

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

**PART I – PERSONAL INFORMATION:**

**DATE:** \_\_\_\_\_

- 1. Your Full Name:** \_\_\_\_\_  
Other Names Used: \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
**Mailing Address (if different)** \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
**Telephone Numbers:**  
Home/ Cell: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_  
**E-mail address (s)** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
**U.S. Citizen?**     Yes         No

- 2. Your Spouse's Full Name** \_\_\_\_\_  
Other Names: \_\_\_\_\_  
**Telephone Numbers:**  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **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**    **Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Spouse \_\_\_\_\_  
Children \_\_\_\_\_

**5**    **Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Spouse \_\_\_\_\_  
Children \_\_\_\_\_

**6**    **Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Spouse \_\_\_\_\_  
Children \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

5. 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? \_\_\_\_\_

6. Previous Marriage Information:

**Husband** Previously Married?  Yes  No  
 Terminated by:  Death  Divorce Date Terminated: \_\_\_\_\_

**Wife** Previously Married?  Yes  No  
 Terminated by:  Death  Divorce Date Terminated: \_\_\_\_\_

7. 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 \_\_\_\_\_

8. 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

9. Gifts?

Have you made gifts to your children/grandchildren/other person (other than spouse) which exceeded \$15,000 per person in any year?  Yes  No

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

Years in which gifts made: \_\_\_\_\_

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.):

\_\_\_\_\_

Referred by \_\_\_\_\_

**PART II – PERSON(S) APPOINTED FOR YOUR AFFAIRS**

**Please list all person(s) in charge of your affairs as well as person(s) who will receive your personal property**

**Person #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s) #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Person #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s) #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Person #3:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s) #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Person #4:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s) #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Person #5:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s) #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**\*\*\*For additional persons please add to the back of this form\*\*\***

**PART III – TERMS OF WILL**

**1. Person(s) who should serve as guardian of your minor child(ren)?**

Please list guardians and alternates in order of preference.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**2. Person(s) 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. \_\_\_\_\_

**3. 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART IV - TERMS OF TRUST OR TESTAMENTARY WILL**

**1. Person(s) 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 person(s) in order of preference:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**2. 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?

**Person(s) who should act as Power of Attorney (Agent) in order of preference.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**3. 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.

**Person(s) who should act as your Health Care Agent in order of preference.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

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

Name of company/organization/cemetery. \_\_\_\_\_

**Person(s) who you would like to be in charge of the disposition of your remain**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**What are your funeral instructions?** \_\_\_\_\_  
\_\_\_\_\_

**5. Value of Estate:**

Is the net value of the estate (including life insurance and retirement plans) over \$11.4 Million (2019) (reverts to \$5,490,000 (2017 value) in 2026), if single; \$22.8 Million, if married, (2019), (personal exclusion values)?  Yes  No

**6. Estate Taxes:**

(If Married) Do you want to take advantage of each spouse’s unified credit, protecting more than \$22.8 Million (2019) from estate taxes? (If the estate is over the exclusion amount, 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 \$22.0 Million (2019) (reverts to \$10+ Million in 2026) from estate taxes.)  Yes  No

**7. 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)?  
\_\_\_\_\_

**8. 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 \_\_\_\_\_

**9. 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.)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V - 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.				
6.				
7.				

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

Name and Address of Institution	Account No. (last four digits only)	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

## DIGITAL ASSETS

Clients should assemble an inventory of accounts that they don't want to die with them, with any monetary value noted (the IRS is now looking at the value of digital assets). This inventory should include, but not be limited to, the following information:

- Domain name
- Online accounts
- Username
- Password
- Personal Identification Numbers
- Security question and answer
- Purpose of the asset (don't forget information on the office computer)
- Computers, laptops, tablets, routers, USBs, CDs, DVDs, and other hardware and their locations and passwords
- Software
- Important files, photos, videos, and their digital location; consider how hard it is for you to find some files on your computer—map the location of main folders for your personal, financial, tax, investment files, and your clients' files and documents
- Online backup accounts
- Ownership of the accounts, if jointly owned

This information needs to be continuously updated when new accounts are added or passwords and security questions are changed.

I / WE 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.

NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_