MOERTL, WILKINS & CAMPBELL, S.C.

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ESTATE PLANNING GUIDE

THE INFORMATION YOU PROVIDE IN THIS ESTATE PLANNING GUIDE WILL BE USED TO PREPARE YOUR ESTATE PLANNING DOCUMENTS. PLEASE BE SURE THE INFORMATION IS ACCURATE AND COMPLETE.

IF YOU HAVE ANY QUESTIONS WHILE COMPLETING THIS GUIDE, PLEASE CONTACT US AT THE NUMBER ABOVE AND YOUR ATTORNEY OR HIS/HER ASSISTANT WILL ASSIST YOU.

Today's Date:________________

GENERAL INFORMATION

HUSBAND:

____
First Name Middle Initial Last Name

________________ ______________________
Date of Birth Social Security Number

WIFE:

____
First Name Middle Initial Last Name

____________________ ______________________
Date of Birth Social Security Number

ADDRESS:

____
Street City State Zip

PERSONAL INFORMATION

PHONE: HOME____________________________

CELL (HIS)____________________________ CELL (HERS)____________________________

WORK (HIS)____________________________ WORK (HERS)____________________________

BEST PLACE TO REACH YOU BY EMAIL:

(HIS)____________________________________(HERS)______________________________

CITIZENSHIP (HIS):____________________CITIZENSHIP (HERS):____________________________

OCCUPATION (HIS):____________________OCCUPATION (HERS):____________________________

DATE OF MARRIAGE:____

	HUSBAND		**WIFE**	
	Yes	No	Yes	No
Have you been previously married?				
Do you have an obligation pursuant to divorce decree?				
Do you have children from a prior marriage(s)?				
Do you have any special needs children?				
Do you receive financial statements online?				
Do you pay bills online?				
Do you own real estate or personal property in another state?				
Are you a veteran?				
Have you ever lived in or owned property in any of the following states (please circle all that apply): Arizona Idaho New Mexico Texas California Louisiana Nevada Washington				

CHILDREN **(Note: If you have more than 3 children, attach separate page with same information as requested below)**

1. Child's Full and Legal Name:____

   Child's Address:

   ____

   Street City State Zip

   Cell Phone Number:____________________ E-mail: ______________________________

   Child of: □ both Husband and Wife □ Husband only □ Wife only

   Child's date of birth:_________________ Social Security No. _______________________

   If child is deceased, date of death:____

   Child's spouse, if married:____

   Children of this child (Full and Legal Name/Age):

   __________________________/______ _____________________________/_______

   __________________________/______ ____________________________/________

2. Child's Full and Legal Name:____

   Child's Address:

   ____

   Street City State Zip

   Cell Phone Number:____________________ E-mail: ______________________________

   Child of: □ both Husband and Wife □ Husband only □ Wife only

   Child's date of birth:_________________ Social Security No. _______________________

   If child is deceased, date of death:____

   Child's spouse, if married:____

   Children of this child (Full and Legal Name/Age):

   __________________________/______ _____________________________/_______

   __________________________/______ ____________________________/________

3. Child's Full and Legal Name:____

Child's Address:

____
Street City State Zip

Cell Phone Number:____________________ E-mail: ______________________________

Child of: □ both Husband and Wife □ Husband only □ Wife only

Child's date of birth:_________________ Social Security No. ______________________

If child is deceased, date of death:____

Child's spouse, if married:____

Children of this child (Full and Legal Name/Age):

__________________________/______ ____________________________/________

__________________________/______ ___________________________/_________

LEGAL INFORMATION

	HUSBAND		WIFE	
	Yes	No	Yes	No
Do you have a Will?				
Do you have an inter vivos or living trust?				
Do you have a current health care power of attorney document?				
Do you have a current durable financial power of attorney document?				
Have you ever made gifts to a trust that you created?				

If you answered "yes" to any of the above questions, please attach a copy of the document(s) to this Estate Planning Guide.

LIFE INSURANCE, BURIAL AND VETERANS INFORMATION

	HUSBAND		WIFE	
	Yes	No	Yes	No
Do you have long term care insurance? If so, please list company name and policy number.				
Do you have life insurance? If so, please list company name and policy number.				
Have you prepaid for your funeral?				
Do you own a burial plot?				
Are you a veteran? When did you serve?				

GIFT & INHERITANCE HISTORY

	HUSBAND		WIFE	
	Yes	No	Yes	No
Have you ever made any substantial gifts (in excess of $10,000)?				
Have you ever filed a gift tax return?*				
Have you ever inherited any cash or other property?				
Do you expect to receive any substantial gifts or inheritances in the future?				
Are you a beneficiary of an existing trust created by someone else?				

***If you answered "yes", please attach a copy of the gift tax return.**

ASSET INFORMATION

Please remember to bring to our initial meeting the following information:

□ Copies of deeds and most recent real estate tax bills for any real estate.

□ Copies of a recent monthly statement for any bank account, savings account, brokerage account, mutual fund, etc.

□ Copies of any US bonds and copies of any stock certificates that are not held in your brokerage account.

□ A copy of your most recent valuation statement for any annuity. You should request copies of your current annuity beneficiary form and you should request a new annuity beneficiary form and bring this with you to our meeting.

□ A copy of your most recent valuation statement for any IRA, 401(k) plan, profit-sharing plan, etc. You should request copies of your current beneficiary form on file and you should also request new beneficiary forms and bring these with you to our meeting.

□ You should contact your life insurance agent and request a printout or illustration which will show death benefit information and cash value for all policies. You should also request new beneficiary forms for all life insurance policies and bring these forms with you to our meeting.