

MACK & MACK, ATTORNEYS
ESTATE PLANNING WORKSHEET

Please complete as much of this form as possible. As it relates to monetary amounts, estimates are acceptable. If there is information requested which does not apply to you, please mark as "not applicable" or N/A.

A. Background Information

**Client A
Husband**

**Client B
Wife**

1. Full legal name: _____

2. Addresses and Phone Numbers

Primary Residence: _____

Tel: _____ Tel: _____

2nd Home: _____

Tel: _____ Tel: _____

Business _____

Tel: _____ Tel: _____

Preferred Email Address: _____

Preferred Method of Contact: _____ Telephone _____ Email _____ U.S. Mail

3. Profession/Employer: _____

4. Dates of Birth: _____

5. Birthplace: _____

6. Citizenship: _____

7. Social Sec. No.: _____

B. Family Information

Children

1. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____

2. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____

3. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____

4. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____

5. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____

Grandchildren (if any)

1. Name: _____ Date of Birth: ___/___/___

2. Name: _____ Date of Birth: ___/___/___

3. Name: _____ Date of Birth: ___/___/___

4. Name: _____ Date of Birth: ___/___/___

5. Name: _____ Date of Birth: ___/___/___

Are any of the above children or grandchildren adopted? _____

C. Financial Information

Approximate Annual Income

	Client A Husband	Client B Wife
1. Salary/commissions:	_____	_____
2. Interest/dividends:	_____	_____
3. Bonuses:	_____	_____
4. Other income:	_____	_____

Asset Values

	Client A Husband	Client B Wife	Jointly Held
1. Cash:	_____	_____	_____
2. Investment Accounts: (Stocks, Brokerage)	_____	_____	_____
3. Primary Residence:	_____	_____	_____
4. Other Real Estate: (est. FMV)	_____	_____	_____
5. Personal Property: (furniture, jewelry art, tools, etc.)	_____	_____	_____
6. Retirement Accounts: (401k, IRA, etc.)	_____	_____	_____
7. Insurance cash value:	_____	_____	_____
8. Vehicles:	_____	_____	_____
9. Business Assets:	_____	_____	_____
10. Notes Receivable:	_____	_____	_____
10. Other:	_____	_____	_____

Liabilities (Mortgages, Car Loans, Personal Loans, Debts, Legal Judgments) Do not list recurring debts such as credit card debt and utility bills.

	Amount of Debt	Nature of Debt	Creditor/Lender
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

D. Life Insurance

	Insured	Face Value	Cash Value	Primary Beneficiary	Alternate Beneficiary
1.	<u>Client A (Husband)</u>				
	Policy #1:	_____	_____	_____	_____
	Insurance Company:	_____			
	Policy #2:	_____	_____	_____	_____
	Insurance Company:	_____			
	Policy #3:	_____	_____	_____	_____
	Insurance Company:	_____			
2.	<u>Client B (Wife)</u>				
	Policy #1:	_____	_____	_____	_____
	Insurance Company:	_____			
	Policy #2:	_____	_____	_____	_____
	Insurance Company:	_____			
	Policy #3:	_____	_____	_____	_____
	Insurance Company:	_____			

E. Professional Relationships

1. Accountant

Name: _____

Address: _____

Phone: _____

2. Investment Manager

Name: _____

Address: _____

Phone: _____

3. Life Insurance Agent

Name: _____

Address: _____

Phone: _____

F. Other Matters

1. Do you have any existing estate planning documents (wills, trusts, health care proxies, etc.)?

2. Do you expect to inherit cash or assets from parents or other relatives?

3. Have you been previously married (prior to your current marriage)?

4. Do you currently have a pre-marital or pre-nuptial agreement?

5. To your knowledge, are you a beneficiary under any existing trusts?

6. Who are the appropriate individuals to serve as Guardians for your minor children (if any)?

7. Do you have any children or grandchildren with special needs or disabilities?

8. Have you made any monetary gifts (or loans) to your children or grandchildren which you expect to be paid back or you expect to be subject to an adjustment under your estate plan at the time of your death?

9. Do you maintain a safe deposit box? If so, where and who has access to it?

G. Estate Planning Objectives

Please describe any significant estate planning objectives or concerns.

Should you have any questions with regard to completing the attached form please call our office at (803) 548-7200.