
STARK & KNOLL

EXPECT EXCELLENCE

CONFIDENTIAL
ESTATE PLANNING INFORMATION FORM

Name

Date

IN THE DEVELOPMENT OF YOUR ESTATE PLAN AND THE PREPARATION OF THE APPROPRIATE DOCUMENTS, STARK & KNOLL CO., L.P.A. WILL RELY ON THE INFORMATION PROVIDED BY YOU WITHOUT INDEPENDENTLY VERIFYING THE INFORMATION YOU LIST HEREIN. IT IS THUS IMPORTANT THAT THIS INFORMATION BE AS ACCURATE AND COMPLETE AS POSSIBLE.

YOUR SIGNATURE ON THE LINE SET FORTH BELOW EVIDENCES YOUR UNDERSTANDING OF THE ABOVE AND YOUR ACKNOWLEDGMENT THAT THE INFORMATION PROVIDED BY YOU IS ACCURATE AND COMPLETE.

Date: _____

Sign Here

Spouse Sign Here

The information provided in this form is confidential and will not be released or disclosed by Stark & Knoll to anyone without the express written permission of the client.

YOU AND YOUR SPOUSE

Please state each name exactly as you want it to appear in your estate planning documents (For example: William Palmer Jones, William P. Jones, W. Palmer Jones, W. P. Jones, etc.).

NAME (Husband): _____
First Middle Last

NAME (Wife): _____
First Middle Last

HOME ADDRESS _____
Street Name and Number Apt.

City State Zip County

TELEPHONE (H): _____
Home Work Cellular Fax

TELEPHONE (W): _____
Home Work Cellular Fax

EMAIL ADDRESS: (H) _____ (W) _____

Would you like to receive periodic e-mail updates on estate planning issues from Stark & Knoll? If yes, please check box.

(Check all applicable boxes)

MARITAL STATUS: (H) Married Divorced Remarried Widowed Single
(W) Married Divorced Remarried Widowed Single

If married, do you have a pre-nuptial agreement? Yes No

SOCIAL SECURITY NO: (H) _____ - _____ - _____ (W) _____ - _____ - _____

DRIVER'S LICENSE NO: (H) _____ (W) _____

PLACE AND DATE OF BIRTH: (H) _____ (W) _____
_____/_____/_____

U.S. Citizen (yes or no): (H) _____ (W) _____

NUMBER OF CHILDREN: (H) _____ (W) _____
Names, address and ages will be listed on next page. *This Marriage Previous Marriage This Marriage Previous Marriage*

NUMBER OF GRANDCHILDREN: (H) _____ (W) _____
Names, address and ages will be listed on next page. *This Marriage Previous Marriage This Marriage Previous Marriage*

MILITARY SERVICE: (H) _____
(Provide branch, dates and highest rank)

(W) _____
(Provide branch, dates and highest rank)

CHILDREN AND THEIR FAMILIES

For proper estate planning, it is necessary for counsel to know the names of your family members (heirs at law) and their relationship to you. (If the space provided is not sufficient, please attach a list and so indicate.)

<p>Child One Name: _____ Address: _____ _____ Home Phone: (_____)_____ - _____ Cell Phone: (_____)_____ - _____ Birth date: ____/____/____ Adopted: Y N Natural child of: H W Both S.S.N.: _____ - _____ - _____ Married: Y N Spouse: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date</p>	<p>Child Two Name: _____ Address: _____ _____ Home Phone: (_____)_____ - _____ Cell Phone: (_____)_____ - _____ Birth date: ____/____/____ Adopted: Y N Natural child of: H W Both S.S.N.: _____ - _____ - _____ Married: Y N Spouse: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date</p>
<p>Child Three Name: _____ Address: _____ _____ Home Phone: (_____)_____ - _____ Cell Phone: (_____)_____ - _____ Birthdate: ____/____/____ Adopted: Y N Natural child of: H W Both S.S.N.: _____ - _____ - _____ Married: Y N Spouse: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date</p>	<p>Child Four Name: _____ Address: _____ _____ Home Phone: (_____)_____ - _____ Cell Phone: (_____)_____ - _____ Birthdate: ____/____/____ Adopted: Y N Natural child of: H W Both S.S.N.: _____ - _____ - _____ Married: Y N Spouse: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date Their children: _____ /_____/_____ Name Birth date</p>

Are any of the previously listed children and/or grandchildren deceased? If yes, please list their names below.

Does any child or grandchild have special needs (for example, long term medical problems, financial irresponsibility, marital issues, incompetency, etc.)? If so, please explain.

(H) NAME PARENTS, BROTHERS, SISTERS (IF LIVING):

Name: _____ Name: _____
Address: _____ Address: _____
Birth date: ___ / ___ / _____ Birth date: ___ / ___ / _____

(W) NAME PARENTS, BROTHERS, SISTERS (IF LIVING):

Name: _____ Name: _____
Address: _____ Address: _____
Birth date: ___ / ___ / _____ Birth date: ___ / ___ / _____

GUARDIANS

If you have minor children or an adult with a disabling condition, it may be necessary to designate in your will a guardian(s) for your children. Please list a first and second choice, in addition to the other information requested.

1. Name: _____ 2. Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____
Relationship: _____ Relationship: _____
Employment: _____ Employment: _____

(H) Who would you want to be *your* guardian if necessary? _____
Relationship: _____ Birth date: ___ / ___ / _____ Home/Cell Phone: (____) ____ - _____
Address: _____

Please list an alternate: _____
Relationship: _____ Birth date: ___ / ___ / _____ Home/Cell Phone: (____) ____ - _____
Address: _____

Do you desire a living will? _____ Do you desire to be an organ donor? _____

(W) Who would you want to be *your* guardian if necessary? _____

Relationship: _____ Birth date: ____/____/____ Home/Cell Phone: (____)____-_____

Address: _____

Please list an alternate: _____

Relationship: _____ Birth date: ____/____/____ Home/Cell Phone: (____)____-_____

Address: _____

Do you desire a living will? _____ Do you desire to be an organ donor? _____

SPECIAL INTERESTS

Please describe any particular goals, needs and/or interests you would like addressed in your estate plan.

CHARITABLE BEQUESTS

If you would like to make charitable gifts, please list the name and address of the charity(ies). (Your attorney will discuss with you the specific details regarding the amount(s), percentage and tax implications of any charitable gifts.) If you have no interest in making a charitable gift, leave this section blank.

BUSINESS INFORMATION

	Husband	Wife
EMPLOYER/COMPANY:		
ADDRESS:		
POSITION:		
NATURE OF BUSINESS:		
SALARY:	\$	\$
OWNERSHIP: Indicate public or private; if private, your ownership interest.		

PERSONAL FINANCIAL INFORMATION

Please list company and individual representative/contact, address and phone number.

BANKS _____

ACCOUNTANTS _____

LIFE INSURANCE REPRESENTATIVE _____

STOCK BROKER AND FIRM _____

FINANCIAL SUMMARY

Please estimate the value of the following assets:

Bank Accounts

(Checking, savings, and money market accounts, CD's, etc.):

<u>Account</u>	<u>Owner and Balance</u>			
	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Trust</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotals:	\$ _____	\$ _____	\$ _____	\$ _____

Receivables (Notes and mortgages held, land contracts, etc.)

<u>Type</u>	<u>Owner and Value</u>			
	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Trust</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotals:	\$ _____	\$ _____	\$ _____	\$ _____

Life Insurance (ordinary and term/group insurance)

On Husband's life:

<u>Company/Type</u>	<u>Owner</u>	<u>Beneficiary (alternate)</u>	<u>Death Benefit Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

On Wife's Life:

<u>Company/Type</u>	<u>Owner</u>	<u>Beneficiary (alternate)</u>	<u>Death Benefit Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Plans (IRAs, ESOPs, pension plans, profit sharing plans, etc.)

<u>Husband Type</u>	<u>Provider</u>	<u>Beneficiary</u>	<u>Amount Vested</u>	<u>Approx. Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Wife: Type</u>	<u>Provider</u>	<u>Beneficiary</u>	<u>Amount Vested</u>	<u>Approx. Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Totals \$ _____ \$ _____

Stocks, Bonds and Brokerage Accounts Owner and Fair Market Value

<u>Description</u>	<u>Purchase</u>				
	<u>Price</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Trust</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Subtotals:	\$ _____	\$ _____	\$ _____	\$ _____

Closely Held Business Interests (Please describe in detail)

<u>Address & Description</u>	<u>Owner and Fair Market Value</u>				
	<u>Purchase Price</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Trust</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Subtotals:	\$ _____	\$ _____	\$ _____	\$ _____

Especially Valuable Items of Personal Property (Jewelry, automobiles, boats, airplanes, etc)

<u>Description</u>	<u>Owner and Fair Market Value</u>				
	<u>Purchase Price</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Trust</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Subtotals:	\$ _____	\$ _____	\$ _____	\$ _____

Minor Accounts Held

Minor's Name _____	Minor's Name _____	Minor's Name _____
Account Held _____	Account Held _____	Account Held _____
Custodian's Name _____	Custodian's Name _____	Custodian's Name _____

MISCELLANEOUS ASSETS

Anticipated Inheritance

If you, your spouse, or any member of your family are likely to receive an inheritance in the foreseeable future, please describe below.

<u>Beneficiary</u>	<u>Source</u>	<u>Estimated Amount</u>

Trust Interests

Please describe any trusts from which you, your spouse, or any member of your family has a right to receive distributions, whether or not you are currently receiving such distributions or are anticipating them in the future.

Beneficiary: _____ Trustee: _____
 Name of trust: _____ Date created: ___/___/___
 Short description: _____

Beneficiary: _____ Trustee: _____
 Name of trust: _____ Date created: ___/___/___
 Short description: _____

Gifts

Do you or your spouse make regular gifts of (\$10,000+)? If so, please describe below.

LIABILITIES

<u>Mortgages</u>	<u>Debtor and Mortgage Balance</u>			
	<u>Purchase Price</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
<u>Address</u>				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

Other Debts or Liabilities (car loans, outstanding lines of credit, etc.)

<u>Description</u>	<u>Debtor and Loan Balance</u>		
	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

POWERS OF APPOINTMENT

Do you have any powers of appointment? If yes, please explain.

ADDITIONAL INFORMATION REQUIRED

It is essential that your attorney be given the personal and financial information outlined below. This information is necessary to draft your estate plan. It will also centralize pertinent family facts and information, making it readily available in case of emergency. All information will be held in strict confidence.

Please provide the information listed below by producing copies of documents where requested or listing information on separate sheets and attaching them to this form. If requested information is not applicable to you, please indicate. Documents furnished will be reviewed and/or copied and returned.

It is vital that your attorney have complete financial information regarding your assets and liabilities. It is also important to know how each asset is titled and, if applicable, the designated beneficiaries of the asset.

PERSONAL

1. Current Wills and Codicils
2. Trust Agreements
3. Financial Power(s) of Attorney
4. Health Care Power(s) of Attorney
5. Living Will(s)
6. Pre-nuptial, Ante-nuptial or other property agreement with spouse
7. Other (please note any other information you deem pertinent for counsel to know)

FINANCIAL

1. Income Tax Returns for previous three years
2. Gift Tax Returns since 1975
3. Financial statements for privately owned businesses (include those owned alone or with a group) Copies of Buy/Sell or Redemption agreements, if any
4. Attach copies of all deeds for listed real property (This is necessary to insure that title is held correctly)
5. Current bank statements for all accounts / CDs.
6. Current account statements for all securities, life insurance and tax deferred accounts.
7. Copies of any bonds / stocks held individually

PRIVACY NOTICE

Attorneys, like other professionals who advise on personal financial matters, are now required by law to inform their clients of their policies regarding privacy of client information. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we always have protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We may collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For both current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except with your express consent or implied authorization, or as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees who are assisting us in the representation, under a court order, or in order to comply with our professional responsibilities. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic and procedural safeguards that comply with our professional standards.

Please call your Stark & Knoll attorney (330-376-3300) if you have any questions, because your privacy, our professional responsibility, and the ability to provide you with quality legal services are very important to us.