

**\*\*CONFIDENTIAL LEGAL PLANNING INFORMATION\*\***  
FOR USE BY OSTERHOUT & MCKINNEY, P.A.

This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete all sections before your appointment at \_\_\_\_\_ on \_\_\_\_\_, 2011. **Bring this completed form and the Estate Planning documents to our office at least one week prior to your appointment.** Please list all names as they would properly appear on legal documents. **Please complete this form to the best of your ability before the appointment.** Without the fully completed form, we will be unable to discuss your situation with you and may need to reschedule your appointment.

**PERSONAL DATA**

*Please Print*

**Husband**

**Wife**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\*E-Mail Address \_\_\_\_\_

\*E-Mail Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

County of Residence \_\_\_\_\_

County of Residence \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Retirement Date \_\_\_\_\_

Retirement Date \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver License # \_\_\_\_\_

Driver License # \_\_\_\_\_

State DL issued \_\_\_\_\_

State DL issued \_\_\_\_\_

Resided in FL since \_\_\_\_\_

Resided in FL since \_\_\_\_\_

Type of residence:

\_\_\_\_\_ Rent home/apartment  
\_\_\_\_\_ Own home/condominium  
\_\_\_\_\_ Nursing Home/Care Facility  
Admission date: \_\_\_\_\_

Type of residence:

\_\_\_\_\_ Rent home/apartment  
\_\_\_\_\_ Own home/condominium  
\_\_\_\_\_ Nursing Home/Care Facility  
Admission date: \_\_\_\_\_

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Name of Facility

Were you referred to our firm? \_\_\_\_\_ If so, by whom? Name: \_\_\_\_\_

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

Can we send a thank you to the referral? Yes \_\_\_\_\_ No \_\_\_\_\_

If not referred, what made you choose our firm? \_\_\_\_\_

Purpose of visit? \_\_\_\_\_

Name of person who completed the form: \_\_\_\_\_

Have you visited our website? Yes \_\_\_\_\_ No \_\_\_\_\_

\*We do not communicate with clients by E-Mail, but occasionally make announcements by E-Mail.

**PERSONAL INFORMATION**

**HUSBAND**

**WIFE**

Living Trust	State _____ Date _____	State _____ Date _____
Last Will and Testament	State _____ Date _____	State _____ Date _____
Durable Power of Attorney	State _____ Date _____	State _____ Date _____
Health Care Surrogate	State _____ Date _____	State _____ Date _____
Living Will	State _____ Date _____	State _____ Date _____
Premarital Agreement	State _____ Date _____	State _____ Date _____

1. Have you filed tax returns with the IRS for the past three years? \_\_\_\_\_
2. Have you filed intangible tax returns with the State of Florida for the past three years? \_\_\_\_\_
3. Who prepares your taxes? \_\_\_\_\_  
Address: \_\_\_\_\_
4. Who is your financial adviser? \_\_\_\_\_  
Address: \_\_\_\_\_
5. Who is your home insurance agent? \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Who is your car insurance agent? \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Who is your health insurance agent? \_\_\_\_\_  
Address: \_\_\_\_\_
6. Who is your spiritual advisor? \_\_\_\_\_  
Address: \_\_\_\_\_
7. What is the location of your important papers? \_\_\_\_\_
8. Do you have a safe deposit box? \_\_\_\_\_ If yes, what is the box number? \_\_\_\_\_  
Where is it located? \_\_\_\_\_  
What names are on the card? \_\_\_\_\_
9. In your household, who pays the bills? \_\_\_\_\_  
Balances the checkbook? \_\_\_\_\_  
Decides how to invest? \_\_\_\_\_



Instrumental Activities for Daily Living						
Activity	Need No Help		Need Some Help		Unable to Do at All	
	Husband	Wife	Husband	Wife	Husband	Wife
Using the telephone						
Getting out by car or public transport						
Grocery Shopping						
Preparing meals						
Doing housework or handyman work						
Doing laundry						
Taking medications						
Managing money						

List the names of all persons who provide assistance or care giving for you: \_\_\_\_\_

Do either of you have medical conditions that we should be aware of? \_\_\_\_ If yes, please explain:  
 Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

What medications do you take and what are they for? Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

14. Who is your family physician? \_\_\_\_\_  
 Address: \_\_\_\_\_

15. Do either of you have any other legal issues which we should be aware of? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

16. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? \_\_\_\_ If yes, please explain. \_\_\_\_\_

17. Does anyone to whom you are leaving part of your estate receive disability payments (SSDI) \$ \_\_\_\_\_, Medicare \$ \_\_\_\_\_, Medicaid \$ \_\_\_\_\_, SSI \$ \_\_\_\_\_, or other benefit (indicate which benefit and amount)? \_\_\_\_\_

18. Date of Marriage: \_\_\_\_\_ City, County, State: \_\_\_\_\_

**CHILDREN OF:** Please list names as they properly appear on legal documents. List any children who predeceased you, and their children.

**HUSBAND**

**WIFE**

1. Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County of residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Spouse's Name/Age: \_\_\_\_\_  
Children's Names/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

2. Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County of residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Spouse's Name/Age: \_\_\_\_\_  
Children's Names/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County of residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Spouse's Name/Age: \_\_\_\_\_  
Children's Names/Ages: \_\_\_\_\_  
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4. Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County of residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Spouse's Name/Age: \_\_\_\_\_  
Children's Names/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County of residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Spouse's Name/Age: \_\_\_\_\_  
Children's Names/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County of residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Spouse's Name/Age: \_\_\_\_\_  
Children's Names/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19.

**BENEFICIARY DATA**

PLEASE LIST THE NAMES AND ADDRESSES OF BENEFICIARIES OTHER THAN CHILDREN.

**HUSBAND**

**WIFE**

1. Name/Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

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

2. Name/Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

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

3. Name/Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

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

4. Name/Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

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

**IF YOU ARE LEAVING FUNDS TO A CHARITY, PLEASE PROVIDE THE COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER FOR THE CHARITY. PLEASE CALL THE CHARITY'S OFFICE AND ASK THEM TO SEND YOU A COPY OF THEIR IRS 501(c)(3) LETTER.**

1. Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

2. Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

3. Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

4. Charity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

20.

**HEALTH INSURANCE**

**HUSBAND**

**WIFE**

**Medicare/Private Insurance/Medicare HMO**

Company: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Part D:           YES   NO

YES   NO

Can the surviving spouse remain  
in the insurance plan?   YES   NO

YES   NO

**Medicare Supplement**

Company: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Monthly premium: \_\_\_\_\_

\_\_\_\_\_

Method of payment: \_\_\_\_\_

\_\_\_\_\_

Prescription Coverage:           YES   NO

YES   NO

**Long -Term Care Insurance**

Company: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Benefit amount per day: \_\_\_\_\_

\_\_\_\_\_

Coverage period in years: \_\_\_\_\_

\_\_\_\_\_

Elimination period: \_\_\_\_\_

\_\_\_\_\_

Is this an indemnity policy? \_\_\_\_\_

\_\_\_\_\_

Inflation rider? \_\_\_\_\_

\_\_\_\_\_

**Other; Cancer, Accidental**

Type: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Type: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

21. If you were unable to make medical decisions for yourself, whom would you want to do so for you (i.e. name as your health care surrogate)? (List in order of priority; include your spouse.)

**HUSBAND**

**WIFE**

- 1. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_
  
- 3. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

If you were seriously ill or in a comatose state, would you want to have your life prolonged artificially?  
YES NO YES NO

If you were seriously ill or in a comatose state, would you want to have a feeding tube put in?  
YES NO YES NO

If you were seriously ill, would you want to be resuscitated (given CPR)?  
YES NO YES NO

If you were having a heart attack, would you want to be resuscitated (given CPR)?  
YES NO YES NO

22. Do you wish to be an organ donor?  
YES NO YES NO

23. If you were unable to carry out your financial business, who would you want to manage your assets (i.e. name as your Power of Attorney)? (List in order of priority; include your spouse)

**HUSBAND**

**WIFE**

- 1. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_
  
- 3. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**FINANCIAL**

24. Have either of you made gifts or transfers, totaling \$500.00 in any month, other than each other, within the last 60 months? \_\_\_\_\_ Have you added a person's name to a deed within the last 36 months? \_\_\_\_\_  
If yes, please complete the following and **bring in documentation of gifting** (use separate page if necessary):

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_  
Was this gift made from an account titled in a Living Trust? \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_  
Was this gift made from an account titled in a Living Trust? \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_  
Was this gift made from an account titled in a Living Trust? \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_  
Was this gift made from an account titled in a Living Trust? \_\_\_\_\_

25. Have either of you given a gift greater than \$10,000 to any individual during your lifetime? \_\_\_\_\_  
If yes, did you file a gift tax return? \_\_\_\_\_ If yes, please complete the following (use separate page if necessary).

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_

Name: \_\_\_\_\_  
Exact date of gift: \_\_\_\_\_  
Type of asset gifted: \_\_\_\_\_  
Value on date of transfer: \_\_\_\_\_

26. **LIFE INSURANCE** Please do not list annuity policies here, list annuity policies under section 29 or 30.  
 Please contact the insurance carrier and request the following information in writing.

**HUSBAND**

**WIFE**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Face Value: \$ \_\_\_\_\_  
 Cash Surrender Value: \$ \_\_\_\_\_  
 Loan taken, if any: \$ \_\_\_\_\_

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 \_\_\_\_\_  
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Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Face Value: \$ \_\_\_\_\_  
 Cash Surrender Value: \$ \_\_\_\_\_  
 Loan taken, if any: \$ \_\_\_\_\_

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Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Face Value: \$ \_\_\_\_\_  
 Cash Surrender Value: \$ \_\_\_\_\_  
 Loan taken, if any: \$ \_\_\_\_\_

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Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Face Value: \$ \_\_\_\_\_  
 Cash Surrender Value: \$ \_\_\_\_\_  
 Loan taken, if any: \$ \_\_\_\_\_

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

**TOTAL FACE VALUES:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CASH SURRENDER VALUES:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

27. **PERSONAL PROPERTY:** *Please provide the title(s)*  
 (Automobiles, Manufactured Homes, R.V.s, Boats, Art, Antiques, Jewelry)

Description of Property	Value	How Titled?

**TOTAL VALUE PERSONAL PROPERTY:** \$ \_\_\_\_\_

28. **REAL ESTATE:** *Please provide deed(s) and most recent tax bill for all real property*

**RESIDENCE:** (Property Description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is it a Manufactured Home? \_\_\_\_\_ If yes, do you own the ground \_\_\_\_\_, own a share in the park \_\_\_\_\_, is the park a cooperative \_\_\_\_\_, have you retired the title \_\_\_\_\_?

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

**INVESTMENT PROPERTY:** (Property Description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

**INVESTMENT PROPERTY:** (Property Description)

\_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

**INVESTMENT PROPERTY:** (Property Description)

\_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

**TOTAL VALUE REAL ESTATE:** \$ \_\_\_\_\_

**LESS OUTSTANDING MORTGAGES:** \$ \_\_\_\_\_

**EQUITY IN REAL ESTATE:** \$ \_\_\_\_\_

- 29. **INTANGIBLE ASSETS:** (Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). THIS MUST BE COMPLETED IN FULL. ONLY LIST THE LAST FOUR DIGITS OF ACCOUNT NUMBERS. PLEASE PROVIDE SUPPORTING DOCUMENTATION OF EACH ASSET. IF THE ASSET IS AN IRA, KEOGH OR 401K PLAN, PLEASE LIST IN SECTION #30.

*EXAMPLE:*

Type of Asset: Checking Account

Name & Address of Co.: Bank of America, 123 Any Street, Fort Myers, FL 33901

How is it titled?: John Doe & Mary Doe

Value: \$10,000 Last 4 digits of Account #: xxxx1234

Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_

Name & Address of Co.: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_

Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_

Name & Address of Co.: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_

Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
Name & Address of Co.: \_\_\_\_\_  
How is it titled?: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Current Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_

**TOTAL INTANGIBLE ASSETS (#29) :**      \$ \_\_\_\_\_

30. **RETIREMENT FUNDS (IRAs, KEOGHs OR 401K PLANS):** *Please provide supporting documentation*

Type of Asset: \_\_\_\_\_  
 Name & Address of Co.: \_\_\_\_\_  
 How is it titled: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum IRA distribution: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
 Name & Address of Co.: \_\_\_\_\_  
 How is it titled: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum IRA distribution: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
 Name & Address of Co.: \_\_\_\_\_  
 How is it titled: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum IRA distribution: \_\_\_\_\_

Type of Asset: \_\_\_\_\_  
 Name & Address of Co.: \_\_\_\_\_  
 How is it titled: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ APY rate: \_\_\_\_\_  
 Life Expectancy Method chosen: \_\_\_\_\_ Minimum IRA distribution: \_\_\_\_\_

**TOTAL IRA, KEOGH OR 401K ASSETS (#30) :** \$ \_\_\_\_\_

Total face value of life insurance (#26)	\$ _____
Total value of personal property (#27)	\$ _____
Total EQUITY value of real estate (#28)	\$ _____
Total value of intangible assets (#29)	\$ _____
Total value of retirement accounts (#30)	\$ _____

31. **TOTAL OF ALL ASSETS:** \$ \_\_\_\_\_

32. **MONTHLY INCOME.** LIST INCOME FROM ALL SOURCES, EVEN IF REINVESTED.

**HUSBAND**

**WIFE**

Social Security: Gross: \$ \_\_\_\_\_  
 Medicare Deduction:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

Gross: \$ \_\_\_\_\_  
 Medicare Deduction:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

Disability: From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

Pension: From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

Veterans Administration: Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

Employment: From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions:\$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

IRAs: From: \_\_\_\_\_  
 Distribution:\$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Distribution:\$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Distribution:\$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Distribution:\$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

Annuity (in pay mode): From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

	<b>HUSBAND</b>	<b>WIFE</b>	<b>JOINT</b>
<u>Interest</u> : (Bank Accounts):	\$ _____	\$ _____	\$ _____
<u>Interest</u> : (Certificates of Deposit):	\$ _____	\$ _____	\$ _____
Paid out or reinvested? _____			
<u>Dividends</u> (Stocks, Bonds):	\$ _____	\$ _____	\$ _____
Paid out or reinvested? _____			
<u>Other</u> (Rents, Mortgages, etc.):	\$ _____	\$ _____	\$ _____
<b><u>TOTAL GROSS MONTHLY INCOME:</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Which sources of income have a benefit for a surviving spouse upon the first death?: \_\_\_\_\_

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33. **MONTHLY ESTIMATED BUDGET**

Rent/Mortgage:	\$ _____	Electricity:	\$ _____
Water/Sewer:	\$ _____	Trash Pickup:	\$ _____
Telephone:	\$ _____	Cable TV:	\$ _____
Food:	\$ _____	Vehicle Expense:	\$ _____
Other Insurance:	\$ _____	Bus, Taxi, etc:	\$ _____
Doctor bills:	\$ _____	Laundry:	\$ _____
Prescriptions:	\$ _____	Clothes:	\$ _____
Furniture:	\$ _____	Credit Cards:	\$ _____
Loans:	\$ _____	Cigarettes:	\$ _____
Personal Items:	\$ _____	Real Estate Taxes:	\$ _____
Homeowner's Ins.:	\$ _____	Condo Maintenance:	\$ _____
Other:	\$ _____		

**TOTAL MONTHLY BUDGET: \$ \_\_\_\_\_**

34. **LIABILITIES**

Mortgages:	\$ _____	Notes to Banks:	\$ _____
Notes to Others:	\$ _____	Unpaid Medical:	\$ _____
Credit Card Bills:	\$ _____	Other:	\$ _____

**TOTAL LIABILITIES: \$ \_\_\_\_\_**

35. Do you have a pet? \_\_\_\_\_ Have you made arrangements for your pet at your death? \_\_\_\_\_

36. Do you want anyone other than each other to receive your tangible personal property (furniture, jewelry, clothing, automobile, etc.)? YES NO

If yes, list the items and who should receive them: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

37. If you want to make any specific gifts of money, please list the amount and recipient:

I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____

(IF MORE SPACE IS NEEDED, PLEASE LIST ON A SEPARATE PAGE)

38. Whom, other than your spouse, shall receive the balance of your estate? (Give percentages if more than one) \_\_\_\_\_  
(IF MORE SPACE IS NEEDED, PLEASE LIST ON A SEPARATE PAGE)

39. Whom do you want to serve as your personal representative (executor)? (List in order of preference)  
**HUSBAND** **WIFE**

1. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

40. If you were ill and unable to manage your own affairs, could the attorneys at Osterhout & McKinney, P.A. discuss your financial situation and estate plan with any other individuals (i.e. family members, accountant, physician)? YES NO

If yes, write the names of all persons to whom the attorneys at Osterhout & McKinney, P.A. are authorized to disclose any information you have given. \_\_\_\_\_  
\_\_\_\_\_

41. If you were so ill that you could no longer reside at home and your family members had to find an alternate living arrangement, would you want your designated agent to transfer your resources to your family members so that you could qualify for Medicaid, a government program to pay for ill individuals? \_\_\_\_\_

Have you considered Long-Term Care Insurance to cover the cost if you could no longer live independently? \_\_\_\_\_

42. Do you have an emergency plan in case of \_\_\_\_ illness \_\_\_\_ natural disaster?

You agree that there will be complete and free disclosure and exchange of all information received from either or both of you in the course of our representation of you and that such information shall not be confidential between you irrespective of whether such information was obtained in conference with both of you or in private conferences with only one of you.

Although e-mail is not the primary method of communication by the attorneys and staff of Osterhout & McKinney, P.A., it is occasionally appropriate and serves to expedite communications. If you **DO NOT** want our attorneys and staff to communicate via e-mail with you, or anyone else on your behalf, you must so indicate by checking the box below.

We **DO NOT** authorize communication via e-mail regarding us or any information contained in our case file.

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.**

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

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