

CONFIDENTIAL ESTATE PLANNING WORKSHEET

DATE _____

NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

ADDRESS _____

CITY, STATE ZIP _____ COUNTY _____

EMPLOYER _____ POSITION _____

SPOUSE'S NAME (IF MARRIED) _____

SPOUSE'S DATE OF BIRTH _____

(DATE OF DEATH IF DECEASED) _____

SPOUSE'S SOCIAL SECURITY # _____

EMPLOYER _____ POSITION _____

PHONE NUMBERS Home (____) _____ Business (____) _____

FAX NUMBER (____) _____ E-MAIL ADDRESS _____

BANK AFFILIATION _____

ACCOUNTANT/FIRM _____

SAFE DEPOSIT BOX LOCATION _____

LIVING CHILDREN -

Name	Birth Date	Married? If so, Spouse's Name	Address	Children
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you (or your spouse) have any deceased children? _____

If so, please list name, year of death and whether they were survived by children _____

Questions to Consider in Advance of Conference

1. Do your children (or grandchildren) have any problems or handicaps which should be considered in designing your estate plan? Do you support anyone other than your spouse and children?
2. Do you wish to make any gifts or contributions of property or money to any charities, friends or other relatives in your Will?
3. If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a plane crash, whom would you want to have your property? (Have your spouse answer this question separately.)
4. If you decided to name a guardian for your minor children (in case your spouse does not survive) whom would you name? (Think about a successor to the original guardian also.)
5. If you wanted an individual to serve as Personal Representative or Trustee (with or without a Bank as Co-Executor or Co-Trustee), whom would you name? (Think about a successor also.)
6. Do you or your spouse expect to receive any gifts or inheritances in the future?
7. Have you or your spouse made any gifts in excess of \$10,000 to any person in any one year? If so, was a Gift Tax Return filed?
8. Are you a beneficiary or the holder of a power of appointment under any trust?
9. Are you interested in a durable power of attorney or health care power of attorney which expresses your desires in case of severe illness or condition?
10. Are both you and your spouse a U.S. citizen?

Estate Evaluation

Description of Assets	Client	Spouse (If Applicable)	Joint (List whether held as tenants-in- common or joint tenants with rights of survivorship)
Residence (Fair Market Value)			
Other Real Property - List Address			
Publicly-Traded Securities			
Closely-Held and Untraded Securities (For example, Family Business Corporation)			
Business Partnership or Sole Proprietor Interests			
Bank Accounts, Certificates of Deposit and Cash Equivalents			
Automobiles and Boats			
Other Personal Property (Jewelry, Art, Antiques, etc.)			
Life Insurance - List Value of Death Benefit			
Pension and Profit-Sharing Accounts; IRAs (All assets held in tax-qualified accounts should be included)			
Total Gross Estate	\$	\$	\$
Less all Debts and Mortgages	(\$)	(\$)	(\$)
Total	\$	\$	\$

Other Information

Life Insurance -

Owner	Insurance Company & Agent	Death Benefit	Principal Beneficiary	Secondary Beneficiary	Term, U.L. or Whole Life
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In case of your death or retirement, would any employer make payments to you or your spouse under any qualified pension or profit-sharing plan, deferred compensation plan, etc.? If so, please describe, with approximate amounts and designated beneficiary. Did you contribute to such plans (voluntary or otherwise)? Who is the death beneficiary of such rights?

Do you or your spouse own any interest in real or personal property located outside of the State of Michigan? If so, please describe property and ownership interest.