ROSE & ROSE, ESQS.
613 Broadway
Bayonne, New Jersey 07002

Client Estate Plan Information Report

Dated: ________________________________

Name of Client & Spouse ____

Safe Deposit Box Number and Location ____

Who has access? ____

Do you have a Will? Husband _______ Wife _______

1. **PERSONAL INFORMATION:**

	HUSBAND	WIFE
Full Name:	________________________	________________________
Other or Former Names:	________________________	________________________
Social Security #:	________________________	________________________

Home Address: ____

County: ____

Telephone: (Home) ____

Work:

Employer	________________________	________________________
Job Position	________________________	________________________
Work Address	________________________	________________________
Work Telephone	________________________	________________________
Birthdate	________________________	________________________
Birthplace	________________________	________________________
State of Health	________________________	________________________
Insurable:	________________________	________________________
Military Service: (Branch and dates of service; location of discharge papers)	________________________	________________________

2. **MARITAL INFORMATION:**

Date and Place of Marriage: ____

Has either of you been married previously? ____

If yes, give each prior spouse's name and address; date of death, or divorce from prior spouse; the title, location, and case number of probate or divorce court: ____________________________

____

Period of residence in this state while married (give date of beginning residence): _________

______________________________ ______________________________
(husband's occupation at time married) (wife's occupation at time married)

If resident of state(s) other than _____________________ (state in which currently residing), after marriage, note prior residence(s), giving approximate dates of residence, and combined net worth upon taking up residence in each state. (Use back of this form, if this is necessary.)

____

____

Approximate net worth at Date of Marriage:

$_________________ $_________________
(Husband) (Wife)

3. **CHILDREN AND GRANDCHILDREN:**

Children of present marriage (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name.) Please indicate whether any deceased child left any surviving children.

Name	Address	Birthdate	Spouse (if married)
________________	________________	________________	________________
________________	________________	________________	________________
________________	________________	________________	________________
________________	________________	________________	________________

a. HUSBAND: Children of prior marriage to ___________________________:

____

____

b. WIFE: Children of prior marriage to ________________________________:

____

____

c. Grandchildren:

Name	Address	Birthdate	Spouse (if married)
_______________	_______________	_______________	_______________
_______________	_______________	_______________	_______________
_______________	_______________	_______________	_______________

(Use back, if necessary.)

d. Do any beneficiaries require special attention? (Explain; use back of sheet, if necessary.) Think, for example, about their health and general financial status, including needs and prospects.

____

____

e. Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on you for support. (Use back if necessary.)

Name	Address	Birthdate	Spouse (if married)
For Husband:			
_______________	_______________	_______________	_______________
_______________	_______________	_______________	_______________
For Wife:			
_______________	_______________	_______________	_______________
_______________	_______________	_______________	_______________

4. **DISPOSITIVE PLANNING:**

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations.

Consider to whom your property should go if your first-choice beneficiaries do not survive you, or--if your property is left in trust--if they do not survive until complete distribution is made (e.g., charities, other siblings, spouse of child, etc.).

5. **FIDUCIARIES:**

[Please give name, address, phone, and relationship, if any, of your chosen fiduciaries listed below. For each, specify order of preference of alternates by numbering.]

IF YOU HAVE MINOR CHILDREN:

Guardian of the child's person? ____

Alternate? ____

Guardian of the child's estate? ____

Custodian for child's property? ____

__________________________ Alternate: ____

Trustee for child's or family pot trust: ____

__________________________ Alternate: ____

Please list the persons you want to nominate to act as Executor and alternates for your will, and or as successor or alternate Trustees for revocable or other trusts:

Executor: ____

Alternate(s): ____

Trustee for any trust(s): ____

Successor Trustee(s): ____

6. **PROFESSIONAL ADVISORS:** Names and Addresses

Other Attorney: ____

Tax Advisor: ____

Insurance Underwriter: ____

Investment Counselor: ____

Bankers: ____

Securities Broker: ____

7. **ADDITIONAL INFORMATION TO BE BROUGHT TO INTERVIEW OR TO BE ATTACHED TO THIS FORM:**

(Your attorney may designate which are or are not needed if an initial interview has already taken place.)

a. Copies of present Wills of Husband and Wife

b. Deeds to all real property; property tax statements (evidence of parcel or other identifying numbers)

c. Life Insurance policies; annuity agreements

d. Prior gift tax returns, if any

e. Last Federal income tax return

f. Copies of trust agreements in which you or your spouse are donor or beneficiary

g. Pension and/or profit-sharing plan(s)

h. Buy and Sell agreements; other agreements concerning business interests

i. Divorce decrees, if any

j. Antenuptial or other marital agreements

ASSETS AND LIABILITIES

8. **CASH, CDs AND BANK BALANCES:**

Bank (include Branch)	Account Number	Type of Acct.	How Title Held	Balance
			TOTAL:	

9. **PRESENT ANNUAL INCOME:**

	HUSBAND	WIFE	TOTAL
Social Security			
Bonus			
Interest			
Dividends			
Rents			
Partnership(s)			
Capital Gains			
Other (Describe)			
TOTALS:			

10. **SECURITIES (BONDS, MARKETABLE SECURITIES, ETC.):**

Company or Issuer	Type (Comn, Prfrd)	# of Shs. or Face Value	How Title Held	Cost	Market Value

11. **IRA, KEOGH, &/or OTHER RETIREMENT PLANS:**

Where Held	In Whose Name	When Begun	Amount
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________

12. **LIFE, DISABILITY, ACCIDENT INSURANCE & ANNUITIES:**

Descript. (Co. & Type of Contract)	Policy Number	Primary and Cntgnt. Benef.	Present Cash Value	Face Amt. of Death Benefit
____________	____________	____________	____________	____________
____________	____________	____________	____________	____________
____________	____________	____________	____________	____________

13. **REAL ESTATE:**

Description Location	Title Held	Cost/Basis	Encumbrances	Market Value
____________	____________	____________	____________	____________
____________	____________	____________	____________	____________
____________	____________	____________	____________	____________

14. **TRUST DEEDS AND/OR MORTGAGES:**

Amount (original) ______________________ Amount (current) ________________________

Maturity and payments ____

15. **PROPERTY INCOME:**

Gross Income ______________________ Real Estate Taxes _______________________

Average annual maintenance ____________________ Lease costs ___________________

Annual Net Income ____

16. **PERSONAL PROPERTY:** (Indicate how ownership is held)

	VALUE	HOW HELD
Home Furnishings:	___________________	___________________
Automobiles:	___________________	___________________
Jewels &/or furs:	___________________	___________________
Other (collections, etc.):	___________________	___________________

17. **BUSINESS INTERESTS:**

Please give *name, location, percentage owned by you, names and relationship of co-owners,* the *form* (e.g., sole proprietorship, closely held corporation, partnership, etc.) of business, if there is a *buy-sell agreement* (BRING A COPY), or any agreements relating to death, disability, or retirement of a partner or shareholder; its *present value*: your estimate; bring copies of last five years of financial statements, and any other information regarding its value.

____

____

____

18. **EMPLOYEE BENEFITS:** (Vested interest in Profit Sharing or pension plan; Stock Options)

Name and Address of Employer(s):

____

Nature of Benefit	Present Value	Retirement Income	Death Benefit Amount	Beneficiary
______________	______________	______________	______________	______________
______________	______________	______________	______________	______________
______________	______________	______________	______________	______________

Payment of Death Benefit: [ ] Lump Sum [ ] Annuity

[ ] To be elected by ____

19. **RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCE:**

(Give name of person who is the source of the interest, as well as the nature and value of the interest.) INCLUDE POWERS OF APPOINTMENT. (Please bring a copy of the instrument which creates the power of appointment, if applicable.)

____

____

20. **MISCELLANEOUS:**

Do you have an interest in any of the following?

a. Leaseholds? ______________

b. Annuities? ______________

c. Oil/Mineral Rights? ______________

d. Franchises/Licenses? ______________

e. Contracts? ______________

f. Rights as Creditor? ______________

g. Memberships? ______________

h. Other not described herein? ____________

Details: ____

____

21. **LIABILITIES:** (Debts owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

Description	Name of Debtor	Amount	When Due
Home Mortgage	______________________	_________	_________
Other Mortgage	______________________	_________	_________
Secured real property loans	______________________	_________	_________
Notes and accts. payable by you	______________________	_________	_________
Loans on insurance policies	______________________	_________	_________
Unsecured promissory notes	______________________	_________	_________
General obligations	______________________	_________	_________
Other (property tax, insurance, bills)	______________________	_________	_________
	TOTAL:	_________	_________

22. **GIFTS YOU HAVE MADE:**

Include gifts made between 1932 and 1981 in excess of $3,000 per year per donee. Include gifts made since 1981 in excess of $10,000 per year per donee.

Donor	Donee	Date Given	Return filed?	Value
__________	__________	__________	__________	__________
__________	__________	__________	__________	__________
__________	__________	__________	__________	__________

23. **OTHER:**

Include here any other information that you think is important to your legal planning.

____

____

____

____

WHEN COMPLETE, GIVE ORIGINAL TO YOUR ATTORNEY AND KEEP A COPY.