

ESTATE PLANNING GUIDE

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REFERRED BY: _____

PERSONAL AND FAMILY INFORMATION

1) **Client Name:** _____

Maiden name/alias/aka: _____ Date of birth: _____

Address _____

Home Phone: _____ Cell: _____ Email: _____

Occupation _____: Retired? _____ Social Security Number: _____

US Citizen: Yes _____ No _____ Dual or other country citizen _____

Marital Status: _____ If prior marriage, divorce or death of spouse: _____

Is there a pre-nuptial or post nuptial agreement? Yes ___ No ___ **If yes, bring a copy, please.**

If divorce, is there a Divorce Decree or Separation Agreement? _____ **If yes, bring a copy, please.**

2) **Client Name:** _____

Maiden name/alias/aka: _____ Date of birth: _____

Address _____

Home Phone: _____ Cell: _____ Email: _____

Occupation _____: Retired? _____ Social Security Number: _____

US Citizen: Yes _____ No _____ Dual or other country citizen _____

Marital Status: _____ If prior marriage, divorce or death of spouse: _____

Is there a pre-nuptial or post nuptial agreement? Yes ___ No ___ **If yes, bring a copy, please.**

If divorce, is there a Divorce Decree or Separation Agreement? _____ **If yes, bring a copy, please.**

Is either or both a Veteran: Yes _____ No. ___ Who _____ If you are a Veteran, have you been certified as having a service-connected disability? _____

3) A. Burial Plots

Cemetery Name and Address: _____

Section _____ Lot _____ Deed No. _____ Owner _____

Section _____ Lot _____ Deed No. _____ Owner _____

B. Have you made funeral plans or discussed your wishes? _____

4) Children

Name	Birth Date	Marital Status	Address/Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any children adopted? Yes ___ No ___ Are any children from prior marriage? _____

If so, list names and indicate which:

5) Grandchildren

Name	Birth Date	Parent's Name	Address
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any grandchildren adopted? Yes ___ No ___

If so, list names:

6) Are any members of your family disabled, with a *possibility* of qualifying for social services programs (e.g., Medicaid), or possibly needing a special/supplemental needs trust?

Yes ___ No ___

If yes, please state the *nature* and *prognosis* of the disability, and any governmental or other agencies providing aid, the agency and aid provided.

ASSETS

1) Have you created or funded any trusts? Yes ___ No ___

2) Are you a beneficiary of any existing trust? Yes ___ No ___

If yes, please name the trust and your interest in the trust. **Please provide a copy.**

Personal Balance Sheet: Next to each asset, please indicate whether the asset is jointly owned (and name of the joint owner), in your name alone, or in any other name (e.g., trust). Please also indicate the rounded current value next to each asset. You do not need to put in account numbers

3) <u>Bank Accounts/CDs (non-retirement)</u>	Ownership	Amounts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4) <u>Non-Retirement Stocks/Bonds/Brokerage other Investment Accounts</u>	Ownership	Amounts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5) <u>Real estate or cooperative apartment (specify ownership and if primary residence or vacation property)</u>	Market Value	Mortgage	Net Value
Address and ownership _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

If you have real property in more than one state, in which state are you a resident?

6) Miscellaneous Estimated value of personal effects (e.g., furniture, antiques, paintings, stamp collections, silverware, jewelry, books, automobiles and boats): \$ _____

List individual items if they are valued over \$5,000 or insured separately or a collection:

7) Business Interests: **Please bring a copy of relevant documents (e.g. By-Laws or Operating Agreement)**

Form of business: Sole proprietorship ___ Partnership ___ C-corp. ___ S-corp. ___ LLC ___

Owner(s) _____ Percentage owned by client: _____

Total entity value: \$ _____

8) Other assets (e.g., royalties, copyrights, limited partnerships, contract rights)

Description and ownership	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

9) Liabilities

Bills payable (if over \$10,000): \$ _____

Mortgages payable: \$ _____

Bank and collateral loans: \$ _____

Other obligations: \$ _____

Description	Amount
_____	\$ _____
_____	\$ _____

10) Life Insurance

1. Company _____ Owner _____ Insured _____

Type of Policy (Term/whole life, etc.) _____ Death Benefit \$ _____

Cash Value (if any) \$ _____ Premiums – amount and timing: _____

Beneficiaries _____

2. Company _____ Owner _____ Insured _____

Type of Policy (Term/whole life, etc.) _____ Death Benefit \$ _____

Cash Value (if any) \$ _____ Premiums – amount and timing: _____

Beneficiaries _____

3. Company _____ Owner _____ Insured _____

Type of Policy (Term/whole life, etc.) _____ Death Benefit \$ _____
Cash Value (if any) \$ _____ Premiums – amount and timing: _____
Beneficiaries _____

L.T.C. Insurance/Catastrophic

Company _____ Policy No. _____
Coverage Description _____

11) Retirement Plans

IRAs or 401(k) Plans:

1. Account (where) _____ Owner _____
Amount \$ _____ Beneficiaries _____

2. Account (where) _____ Owner _____
Amount \$ _____ Beneficiaries _____

3. Account (where) _____ Owner _____
Amount \$ _____ Beneficiaries _____

12) Pension or Profit-Sharing Plans

(1) Company _____ Present value _____
Beneficiaries _____ Owner _____ Estimated Value at Death \$ _____

(2) Estimated Value at Death
Beneficiaries _____ Owner _____ \$ _____

If you currently have any of the following documents, please indicate below and bring a copy to the meeting:

Will	_____	HIPAA Release	_____
Revocable/Irrevocable Trust	_____	Living Will	_____
Power of Attorney	_____	Burial Designation	_____
Health Care Proxy	_____	Appointment of Guardian	_____