
ESTATE PLANNING INFORMATION

Date: _____

PERSONAL INFORMATION

Legal name: _____

Date of birth: _____ U.S. citizen: Y / N Veteran: Y / N

Spouse/partner: _____

Date of birth: _____ U.S. citizen: Y / N Veteran: Y / N

Marital status: _____ Married Date of marriage: _____

First marriage: Y / N

_____ Single/never married

_____ Divorced

_____ Widowed Date of spouse's death: _____

Occupation(s): _____

Address: (home) _____

Telephone: (home) (____) _____

(work) (____) _____ (____) _____

(mobile) (____) _____ (____) _____

E-mail address(es): _____

May we communicate with you by email? Y / N

How did you hear about Jarrett & Luitjens, PLC? _____

FAMILY INFORMATION

Directions: list all children, if any (biological, adopted, or step); otherwise, list parents and/or siblings, as their names would appear on legal documents

(1) Legal name: _____ Relation: _____
Address: _____ Birth Date: _____
_____ Date of death: _____
Telephone: _____
Spouse: _____ First marriage: Y / N
Names and ages of person's children, if any: _____

(2) Legal name: _____ Relation: _____
Address: _____ Birth Date: _____
_____ Date of death: _____
Telephone: _____
Spouse: _____ First marriage: Y / N
Names and ages of person's children, if any: _____

(3) Legal name: _____ Relation: _____
Address: _____ Birth Date: _____
_____ Date of death: _____
Telephone: _____
Spouse: _____ First marriage: Y / N
Names and ages of person's children, if any: _____

(4) Legal name: _____ Relation: _____
Address: _____ Birth Date: _____
_____ Date of death: _____
Telephone: _____
Spouse: _____ First marriage: Y / N
Names and ages of person's children, if any: _____

(5) Legal name: _____ Relation: _____
Address: _____ Birth Date: _____
_____ Date of death: _____
Telephone: _____
Spouse: _____ First marriage: Y / N
Names and ages of person's children, if any: _____

(6) Legal name: _____ Relation: _____
Address: _____ Birth Date: _____
_____ Date of death: _____
Telephone: _____
Spouse: _____ First marriage: Y / N
Names and ages of person's children, if any: _____

(7) Legal name: _____ Relation: _____
Address: _____ Birth Date: _____
_____ Date of death: _____
Telephone: _____
Spouse: _____ First marriage: Y / N
Names and ages of person's children, if any: _____

ASSET INFORMATION: Please list each asset you own, whether individually, jointly with another, or in trust.

Real Estate

(1) Property address: _____

Owner(s): _____

How titled: Tenants by the Entirety Joint Tenants Tenants-in-Common Individually

Purchase Price: _____ Current Value: _____

Year purchased: _____ Mortgage Bal: _____

(2) Property address: _____

Owner(s): _____

How titled: Tenants by the Entirety Joint Tenants Tenants-in-Common Individually

Purchase Price: _____ Current Value: _____

Year purchased: _____ Mortgage Bal: _____

Bank Accounts

	Owner	Name of bank	Type (checking/savings/CD)	Beneficiary	Current Balance
(1)	_____	_____	_____	Y / N	_____
(2)	_____	_____	_____	Y / N	_____
(3)	_____	_____	_____	Y / N	_____
(4)	_____	_____	_____	Y / N	_____
(5)	_____	_____	_____	Y / N	_____
(6)	_____	_____	_____	Y / N	_____

SAFE DEPOSIT BOX? Y / N **Names on box rental:** _____

Box #: _____ **Bank Name:** _____ **Location:** _____

Retirement Accounts (e.g., Roth and traditional IRAs, 401(k)s, 403(b), SEP)

	Owner	Name of institution	Type	Primary / Contingent Beneficiaries	Current Value
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____

Stocks/Bonds/Mutual Funds/Brokerage Accounts

	Owner	Investment Description	Current value
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

Life Insurance/Deferred Annuities

	Insured/ Annuitant	Name of company	Face value	Cash value	Death benefit
(1)	_____	_____	_____	_____	_____
	<i>Primary Beneficiary:</i> _____		<i>Contingent Ben:</i> _____		
(2)	_____	_____	_____	_____	_____
	<i>Primary Beneficiary:</i> _____		<i>Contingent Ben:</i> _____		
(3)	_____	_____	_____	_____	_____
	<i>Primary Beneficiary:</i> _____		<i>Contingent Ben:</i> _____		
(4)	_____	_____	_____	_____	_____
	<i>Primary Beneficiary:</i> _____		<i>Contingent Ben:</i> _____		

Automobiles/boats/motor homes

	How titled	Year/make/model	Loan value	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Other Assets (business interests, promissory notes, art, collectibles, antiques of significant value)

	How titled	Description	Current value
(1)	_____	_____	_____
(2)	_____	_____	_____

SPECIAL CIRCUMSTANCES

Please indicate any special circumstances such as

- Family members with disabilities _____
-with pending divorces _____
-with child support obligations _____
- Any gifts or inheritances you anticipate receiving _____
- Any significant gifts you have made within 5 years _____
- Other _____

OTHER ADVISORS:

CPA/Accountant: _____

Financial Advisor: _____

Other: _____

OTHER PERTINENT INFORMATION

List the family members with whom we may speak about this engagement: _____

I/We hereby certify that the information provided is complete and accurate to the best of my/our knowledge.

Signature Date

Signature Date

ADDITIONAL INFORMATION REQUESTED

FOR LONG-TERM CARE PLANNING CONSULTATION

Nursing or Residential Care Home: _____

Daily or monthly cost of care: _____

HOUSING EXPENSES

Real estate taxes (annual): _____

Homeowner's insurance (annual): _____

Mortgage/rent (monthly): _____

Condo/assoc. fees (monthly): _____

HEALTH INSURANCE INFORMATION

Primary: _____ Supplemental: _____ Prescription: _____

Premium: _____

INCOME INFORMATION

Employee/beneficiary: _____

<u>Type</u>	_____	_____
Wages (gross figures)	\$ _____	\$ _____
Social Security (gross figure before Medicare)	\$ _____	\$ _____
Pension (gross): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____