

**LAW OFFICE OF BARBARA NESBET
ESTATE PLANNING FACT FINDER**

PART I - YOUR FAMILY FACTS

1. Your Full Name _____
Other Names: _____
Home Address _____

Mailing Address (if different) _____

Telephone Numbers: Home _____ Office _____ Fax _____

E-mail address _____

Date of Birth _____ Social Security No. _____

U.S. Citizen? Yes No
2. Your Spouse's Full Name _____
Other Names: _____
Date of Birth _____ Office Telephone No. _____

E-mail address _____

Social Security No. _____ U.S. Citizen? Yes No
3. Your Children:
- 1 Name _____ Date of Birth _____
 Spouse _____
 Children _____
- 2 Name _____ Date of Birth _____
 Spouse _____
 Children _____
- 3 Name _____ Date of Birth _____
 Spouse _____
 Children _____

4. Other Persons Dependent On You (Parents or Others)

1 Name _____ Relationship _____
Residence (City/State) _____
Any Special Needs? _____

2 Name _____ Relationship _____
Residence (City/State) _____
Any Special Needs? _____

5. Previous Marriage Information (If none, continue to Section 6)

Husband Previously Married? Yes No

Terminated by: Death Divorce Date Terminated: _____

Wife Previously Married? Yes No

Terminated by: Death Divorce Date Terminated: _____

6. Expectation of Inheritance of Husband? Yes No

From Whom? _____

Approximate Size of Inheritance _____

Expectation of Inheritance of Wife? Yes No

From Whom? _____

Approximate Size of Inheritance _____

7. Are you currently a beneficiary of a trust? Yes No

Does the trust allow you to name who will receive your share of the trust if you fail to survive until the end of the term of the trust? Yes No

8. Have you made gifts to your children/grandchildren/other person (other than spouse) which exceeded \$14,000 per person in any year? Yes No

If so, did you file a gift tax return? Yes No

Years in which gifts made: _____

9. Additional Family Information (e.g., Adopted Children):

10. Name and telephone number of Accountant (e.g., Stock Broker, Financial Planner, etc.):

11. Name and telephone number of Financial Advisor (e.g., Stock Broker, Financial Planner, etc.):

12. Referred by _____

Comments:

PART II - ASSET INFORMATION

REAL ESTATE (Attach Additional Information)(*JT= Joint Tenancy; CP = Community Property; SP = Separate Property; O = Other)

Address	*How Title Held	Original Price	Current Value	Current Mortgage
1.				
2.				
3.				
4.				
5.				

CASH (SAVINGS, CHECKING, MONEY MARKET, CD'S) (Attach Additional Information)

Name and Address of Institution	Account No.	Type of Account	*How Title Held
1.			
2.			
3.			
4.			
5.			

SECURITIES (STOCKS AND BONDS) (Attach Additional Information)

Name of Shares/Units/ Brokerage Account	No. of Shares	Account/Cert. No.	*How Title Held	Original Price	FMV
1.					
2.					
3.					
4.					
5.					

ACCOUNTS & NOTES RECEIVABLE (Attach Additional Information)

Name of Person Owing	Secured By	Who Is Note Payable To?	FMV
1.			
2.			
3.			
4.			
5.			

ACCOUNTS & NOTES PAYABLE

Name of Person Owed	Secured By	Who Holds Note?	FMV
1.			
2.			
3.			
4.			
5.			

BUSINESS INTERESTS (CORPORATE OR SOLE PROPRIETORSHIP) (Attach Additional Information)

Description	% Owned	*How Title Held	FMV
1.			
2.			
3.			
4.			
5.			

PARTNERSHIP INTERESTS (LIMITED OR GENERAL PARTNERSHIPS) (Attach Additional Information)

Partnership Name	% Owned	Type of Partnership	Original Investment	FMV
1.				
2.				
3.				
4.				
5.				

RETIREMENT PLANS (Attach Additional Information)

IRA/KEOGH/Corporate	Beneficiary	FMV
1.		
2.		
3.		

LIFE INSURANCE (Attach Additional Information)

Name of Company	Owner of Policy	Beneficiary	Cash Value	Face Value
1.				
2.				
3.				
4.				
5.				

MAJOR TANGIBLE PERSONAL PROPERTY (e.g., Art, Jewelry, Automobiles or High Value, Collections)
(Attach Additional Information)

Nature of Asset	Original Price	FMV
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

MISCELLANEOUS ASSETS (Not Covered Above) (Attach Additional Information)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

ADD ADDITIONAL INFORMATION BELOW

I DECLARE THAT THE ABOVE LISTED PROPERTY IS A COMPLETE LIST WHICH REPRESENTS ALL PROPERTY WHICH I (WE) OWN BOTH IN AND OUTSIDE OF THE UNITED STATES.

PART III - TERMS OF WILL

- 1. Are there specific items of personal property (e.g., jewelry, art, clothes, china, silver, etc.) which you wish to pass to a specific person? Yes No

List specifics _____

- 2. Who should serve as guardian of your minor child(ren)? (If there are no children or all children are above 18, go to Section 3 below.) Please list guardians and alternates in order of preference.

- a. _____
- b. _____
- c. _____
- d. _____

- 3. Who should act as Executor? (Even with a living trust, the Executor will distribute personal property, e.g., clothes, jewelry, art, etc., and be responsible for filing tax returns for the decedent and the estate with the IRS.) Please list Executor and alternates in order of preference.

- a. _____
- b. _____
- c. _____
- d. _____

PART IV - TERMS OF TRUST OR TESTAMENTARY WILL

- 1. Is the net value of the estate (including life insurance and retirement plans) over \$5,450,000 if single; \$10,900,000 if married, (2016 personal exclusion values)?

Yes No

- 2. (If Married) Do you want to take advantage of each spouse’s unified credit, protecting more than \$10,000,000 from estate taxes? (If the estate is over \$5,450,000 (2016), or \$10,900,000 (married, 2016), one estate planning technique is to divide the living trust into two or three trusts to take advantage of the first spouse’s unified credit, thus allowing a married couple to protect as much as \$10,900,000 from estate taxes.)

Yes No

3. How should the estate be distributed (upon your death if single or upon the surviving settlor's death)?

To children equally? Outright *or* In trust

Until what age? _____

Interim distribution (e.g., _____ % at 25, remainder at 30)?

Or

To other beneficiaries?

Outright *or* In trust

Until what age? _____

Interim distribution (e.g., _____ % at 25, remainder at 30)?

4. If a child should predecease you, who should receive that child's distribution?

The predeceased child's children?

Outright *or* In trust

Until what age? _____

Interim distribution (e.g., _____ % at 25, remainder at 30)?

Or

Your surviving children?

or

Other _____

5. If all of your children, grandchildren and/or other named beneficiaries predecease you, who should inherit the estate (e.g., charities, other family members, etc.)?

- 6. Who should act as Trustee of the Trust? (The Trustee’s job is to manage the assets of the trust(s) created under the Living Trust or Will and make distributions to the beneficiaries of the trust(s) in accordance with the provisions of the trust(s).)

List in order of preference:

(1) _____

(2) _____

(3) _____

Comments:

- 7. Have you already purchased a contract for the disposition of your remains? Yes No

Name of company/organization/cemetery. _____

Who would you like to be in charge of the disposition of your remains?

List in order of preference: (1) _____

(2) _____

(3) _____

What are your funeral instructions? _____

- 8. Do you have a health care directive? Yes No Also known as a living will, the health care directive is a document that directs what you want to have happen to you if you are in the hospital regarding pain treatment and life support.

If you do not have a health care directive, and would like to be able to tell people what should happen to you upon your incapacity or death, who would you like to act as your agent? An agent is the person who steps in to work with the hospital or other health care provider to decide how

you should be treated.

a. _____
ADDRESS: _____
PHONE: _____

b. _____
ADDRESS: _____
PHONE: _____

c. _____
ADDRESS: _____
PHONE: _____

d. _____
ADDRESS: _____
PHONE: _____

9. Do you have a power of attorney document? Yes No A power of attorney is a written document where you, as the “principal,” grant certain authority to another person, known as your “agent” or “attorney in fact” to act on your behalf. A power of attorney allows you to exercise your right to control your financial affairs during incapacity.

If you do not have a power of attorney document, and would like to be able to tell people what should happen to your financial affairs upon your incapacity, who would you like to act as your agent?

e. _____
ADDRESS: _____
PHONE: _____

f. _____
ADDRESS: _____
PHONE: _____

g. _____
ADDRESS: _____
PHONE: _____

h. _____
ADDRESS: _____
PHONE: _____