMPENSATION AGREEMENT • YES • NO

DESCRIBE PROVISIONS AND FUNDING (Furnish copy of Agreement if possible) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STOCK BONUS, STOCK OPTION OR THRIFT PLANS • YES • NO

DESCRIBE PROVISIONS (Furnish copy of Agreement if possible) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VETERANS BENEFITS

ELIGIBLE • YES • NO PERIOD OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

BRANCH \_\_\_\_\_ SERVICE NO. \_\_\_\_\_ DISABILITY? \_\_\_\_\_

RAILROAD RETIREMENT OR OTHER PLANS

DESCRIBE BENEFITS \_\_\_\_\_  
\_\_\_\_\_

MUTUAL FUNDS/STOCKS

NAME OF COMPANY	NO. OF SHARES	OWNER	TYPE	ORIGINAL COST	CURRENT VALUE PER SHARE	TOTAL CURRENT VALUE
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

**BONDS**

TYPE	OWNER	INTEREST RATE	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		TOTAL	\$ _____

**BENEFIT PLANS**

- PENSION
- PROFIT SHARING
- NONE

AMOUNT OF CURRENT DEATH BENEFIT \$ \_\_\_\_\_ ESTIMATED PENSION AT AGE 65 \$ \_\_\_\_\_

BENEFICIARY: PRIMARY \_\_\_\_\_ SUCCESSOR \_\_\_\_\_

PERCENT CONTRIBUTED BY EMPLOYER \_\_\_\_\_% BY EMPLOYEE \_\_\_\_\_%

DEATH BENEFIT FUNDED BY: LIFE INSURANCE \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

ARE EMPLOYEE CONTRIBUTIONS APPLIED TO REDUCE PS 58 COSTS • YES • NO

INDIVIDUAL RETIREMENT ACCOUNT • YES • NO

TYPE OF FUNDING \_\_\_\_\_

ANNUAL CONTRIBUTION (SELF) \$ \_\_\_\_\_ TOTAL CONTRIBUTIONS (SELF) \$ \_\_\_\_\_ DATE STARTED \_\_\_\_\_ NO. OF EMPLOYEES COVERED \_\_\_\_\_

DEATH BENEFIT \$ \_\_\_\_\_ PRIMARY BENEFICIARY \_\_\_\_\_ SUCCESSOR BENEFICIARY \_\_\_\_\_

**BUSINESS INTERESTS**

NAME OF BUSINESS \_\_\_\_\_ NATURE \_\_\_\_\_

VALUE \$ \_\_\_\_\_ DETERMINED BY • CLIENT'S ESTIMATE • BOOK VALUE • FORMULA METHOD

FORM OF BUSINESS • SOLE PROPRIETORSHIP • PARTNERSHIP • CORPORATION  
• SUB-CHAPTER S CORP • PROFESSIONAL CORP • OTHER

NET PROFIT (Before owners' earnings & taxes) 19\_\_ \$ \_\_\_\_\_ 19\_\_ \$ \_\_\_\_\_ 19\_\_ \$ \_\_\_\_\_

BUY AND SELL AGREEMENT • YES • NO (Enclose copy or describe in letter)

AT DEATH, BUSINESS IS TO BE:

- CONTINUED BY HEIRS
- SOLD TO SURVIVING OWNERS
- SOLD TO KEY MEN
- LIQUIDATED
- OTHER

BUSINESS LIFE INSURANCE \_\_\_\_\_

(List reference numbers of policies shown on page 4)

NAMES OF OWNERS AND KEY EMPLOYEES	DATE OF BIRTH	% OWNED OR NO. OF SHARES	ANNUAL INCOME FROM BUS.	INCLUDE IN BUY-SELL
_____	_____	_____	\$ _____	• YES • NO
_____	_____	_____	\$ _____	• YES • NO
_____	_____	_____	\$ _____	• YES • NO
_____	_____	_____	\$ _____	• YES • NO
_____	_____	_____	\$ _____	• YES • NO

NAME OF BUSINESS \_\_\_\_\_ NATURE \_\_\_\_\_

VALUE \$ \_\_\_\_\_ DETERMINED BY • CLIENT'S ESTIMATE • BOOK VALUE • FORMULA METHOD

FORM OF BUSINESS • SOLE PROPRIETORSHIP • PARTNERSHIP • CORPORATION  
 • SUB-CHAPTER S CORP • PROFESSIONAL CORP • OTHER

NET PROFIT (Before owners' earnings & taxes) 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_

BUY AND SELL AGREEMENT • YES • NO (Enclose copy or describe in letter)

AT DEATH, BUSINESS IS TO BE:

• CONTINUED BY HEIRS • SOLD TO SURVIVING OWNERS • SOLD TO KEY MEN • LIQUIDATED • OTHER

BUSINESS LIFE INSURANCE \_\_\_\_\_

(List reference numbers of policies shown on page 4)

NAMES OF OWNERS AND KEY EMPLOYEES	DATE OF BIRTH	% OWNED OR NO. OF SHARES	ANNUAL INCOME FROM BUS.	INCLUDE IN BUY-SELL
_____	_____	_____	\$ _____	• YES • NO
_____	_____	_____	\$ _____	• YES • NO
_____	_____	_____	\$ _____	• YES • NO
_____	_____	_____	\$ _____	• YES • NO
_____	_____	_____	\$ _____	• YES • NO

ADDITIONAL COMMENTS

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