

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

Date: \_\_\_\_\_

**I. GENERAL INFORMATION**

Name: \_\_\_\_\_ Telephone (Home) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (Work) \_\_\_\_\_  
\_\_\_\_\_ 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: \_\_\_\_\_

**II. FAMILY DATA**

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

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, 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)

Y/N

- 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, etc.)? \_\_\_\_\_
- C. Have you ever filed federal gift tax returns (Form 709)? \_\_\_\_\_
- D. Have you entered into an agreement relating to your 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. "Joint" means property you own with one or more other individuals with rights of survivorship. 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	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:**

	<b>You</b>	<b>Joint/ ITF/TOD/POD*</b>
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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:**

	<b>You</b>	<b>Joint/ ITF/TOD/POD*</b>
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Proprietorship		
Partnership		
Closely-held Corporation		

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

**RETIREMENT BENEFITS:**

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

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

<b>BUSINESS INTERESTS:</b>	<b>You</b>	<b>Joint/ ITF/TOD/POD*</b>
<b><i>Intangible Property</i></b>		
a. Interest in Trusts or Estates (currently or anticipated)		
b. Oil/gas/mineral rights, etc.		
c. TimeShare		
d. Royalties or similar payments		
e. Other		
<b><i>Personal Property</i></b>		
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.

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

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

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## **V. LIABILITIES**

List amount of significant liabilities not noted above:

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## **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)
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revised 11/28/17