

Fitzwater Meyer Hollis & Marmion, LLP
ESTATE PLANNING INFORMATION

Date: _____

Name as you would like it to appear on formal documents: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Billing Address (if different from above): _____

Phone Numbers: _____

E-mail: _____

Would you like your draft documents emailed or mailed to you? Emailed Mailed

Do you have a Will and/or Revocable Living Trust? If so, please bring a copy of these documents to your appointment.

Do you have a safety deposit box or a place where you keep important papers?

Location: _____

Would you like to receive our email newsletters?

Elderlaw Newsletter **Yes** **No**
Special Needs Newsletter **Yes** **No**

Referred by:	
<input type="checkbox"/> Attorney	Name _____
<input type="checkbox"/> Accountant	Name _____
<input type="checkbox"/> Financial Planner	Name _____
<input type="checkbox"/> Senior Program	Name of Program _____
<input type="checkbox"/> Medical Provider	Name _____
<input type="checkbox"/> Senior Center	Name of Center _____
<input type="checkbox"/> Friend/Family	Name _____
<input type="checkbox"/> Website	<input type="checkbox"/> Brochure <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio/TV
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Metro Parent magazine
<input type="checkbox"/> Other	Please explain _____

Are you married or partnered? If so, please give spouse's/partner's full name:

If your spouse/partner is predeceased, please give date of death: _____

	You	Spouse/Partner (if applicable)
Date of Birth		
Social Security Number		
Citizenship		
Employer		
Retired (if so, please give year)		

Your Children

Name/ Address	Age	Child's Spouse	Grandchildren and ages

Your Spouse's Children (if different from above)

Name/ Address	Age	Child's Spouse	Grandchildren and ages

Other Family

Name	Relationship	Living/Deceased	Age

Special Needs: do any of your family members have special needs? If so, please describe:

ESTATE PLAN SPECIFICS

Revocable Living Trust. Are you interested in learning more about Revocable Living Trusts and avoiding probate? _____

Fiduciaries. Please list some ideas you might have of whom you might like to serve as personal representative, trustee, health care representative, guardian of minor children, etc.:

Name	Address	Phone No.	Relationship

ASSETS AND LIABILITIES

What is the estimated value of your estate? _____

Real Estate:

Property Location	Ownership (please indicate if jointly held)	Mortgage Balance	Purchase Price	Value

Bank Accounts:

Financial Institution	Account No.	Type of Account	Ownership (please indicate if jointly held or payable on death)	Value

Retirement Accounts: please list any annuities, IRAs, profit sharing plans, Keogh plans, pension plans, or other deferred compensation arrangements:

Retirement Account/Plan	Owner	Beneficiary	Contingent Beneficiary (if any)	Value

Investment Accounts (Non-Retirement):

Financial Institution	Account No.	Type of Account	Ownership (joint owner or payable on death beneficiary?)	Value

Other Securities (Non-Retirement): please list any bonds, mutual funds, stocks, or other securities that you own and that have not already been included in the accounts listed above:

Company/Issuer	Quantity	Ownership (please indicate joint owner or payable on death beneficiary)	Value

Life Insurance/Annuities:

Company	Owner/ Insured	Beneficiary	Contingent Beneficiary (if any)	Death Benefit

Business Interests: please list any interest that you have in any closely-held business entity:

Business Name and Type (Corp, Pship, LLP, LLC, etc.)	Ownership/ % of Ownership	Basis	Buy/Sell or Other Operating Agreement	Value

Personal Property: please list any significant item of personal property such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc., below:

Item	Ownership	Value