

SEMANOFF ORMSBY GREENBERG & TORCHIA, LLC
Confidential Estate Planning Data Sheet

Date: _____

I. GENERAL INFORMATION

Name: _____ Telephone (Home) _____
Telephone (Work) _____
Address: _____ Telephone (Work) _____
Telephone (Cell) _____
Telephone (Cell) _____

Email Address(es): _____

Residence is in _____ Township *OR* _____ Borough, _____ County
In what year did you establish residency in your current state? _____

Your Employer: _____ Spouse's Employer: _____

II. FAMILY DATA

Proper Legal Names:	Date of Birth	Marital Status	U.S. Citizen <i>yes/no</i>	Social Security Number
You: _____	_____	_____	_____	_____
Spouse: _____	_____	_____	_____	_____
Children: **IF YOUR CHILDREN ARE EMANCIPATED ADULTS, PLEASE COMPLETE PAGE 6**				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have any children who are minors, have you designated a friend or relative to act as guardian for the child(ren) during minority, if necessary? If so, who? Would you designate the same person(s) for physical custody of your children and to handle the children's assets? Yes ___ No ___ If no, please provide information for both guardians.

_____ Address _____
Proper Legal Name of Guardian(s)

_____ Address _____
Proper Legal Name of Alternative Guardian(s)

Have you determined who should be the Executor(s) of your estate or the Trustees of any trusts you would create?

_____ Address _____
Proper Legal Name of Executor or Trustee

_____ Address _____
Proper Legal Name of Successor Executor or Trustee

Do you, your spouse, any of your children or other intended beneficiaries have any long-term or serious health problems or disabilities? _____

III. ESTATE PLANNING DATA

(Please indicate "Y" (Yes) or "N" (No) in the appropriate column)

		You	Spouse
A.	Do you currently have a Will? If so, date prepared: _____	_____	_____
	Codicil? If so, date prepared: _____	_____	_____
	Revocable Trust? If so, date prepared: _____	_____	_____
	Irrevocable Trust? If so, date prepared: _____	_____	_____
B.	Have you been previously married? _____	_____	_____
1.	If yes, are there any children of that marriage? _____	_____	_____
2.	If yes, is your former spouse living? _____	_____	_____
3.	If yes, do you have any continuing obligations on account of that marriage (child support, spousal support, alimony, maintaining life insurance, <u>etc.</u>)? _____	_____	_____
C.	Have you and/or your spouse ever filed federal gift tax returns (Form 709)? _____	_____	_____
D.	Have you and/or your spouse entered into an agreement relating to your respective property and/or support rights (e.g., pre- or post-nuptial, equitable distribution or shareholders' agreement)? _____	_____	_____

IV. ASSET DATA

It is particularly important in the estate planning process to know not only what assets you own, but how you hold title to those assets. Your will cannot dispose of property that you own jointly with rights of survivorship; or of life insurance, annuity, pension, profit-sharing or other retirement benefits which are affected by beneficiary designations. Please list the approximate net value of your assets below in the appropriate columns. "You" means property owned in your sole name, and "Spouse" means property owned in your spouse's name alone. For example, if you own stock worth \$15,000 in your sole name, "\$15,000" should be inserted in column "You" on the same line as the word "Stocks."

Do you have a safe deposit box? Yes ___ No ___ If yes, how is it titled? _____

Do you have online accounts (financial, social, email, etc.)? Yes ___ No ___ If yes, have you prepared a list of the accounts and log in information to be used in the event of your incapacity or death?

Yes ___ No ___ If yes, where is that list kept? _____

REAL ESTATE:	You	Spouse	Joint/ ITF/TOD/POD*
Residence: Value of _____ less mortgage of _____			
Other			
Other			

* Joint = with right of survivorship (JTWROS) or tenants in common (TIC)

ITF = "In Trust For"

TOD = "Transfer On Death"

POD = "Pay/Payable On Death"

For any Joint asset, indicate if JTWROS or TIC and with whom, and for any ITF/TOD/POD asset, indicate designated beneficiary/ies.

NON-RETIREMENT INVESTMENT ASSETS:	You	Spouse	Joint/ ITF/TOD/POD*
Cash on hand			
Certificates of Deposit			
Savings Accounts			
Stocks (Certificated? In brokerage or Computershare account?)			
Bonds (including savings bonds)			
Mutual Funds			
Notes/Mortgages Receivable			
Limited Partnership Investments			
Other			

BUSINESS INTERESTS:	You	Spouse	Joint/ ITF/TOD/POD*
Proprietorship			
Partnership			
Closely-held Corporation			

NOTE: Is there a buy-sell agreement involved with any such interest? _____

RETIREMENT BENEFITS:	Owner	Beneficiary	Market Value	Death Benefit (if different)
Pension Plan				
Profit-Sharing Plan				
Salary Reduction [401(k)] Plan				
Deferred Compensation Plan				
Annuity				
Keogh (H.R. 10) Plan				
IRA – Traditional				
IRA – Roth				

* Joint = with right of survivorship (JTWROS) or tenants in common (TIC)

ITF = “In Trust For”

TOD = “Transfer On Death”

POD = “Pay/Payable On Death”

For any Joint asset, indicate if JTWROS or TIC and with whom, and for any ITF/TOD/POD asset, indicate designated beneficiary/ies.

LIFE INSURANCE:	Owner	Beneficiary	Cash Surrender Value (if any)	Death Benefit (if different)
Whole (permanent) insurance a. Company:				
b. Company:				
Term insurance a. Company:				
b. Company:				
Employee group/term				

BUSINESS INTERESTS:	You	Spouse	Joint/ ITF/TOD/POD*
<i>Intangible Property</i>			
a. Interest in Trusts or Estates (currently or anticipated)			
b. Oil/gas/mineral rights, etc.			
c. TimeShare			
d. Royalties or similar payments			
e. Other			
<i>Personal Property</i>			
a. Antiques			
b. Automobiles			
c. Collections (Art, Coins, Stamps, etc.)			
d. Jewelry of Value			
e. Firearms			
f. Other			

Are you a custodian under the Uniform Transfers to Minors Act (UTMA)? Are there any UTMA assets for your children with someone else designated as Custodian? If so, please provide more detailed information below.

* Joint = with right of survivorship (JTWROS) or tenants in common (TIC)

ITF = "In Trust For"

TOD = "Transfer On Death"

POD = "Pay/Payable On Death"

For any Joint asset, indicate if JTWROS or TIC and with whom, and for any ITF/TOD/POD asset, indicate designated beneficiary/ies.

Are you a trustee of a trust or an executor of an estate? If so, please provide more detailed information below.

Are you currently guaranteeing any loans of another? If so, list amount and asset used as collateral, if appropriate.

V. LIABILITIES

List amount of significant liabilities not noted above:

VI. CONTACT INFORMATION

Below, please provide contact information for any advisors such as brokers, financial advisors, accountants and/or insurance agents.

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

Company: _____

Address: _____

Phone Number: _____

Email: _____

Child's Name and Address:	Date of Birth	Social Security Number	U.S. Citizen <i>yes/no</i>	Marital Status/ Spouse's Name	Children's Names and Ages (Your Grandchildren)
---------------------------	---------------	------------------------	-------------------------------	----------------------------------	---

Child's Name and Address:	Date of Birth	Social Security Number	U.S. Citizen <i>yes/no</i>	Marital Status/ Spouse's Name	Children's Names and Ages (Your Grandchildren)
---------------------------	---------------	------------------------	-------------------------------	----------------------------------	---

Child's Name and Address:	Date of Birth	Social Security Number	U.S. Citizen <i>yes/no</i>	Marital Status/ Spouse's Name	Children's Names and Ages (Your Grandchildren)
---------------------------	---------------	------------------------	-------------------------------	----------------------------------	---

Child's Name and Address:	Date of Birth	Social Security Number	U.S. Citizen <i>yes/no</i>	Marital Status/ Spouse's Name	Children's Names and Ages (Your Grandchildren)
---------------------------	---------------	------------------------	-------------------------------	----------------------------------	---

Child's Name and Address:	Date of Birth	Social Security Number	U.S. Citizen <i>yes/no</i>	Marital Status/ Spouse's Name	Children's Names and Ages (Your Grandchildren)
---------------------------	---------------	------------------------	-------------------------------	----------------------------------	---

revised 11/28/17