**ESTATE AND TAX PLANNING DATA FORM**

 **DATE OF CONFERENCE:**

1. **FAMILY INFORMATION**
2. **CLIENTS:**

 Please use full names, including middle initials, if any.

|  |  |
| --- | --- |
| Client A |  |
| Date of Birth |  |
| S.S. No. |  |
| Cell Phone |  | Work Phone |  |
| Email |  |
| Employer |  |
| Work Address |  |
| Home Address |  |
| Veteran Status |  | Date of Service/Branch |  |
| Home Phone |  | Fax |  | Citizenship |  |

|  |  |
| --- | --- |
| Client B |  |
| Date of Birth |  |
| S.S. No. |  |
| Cell Phone |  | Work Phone |  |
| Email |  |
| Employer |  |
| Work Address |  |
| Home Address |  |
| Veteran Status |  | Date of Service/Branch |  |
| Home Phone |  | Fax |  | Citizenship |  |

1. **LIVING AND DECEASED CHILDREN:**

Please use full names, including middle initials, if any. If there is not enough space please print out copies of this page and attach.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name(full name) |  |  |  |  |
| Child of:  |  Client A: Client B:  |  Client A: Client B: |  Client A: Client B: |  Client A: Client B: |
| Date of Birth |  |  |  |  |
| Date of Death |  |  |  |  |
| Address |  |  |  |  |
| Telephone  |  |  |  |  |
| Marital Status |  |  |  |  |
| Disability Status |  |  |  |  |
| Their children | Name | DOB | Name |  DOB | Name | DOB | Name | DOB |
| First |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |
| Third |  |  |  |  |  |  |  |  |

**C. FAMILY CIRCUMSTANCES**: Note any special family considerations (i.e., previous marriages, special needs, disability, incapacity, special health problems of any family members; if spouse is deceased, please state date of death):

 **II. DISPOSITION OF ASSETS**

In short, who or what would you like to benefit from your estate? It is important for us to know your wishes in a general way with regard to the disposition of your property; e.g., the desired shares for your children, or other relatives, friends, charity, etc.

 **III.** **INCOME AND EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
|  | Client A | Client B |
| Occupation |  |  |
| Salary | $ | $ |
| Rental Income After Expenses | $ | $ |
| Dividends/Interest | $ | $ |
| Pension | $ | $ |
| Social Security | $ | $ |
| Other Income | $ | $ |
| Total Annual Income | $ | $ |

 **IV. ASSETS**

**A. REAL ESTATE**: Please (1) provide a copy of any out of state deeds, if possible; (2) indicate whether you rent or own your residence; and for additional properties please print copies of this page and attach.

|  |  |  |  |
| --- | --- | --- | --- |
| Location | ApproximateValue | MortgageBalance | Owners asNamed On the Deed |
| 1. | $ | $ |  |
| 2. | $ | $ |  |
| 3. | $ | $ |  |
| 4. | $ | $ |  |
|  5.  | $ | $ |  |
|  TOTAL:  |  |  |  |

 **B. PENSION, PROFIT SHARING, IRA, KEOGH OR OTHER RETIREMENT PLANS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Plan(IRA, Keogh, Pension, TIAA, etc.) |  | Current Value | Participant (SA/SB)/Beneficiary |
| 1. | $ |  |  |
| 2. | $ |  |  |
| 3. | $ |  |  |
| 4. | $ |  |  |
| 5. | $ |  |  |
| 6. | $ |  |  |
| TOTAL |

Total Lump Sum Retirement Plan Value

|  |  |  |  |
| --- | --- | --- | --- |
| Client A | $ | Client B | $ |

 **C. BANK ACCOUNTS, CD'S, MONEY MARKET ACCOUNTS:**

|  |  |  |
| --- | --- | --- |
| Type of AccountSavings, Checking, CD, etc. | ApproximateBalance | Name(s) on Accounts |
| 1. | $ |  |
| 2. | $ |  |
| 3. | $ |  |
| 4. | $ |  |
| 5. | $ |  |
| TOTAL |  |  |

 **D. STOCKS, BONDS & OTHER INVESTMENTS**: It is not necessary to list the individual

stocks, bonds, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Assets(Stocks, Bonds, Mutual Funds, Treasury Bills, Single Premium Annuities, etc.) | ApproximateValue | Name of BrokerageHouse or Fund | Name(s) on Securities or Brokerage Accounts |
| 1. | $ |  |  |
| 2. | $ |  |  |
| 3. | $ |  |  |
| 4. | $ |  |  |
| 5. | $ |  |  |
| TOTAL | $ |  |  |

**E. LIFE INSURANCE:** Please bring the most recent annual policy statement if you have it.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Person Insured |  |  |  |  |
| Face Value | $ | $ | $ | $ |
| Cash Value (Loan) | $ | $ | $ | $ |
| Beneficiary |  |  |  |  |
| Owner of the Policy |  |  |  |  |
| Type of Policy(Term or Permanent)and Name of Company |  |  |  |  |

Total Life Insurance (Face Value):

|  |  |  |  |
| --- | --- | --- | --- |
| Client A |  | Client B |  |

**F. MINOR CHILDREN ACCOUNTS:** If you have any minor children, state whether any such child has separate assets (such as custodial accounts, 529 plans), including approximate amounts and in whose name they are held:

|  |  |  |
| --- | --- | --- |
| Type of Account | Current Value | Beneficiary/Participant |
|  |  |  |
|  |  |  |
|  |  |  |

**G. SAFE DEPOSIT** - Location and persons having access:

**H. BUSINESS INTERESTS:** Briefly explain any business interests owned by either (or both) of you. Please bring with you a copy of the business's last federal tax return, or Schedule C from your own return if your business is a sole proprietorship.

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name | Structure (Sole Proprietorship, Corporation, Partnership, LLC) | Percentage Interest/Units/Shares | Current Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**I. MISCELLANEOUS:** Indicate expected inheritances; valuable personal property; promissory notes payable to you; or any other special factors which may affect your situation.

**J. PRIOR GIFTS:** Itemize past gifts greater than $15,000/year you made to anyone individual. Please indicate whether you filed gift tax returns.

**K. PERSONAL ITEMS/COLLECTIONS:** Indicate any valuable items you own, particularly ones that are separately insured.

**V. LIABILITIES**

Indicate significant debts and debts guaranteed by you [excluding mortgages listed earlier], as well as lawsuits, or claims, present or anticipated.

Total Liabilities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client A | $ | Client B | $ | Joint | $ |

**VI. FINANCIAL RECAP**

Please list the total values from Section IV, Items A through K:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Client A | Client B | Joint |
| Real Estate | $ | $ | $ |
| Retirement (IRAs) | $ | $ | $ |
| Bank Assets | $ | $ | $ |
| Mutual Funds &Savings Bonds | $ | $ | $ |
| Insurance | $  | $ | $ |
| Business | $ | $ | $ |
| Miscellaneous | $ | $ | $ |
| Total Assets | $ | $ | $ |
| Total Liabilities(Induding Mortgages) | $( ) | $( ) | $( ) |
| Net Worth | $ | $ | $ |

 **VII. FIDUCIARIES**

Most estate plan documents involve the appointment of a "fiduciary." That is to say, a person who occupies a position of trust, and who must carry out certain duties. For example, in Wills, spouses typically serve as the Personal Representative/Executor for each other. Please think about whom you would choose to serve as a successor fiduciary in case the first person chosen is unable to serve. Please indicate below the person(s) or professional(s) you might choose. In the box next to each fiduciary role, please enter a number 1-4: 1 indicating your first choice, 2 indicating your second choice, 3 for third choice, etc.

Trustee: The person who will ensure that any trust assets are held and dispersed according to your wishes as expressed in your trust.

Guardian of Minor Children: The person who would care for your children during their minority in the event you are unable to do so during your life.

Personal Representative: The person who administers your estate through the court and follows the terms of your last will and testament upon your passing.

Health Care Proxy: The person who makes health care decisions for you upon your incapacity.

Durable Power of Attorney: The person who can make financial decisions on your behalf during your life.

|  |  |  |
| --- | --- | --- |
| Full Name/Relationship | Address and Telephone Number |  Fiduciary Role and Priority of Service (1-4) |
|  |  |   Health Care Proxy Personal Representative   Durable Power of Attorney   Successor Trustee Guardian   |
|  |  |   Health Care Proxy Personal Representative   Durable Power of Attorney   Successor Trustee Guardian  |
|  |  |   Health Care Proxy Personal Representative   Durable Power of Attorney   Successor Trustee Guardian  |
|  |  |   Health Care Proxy Personal Representative   Durable Power of Attorney   Successor Trustee Guardian  |

 **VIII. YOUR PROFESSIONAL ADVISORS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Firm |  Telephone |
| Accountant |  |  |  |
| Attorney |  |  |  |
| Insurance Advisor |  |  |  |
| Financial Planner |  |  |  |
| Stockbroker |  |  |  |

 **IX. ADDITIONAL COMMENTS OR QUESTIONS**

**NOTICE ABOUT ATTORNEY-CLIENT RELATIONSHIP**

The purpose of this initial consultation is to determine if Baker Law Group, P.C. can assist you with your legal needs, to inform you about the services our firm provides, and to discuss the potential agreement for the provision of legal services and formation of an attorney-client relationship. This initial consultation does not create an attorney-client relationship and does not mean Baker Law Group, P.C. will act as your attorneys. After the initial consultation, if your case/matter is accepted by Baker Law Group, P.C. and you desire to retain Baker Law Group, P.C. as your attorneys, we will provide you with a written fee agreement which will set forth the terms of the agreement for legal services. Upon receipt of the signed fee agreement and the required retainer, we will begin to act as your attorneys.

Your legal rights may be affected by laws that place time restrictions on certain legal claims or may be otherwise affected if prompt action is not taken. If Baker Law Group, P.C. does not accept your case/matter or you decide not to retain our services you should seek alternate legal counsel immediately to ensure that your legal rights are not affected. BAKER LAW GROUP, P.C. WILL NOT TAKE ANY ACTION ON YOUR BEHALF PRIOR TO RECEIPT AND ACCEPTANCE BY OUR LAW FIRM OF A SIGNED FEE AGREEMENT AND REQUIRED LEGAL FEE.