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CONFIDENTIAL	PERSONAL INFORM	/IATION	Date	e:
Your Name (in full):				
Name used when sign	ing a legal document:			
Date of Birth:		Social Security N	umber:	
Address:		County of Reside	ence:	
		E-mail Address:		
Home Phone Number:		Business Phone	Number:	
Cell Phone Number:		Citizenship:		
Veteran Status:		Dates of Service/	Branch:	
Please provide the foll	owing information regardi	ng your current or l	ast employ	er and note if retired:
Name of Employer:		Position:		
Employer's Address:				
Your Spouse's Name (	(in full):			
Name used when sign	ing a legal document:			
Date of Birth:		Social Security N	umber:	
Address:		County of Reside	ence:	
		E-mail Address:		
Home Phone Number:		Business Phone	Number:	
Cell Phone Number: _		Citizenship:		
Veteran Status:		Dates of Service/	Branch:	
Please provide the foll	owing information regardi	ng your current or l	ast employ	er and note if retired:
Name of Employer:		Position:		
Employer's Address:				

#### **CURRENT MARRIAGE**

Date of Marriage:	Place of Marriage:
PRIOR MARRIAGES	
Have either of you been previously married?	YES/NO
If yes, please explain:	
When did the prior marriage(s) end?	
How did the prior marriage(s) end (death/divorce	e)?

Have you signed an agreement governing your rights and responsibilities toward your current or a former spouse? YES / NO (if yes, please provide a copy of that agreement)

Have you ever lived in a community property state? YES / NO

### PROFESSIONAL ADVISORS:

Attorney:	Address:
Phone Number:	
Accountant:	Address:
Phone Number:	
Investment Advisor:	Address:
Phone Number:	
Insurance Agent:	Address:
Phone Number:	
LOCATION OF:	
Safe Deposit Box:	
Valuable Papers:	
How did you come to choose this firm/attorney for y	our estate planning needs?

Are there any specific topics or issues you would like to discuss?

# CHILDREN

Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent if not a child of current marriage:
Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent if not a child of current marriage:
Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent if not a child of current marriage:
Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent if not a child of current marriage:
Is any child disabled?	
Is any child adopted?	
Is any child deceased?	

# GRANDCHILDREN

Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent:
Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent:
Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent:
Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent:
Name:	Date of Birth:
Address:	Phone Number:
	Social Security Number:
Married? YES / NO	Parent:
Is any grandchild disabled?	
Is any grandchild adopted?	
Is any grandchild deceased? 828-254-8800 • www.mwblawyers.com	Page 4 of 9

### ASSET SCHEDULE

## **Real Estate:**

Location/Description	Title Holder/Owner(s)	Mortgage Amount	Market Value

# Life Insurance or Long Term Care Insurance:

Company	Insured	Owner	Beneficiaries	Value
			Primary:	
			Contingent:	
			Primary:	
			Contingent:	
			Primary:	
			Contingent:	
			Primary:	
			Contingent:	

Does anyone other than you or your spouse own insurance on your life? YES / NO

# RETIREMENT ACCOUNTS (e.g. IRA, 401k, SEP, 403b):

Account Type	Description	Owner	Beneficiaries	Value
			Primary:	
			Contingent:	-
			Primary:	
			Contingent:	_
			Primary:	
			Contingent:	_
			Primary:	
			Contingent:	_

#### Investments (e.g. stocks, mutual funds, brokerage accounts):

Company	Description	Owner	Market Value

Are any of these accounts payable to a designated beneficiary? YES / NO

#### Cash, CDs, and Checking/Savings/Money Market Accounts:

Banking Institution	Type of Account	Owner	Balance/Value

Are any of these accounts payable to a designated beneficiary? YES / NO

#### Business Interests (e.g. limited liability company, partnership, closely-held corporation):

If so, please provide any copies of operating or partnership agreements, split-dollar agreements, and non-qualified deferred compensation agreements.

Business Entity	Shares Held	Owner	Estimated Value

## Promissory Notes, Mortgages, and other monies *payable/owed to you* by others:

Description	Debtor	Owner	Balance Owed to You

Automobiles, boats, jewelry, household furnishings, and other miscellaneous personal property:

Description	Owner	Value	

### LIABILITY/DEBT SCHEDULE

Debts you owe to institutions or individuals (e.g. promissory notes, credit cards, conditional guarantees)

Description	Creditor	Borrower	Balance Owed on Debt

<b>INCOME SCHEDULE</b> Please provide the following information regarding the <u>monthly</u> income of you and your spouse.					
INCOME SOUR	CE	YC	DU	YOUR SPOUSE	
Wages/Work Earnings					
Social Security Select the type: Retirement/Disability	y/SSI				
Veterans' Benefits					
Private Pension					
Public Employee Pensi	on				
Railroad Retirement					
Annuity					
Alimony					
Unemployment Compe	nsation				
Worker's Compensation	n				
Rental Income					
Trust Income					
Interest and Dividends					
Other:					
TOTAL MONTHLY INCO	OME:				
<b>GIFT HISTORY</b> Please indicate any gifts or transfers of any asset for less than fair market value in the past 5 years.					
Asset	R	ecipient	Value	Was a gift tax return filed?	

## **CONSIDERATION SHOULD BE GIVEN TO THE FOLLOWING:**

Note: If you do not understand all of the questions on the following pages, we will be happy to review them with you. Please also provide copies of any existing powers of attorney, last wills and testaments, & trusts.

У	ou. Please also provide copies of any existing pow	vers of attorney, last wills and testaments, & trusts.						
1.	Who should be the Executor of your estate?	Primary: Backup:						
2.	Who should be Trustee of any trusts for children?	Primary: Backup:						
3.	<ol><li>Describe the way each of you would like your property to be distributed at your death:</li></ol>							
	If your spouse survives you:							
	If you survive your spouse:							
	In the event of your simultaneous deaths:							
	In the event all named beneficiaries pre	edecease you:						
4.	At what age would you like your children or the designated beneficiaries to receive the principal of any trust for their benefit?							
5.	If you are guardian for either minor children or a disabled adult, whom would you like to designate as the primary and backup guardian for those individuals?							
6.	Do you anticipate receiving an inheritance the source and estimated amount:	e in the near future? If so, please explain						

- 7. Are you currently a beneficiary of a trust? If so, please explain and provide a copy.
- 8. Are you currently serving as legal guardian, power of attorney, trustee, or executor for another person?
- 9. Are you currently involved in a lawsuit or have reason to believe that you will be involved in a lawsuit?