

**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

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

Disinherit Children \_\_\_\_\_

Special Needs Children \_\_\_\_\_

**EXPECTED INHERITANCES**

Husband: \_\_\_\_\_

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

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

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

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

<b>LIFE INSURANCE</b>	<b>Death Benefit</b>	<b>Cash Value</b>	<b>Premium</b>	<b>Owner</b>	<b>Beneficiary</b>

<b>Other</b>	<b>Current Value</b>	<b>Debt</b>	<b>Owner (Joint, H, W, or Trust)</b>

## 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)

		<b>Client's Responses</b>	<b>Partner's Responses</b>
<b>Health Care Decision Makers</b>	<b>First Choice</b>		
	<b>Second Choice</b>		

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)

		<b>Client's Responses</b>	<b>Partner's Responses</b>
<b>Financial Decision Makers</b>	<b>First Choice</b>		
	<b>Second Choice</b>		

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?

		<b>Client's Responses</b>	<b>Partner's Responses</b>
<b>Guardians</b>	<b>First Choice</b>		
	<b>Second Choice</b>		

## ADDITIONAL INFORMATION

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