

ESTATE PLANNING FACT FINDER

Date: _____ HOW DID YOU HEAR ABOUT DANA AND ASSOCIATES? _____

Legal Name: _____ DOB _____ Married Single Widowed

Cell Phone # _____ Home # _____ E-mail _____

Occupation _____ Employer _____

Partner's Name: _____ DOB _____
If applicable

Cell Phone # _____ Home # _____ E-mail _____

Occupation _____ Employer _____

Mailing Address _____ Street Address _____

Date of this Marriage: _____ Children from Prior Relationship: Yes No

<u>Children of this Relationship</u>	<u>Birth date</u>	<u>Parent</u> <small>H for Husband, W for Wife (Circle One)</small>	<u>Marital Status</u>	<u># of Children</u>
_____	___/___/___	Both H W	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	___/___/___	Both H W	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	___/___/___	Both H W	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	___/___/___	Both H W	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	___/___/___	Both H W	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	___/___/___	Both H W	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	___/___/___	Both H W	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	___/___/___	Both H W	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Disinherit Children _____

Special Needs Children _____

EXPECTED INHERITANCES

Husband: _____

Wife: _____

REAL ESTATE	Current Value	Debt	Owner (Joint, H, W, or Trust)
Primary Residence			

RETIREMENT – IRAs, 401ks, Pensions, Annuities				
Type (i.e. 401k)	Company	\$ Value	Owner	Beneficiary

NON- RETIREMENT – Checking, Savings, CD, Brokerage, LLC, S-Corps, Stocks, Bonds				
Type	Bank/Company	\$ Value	Owner	Beneficiary

LIFE INSURANCE	Death Benefit	Cash Value	Premium	Owner	Beneficiary

Other	Current Value	Debt	Owner (Joint, H, W, or Trust)

PLAN OF DISTRIBUTION

Briefly describe your wishes for the plan of distribution for your assets. We will discuss in more detail in our meeting.

- All to Spouse/Partner; then among children, and if a child didn't survive, the deceased child's share to their children
- All to Spouse/Partner; then equally among surviving children
- All to Spouse/Partner, then: _____

- As Follows: _____

PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the "appointment" of various persons to assist you and your family in times of need – particularly when death or disability strikes. They appointed "helpers" are called different names depending on the type of help they are giving.

If you were unable to make healthcare decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? (If Married we will assume your spouse first, then name one or two other choices)

		Client's Responses	Partner's Responses
Health Care Decision Makers	First Choice		
	Second Choice		

After your death, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries? (If Married we will assume your spouse first, then name one or two other choices)

		Client's Responses	Partner's Responses
Financial Decision Makers	First Choice		
	Second Choice		

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would?

		Client's Responses	Partner's Responses
Guardians	First Choice		
	Second Choice		

ADDITIONAL INFORMATION

