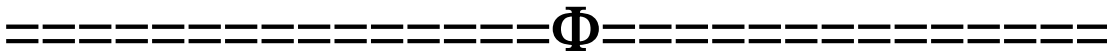


CONFIDENTIAL

ESTATE PLANNING

INFORMATION



MJW

Law Offices Of

MICHAEL J. WITTICK

A Professional Law Corporation

PERSONAL INFORMATION - YOU

Referred by: _____

Date Prepared: _____

Name

Phone/Fax

CLIENT #1:

Full Legal Name: _____

Signature Name: _____

Home Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Home Phone: _____ Soc. Sec. #: _____

Birth Date: _____ Age: _____

U.S. Citizen: YES NO

Email Address: _____

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Own Business ? YES NO

CLIENT #2

Full Legal Name: _____

Signature Name: _____

Home Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Home Phone: _____ Soc. Sec. #: _____

Birth Date: _____ Age: _____

U.S. Citizen: YES NO

Email Address: _____

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Own Business ? YES NO

IF YOU ARE MARRIED OR DOMESTIC REGISTERED PARTNERS:

Date of Marriage or Domestic Partnership: _____

Have you signed a pre or post-marriage agreement ? YES NO (If so, please furnish a copy)

CURRENT ESTATE PLANNING:

Have you or your spouse previously completed will, trust or estate planning? YES NO

If YES, what kind of estate planning and when ? _____

**It would be helpful to bring your wills and/or trusts to your consultation for review*

PERSONAL INFORMATION – YOUR BENEFICIARIES

YOUR CHILDREN: Please indicate any children who are adopted. Under “Parent(s)”, please use “JT” if both spouses are parents, “H” if husband is the parent, “W” if wife is the parent, “S” if you are a single parent.

Full Legal Name _____ Parent(s) _____ Birth Date _____
Occupation: _____ Grandchildren: _____
Specific Wishes with respect to Inheritance: _____

Full Legal Name _____ Parent(s) _____ Birth Date _____
Occupation: _____ Grandchildren: _____
Specific Wishes with respect to Inheritance: _____

Full Legal Name _____ Parent(s) _____ Birth Date _____
Occupation: _____ Grandchildren: _____
Specific Wishes with respect to Inheritance: _____

Full Legal Name _____ Parent(s) _____ Birth Date _____
Occupation: _____ Grandchildren: _____
Specific Wishes with respect to Inheritance: _____

Full Legal Name _____ Parent(s) _____ Birth Date _____
Occupation: _____ Grandchildren: _____
Specific Wishes with respect to Inheritance: _____

Full Legal Name _____ Parent(s) _____ Birth Date _____
Occupation: _____ Grandchildren: _____
Specific Wishes with respect to Inheritance: _____

OTHER DEPENDENTS Friends or relatives who depend upon either of you for part of their support.

Full Legal Name

Relationship

_____	_____
_____	_____

QUESTIONS ABOUT YOUR CHILDREN OR OTHER BENEFICIARIES

1. Do any of your children or beneficiaries receive governmental support or benefits because of a disability or handicap ? YES NO

2. Do any of your children or beneficiaries have special educational, medical or physical needs ? YES NO

3. Are any of your children or beneficiaries institutionalized ? YES NO

4. If you answered YES to any of the above questions, please identify the child with the disability and the type of disability involved ? _____

5. Do any of your children or beneficiaries have any other special needs or circumstances that concern you ? YES NO
If YES, please describe: _____

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18

Please provide the names of GUARDIANS if you or your spouse were unable to care for your minor children. Please use Full Legal Names and Relationship to you.

Initial guardian(s):

Relationship

_____	_____
_____	_____

1st Successor guardian(s):

Relationship

_____	_____
_____	_____

2nd Successor guardian(s):

Relationship

_____	_____
_____	_____

PERSONAL INFORMATION - BACKGROUND

QUESTIONS ABOUT YOU (AND YOUR SPOUSE)

1. Do you (or your spouse) have any health problems ? YES NO
 If YES, please describe: _____

2. Have either you (or your spouse) been divorced or widowed ? YES NO
 If YES, date(s) of Divorce(s) or Death(s) : _____
 Please furnish a copy of any property settlement agreements.

3. Do you have a specialist managing your financial/investment objectives? YES NO

4. Do you have a specialist managing your insurance needs in the following areas? YES NO

Disability and/or Long Term Care Insurance?	YES NO
Life Insurance?	YES NO
Property & Casualty Insurance	YES NO
Business Liability Insurance	YES NO

5. Are you confident that your current plan prevents the court from determining who will be the guardians of your minor children? YES NO

6. Are you confident that your current plan protects you from unnecessary placement in a nursing home and provides clear instructions for in home healthcare? YES NO

7. Are you confident that your current plan will prevent the IRS from taking between 37% and 55% of your life insurance proceeds from your family ? YES` NO

8. Does your current plan avoid estate taxes at an approximate 50% rate? YES NO

9. Are you confident that your current plan protects your surviving spouse, children, and other beneficiaries from creditors, lawsuits and failed marriages? YES NO

10. Have you taken steps to protect your children's inheritance in the event your surviving spouse chooses to remarry YES NO

YOUR ADVISORS ON YOUR ESTATE PLANNING TEAM

	Name	City/State	Telephone
Attorney	_____	_____	_____
Accountant	_____	_____	_____
Financial Advisor	_____	_____	_____
Life Ins. Agent	_____	_____	_____
Property & Casualty Ins. Agent	_____	_____	_____
Business Liab. Ins. Agent	_____	_____	_____

PERSONS TO ACT FOR YOU

GENERAL INSTRUCTIONS:

If you were unable and/or unavailable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets ? You may name a husband and wife on one line if you wish them to serve together.

FOR CLIENT #1: (In order of preference)

Full Legal Name:	Address (Street, City, State)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

FOR CLIENT #2: (In order of preference)

Full Legal Name:	Address (Street, City, State)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

HEALTH CARE DECISIONS:

If you were unable to make health care decisions for yourself, who would you want to make such decisions for you. Health care decisions include those pertaining to medical treatment.

FOR CLIENT # 1: (In order of preference)

Full Legal Name	Address (Street, City, State)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

FOR CLIENT #2: (In order of preference)

Full Legal Name	Address (Street, City, State)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

YOUR CONCERNS AND OBJECTIVES

Please rate the importance to you of the following concerns: Least – Most

PROTECTION FOR YOURSELF

MAINTAINING CONTROL OF YOUR ASSETS	1	2	3	4	5
AVOIDING PROBLEMS IN CASE OF MENTAL DISABILITY	1	2	3	4	5
AUTHORIZE RELEASE OF PROTECTED HEALTH CARE INFO	1	2	3	4	5
AVOIDING NURSING HOME COSTS	1	2	3	4	5
AVOIDING LIFE SUPPORT	1	2	3	4	5
CREDITOR PROTECTION	1	2	3	4	5
PROTECTION OF RETIREMENT	1	2	3	4	5

PROTECTION OF CHILDREN OR GRANDCHILDREN OR BENEFICIARIES

GUARDIANSHIPS FOR PROTECTION OF MINOR CHILDREN	1	2	3	4	5
PROTECTION OF ADULT CHILDREN OR BENEFICIARIES	1	2	3	4	5
PROTECTION OF GRANDCHILDREN	1	2	3	4	5
FOR SPECIAL NEEDS CHILDREN &/OR GRANDCHILDREN	1	2	3	4	5
CREDITOR PROTECTION	1	2	3	4	5
DIVORCE PROTECTION	1	2	3	4	5
PROMOTE FAMILY VALUES EVEN AFTER YOU ARE GONE	1	2	3	4	5
FROM INHERITANCE PASSING TO CHILD'S SPOUSE	1	2	3	4	5
FROM CHILD'S MISMANAGEMENT OF INHERITANCE	1	2	3	4	5

PROTECTION FOR YOUR SPOUSE

ASSURE STANDARD OF LIVING FOR SURVIVING SPOUSE	1	2	3	4	5
CREDITOR PROTECTION	1	2	3	4	5
FROM INHERITANCE PASSING TO NEW SPOUSE UPON REMARRIAGE	1	2	3	4	5

PASS MAXIMUM WEALTH TO FAMILY OTHER MEMBERS

AVOIDING JUDICIAL PROCEDURES

AVOIDING CONSERVATORSHIPS	1	2	3	4	5
AVOIDING PROBATE	1	2	3	4	5

TAX CONCERNS

AVOIDING OR REDUCING ESTATE TAXES	1	2	3	4	5
AVOIDING OR REDUCING INCOME TAXES	1	2	3	4	5
AVOIDING OR REDUCING GIFT TAXES	1	2	3	4	5
STRETCHING OUT TAX DEFERRED PAYMENTS OF RETIREMENT PLANS AS LONG AS POSSIBLE	1	2	3	4	5
AVOIDING CAPITAL GAINS TAXES UPON SALE	1	2	3	4	5

YOUR CONCERNS AND OBJECTIVES

Please rate the importance to you of the following concerns: Least – Most

AVOIDANCE OF DISPUTES

RETAINING FAMILY MANAGEMENT OF FINANCIAL AFFAIRS	1	2	3	4	5
AVOIDING WILL OR TRUST CONTEST &/OR FRIVOLOUS LAWSUITS UPON DEATH	1	2	3	4	5
DISINHERITANCE OF A FAMILY MEMBER	1	2	3	4	5
CLARITY AND ORGANIZATION IN PLANNING OF ASSETS	1	2	3	4	5

BUSINESS CONCERNS

BUSINESS ENTITY FORMATION	1	2	3	4	5
CREDITOR PROTECTION	1	2	3	4	5
BUY SELL AGREEMENT	1	2	3	4	5
BUSINESS SUCCESSION PLAN OR EXIT STRATEGY	1	2	3	4	5
PLAN TO MANAGE FAMILY BUSINESS	1	2	3	4	5

CHARITABLE PLANNING

CHARITABLE INTENT	1	2	3	4	5
INCOME TAX DEDUCTION	1	2	3	4	5
SUPPLEMENT TO INCOME	1	2	3	4	5
REDUCTION OF GROSS ESTATE					

OTHER GOALS OR DREAMS

YOUR ASSETS AND LIABILITIES

INSTRUCTIONS FOR COMPLETING ASSET SECTION:

IMPORTANCE: Your representations will be relied upon in planning your estate.

TYPE: Immediately after the heading is a brief explanation of what property you should list.

OWNER: When filling out this very important category, if owned as a single person, use "I", if as CLIENT #1, use "C1", if as CLIENT #2, use "C2", if held in joint tenancy with a spouse, use "JTS", if in joint tenancy with someone other than your spouse, use "JTO", if held in tenancy in common with your spouse, use "TCS", if in tenancy in common with another, use "TCO" and if you cannot determine how owned, use "?".

CASH ACCOUNTS. TYPE: Checking Account "CA"; Savings Account "SA"; Cert. of Deposit "CD". Do not include retirement or tax deferred accounts here. **EVIDENCE OF TITLE:** Signature card or the document you signed to set up the account.

Name of Institution	Type	Account Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL:				_____

INVESTMENT ACCOUNTS. TYPE: Money Market "MM", investment "I", cash management "CM", Mutual Funds "MF". Do not include retirement or tax deferred accounts here. **EVIDENCE OF TITLE:** The document you signed to set up the account or the account statement.

Name of Institution	Type	Account Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL:				_____

STOCK CERTIFICATES AND BOND INSTRUMENTS. TYPE: Publicly traded stocks only, NOT family or nonpublicly traded stock which should be listed under BUSINESS, PARTNERSHIP AND PROFESSIONAL INTERESTS. **EVIDENCE OF TITLE:** Stock Certificates and/or Bond Instruments.

Name of Company	Owner	Number of Shares	Fair Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:			_____

PERSONAL EFFECTS. TYPE: Vehicles, boats, furniture, antiques, collections, jewelry, furs, art etc.
EVIDENCE OF TITLE: Registration or title issued by your state, bill of sale, receipt, cancelled check etc.

Description of Item	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:		_____

RETIREMENT PLANS. TYPE: Pension, Profit Sharing, HR 10, IRA, SEP, 401(k) etc.
EVIDENCE OF TITLE: documents you signed to set up plan, summary plan description, account statement

Type of Plan	Company	Account #	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL:				_____

LIFE INSURANCE. TYPE: term, whole life, split dollar, group life. EVIDENCE OF TITLE: The policy itself, including all endorsements and amendments and/or the original application

Company_____ Policy Number_____

Insured_____ Owner_____ Type_____

Death Benefit _____ Cash Value_____

Company_____ Policy Number_____

Insured_____ Owner_____ Type_____

Death Benefit _____ Cash Value_____

Company_____ Policy Number_____

Insured_____ Owner_____ Type_____

Death Benefit _____ Cash Value_____

Company_____ Policy Number_____

Insured_____ Owner_____ Type_____

Death Benefit _____ Cash Value_____

Company _____ Policy Number _____
Insured _____ Owner _____ Type _____
Death Benefit _____ Cash Value _____

Company _____ Policy Number _____
Insured _____ Owner _____ Type _____
Death Benefit _____ Cash Value _____

Company _____ Policy Number _____
Insured _____ Owner _____ Type _____
Death Benefit _____ Cash Value _____

Company _____ Policy Number _____
Insured _____ Owner _____ Type _____
Death Benefit _____ Cash Value _____

ANNUITIES.

Company _____ Account Number _____
Annuitant _____ Owner _____ Type _____
Death Benefit _____ Cash Value _____

Company _____ Account Number _____
Annuitant _____ Owner _____ Type _____
Death Benefit _____ Cash Value _____

Company _____ Account Number _____
Annuitant _____ Owner _____ Type _____
Death Benefit _____ Cash Value _____

Company _____ Account Number _____
Annuitant _____ Owner _____ Type _____
Death Benefit _____ Cash Value _____

MONEY OWED TO YOU.

EVIDENCE OF TITLE: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Owed to	Debt Type	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS, PARTNERSHIP AND PROFESSIONAL INTERESTS. TYPE:

Privately owned (nonpublicly traded) stock, general or limited partnerships and sole proprietorships.

EVIDENCE OF TITLE: Stock certificate, partnership agreement, buy-sell agreements, fictitious name affidavit, balance sheet, or registration of title issued by state, bill of sale.

Name of Business	Type of Entity	Owner	%	Value of Interest
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business Continuation: How will the owner’s family receive the wealth of the Business ?

OIL, GAS, AND MINERAL INTERESTS. TYPE: Lease, overriding royalty, fee mineral

estate, working interest, pooling agreement, etc. **EVIDENCE OF TITLE:** Lease agreement, deed, royalty agreement, farmout agreeemnt, pooling agreement or other agreement you signed to create the interest.

Brief Legal Description	Owner	Ownership %	Value of Interest
_____	_____	_____	_____
_____	_____	_____	_____

REAL PROPERTY. TYPE. Land, building, homes or time shares where you have either a deeded or land contract interest. **EVIDENCE OF TITLE:** Deed or Land Contract (Do not use mortgage or tax assessment.)

General Description and/or Address	Owner	Ownership %	Fair Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGEMENT.

TYPE: Gifts, inheritance or judgment proceeds that you expect to receive some time in the future.

EVIDENCE OF TITLE: Copies of wills or trusts, lawsuits or judgments

Description	From Whom	To Whom	Value of Interest
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ASSETS.

Description	Owner	Value
_____	_____	_____
_____	_____	_____

SUMMARY

ASSETS	CLIENT #1	CLIENT #2	TOTAL
CASH ACCOUNTS:	_____	_____	_____
INVESTMENT ACCOUNTS:	_____	_____	_____
STOCKS AND BONDS:	_____	_____	_____
PERSONAL EFFECTS:	_____	_____	_____
RETIREMENT PLANS:	_____	_____	_____
LIFE INSURANCE:	_____	_____	_____
ANNUITIES:	_____	_____	_____
MORTGAGES, NOTES ETC.:	_____	_____	_____
BUS., PART., AND PROF. INT.:	_____	_____	_____
OIL, GAS AND MINERAL:	_____	_____	_____
REAL PROPERTY:	_____	_____	_____
ANTICIPATED INH., GIFT ETC:	_____	_____	_____
OTHER ASSETS:	_____	_____	_____
TOTAL ASSETS	GROSS ESTATE		_____

LIABILITIES	CLIENT #1	CLIENT #2	TOTAL
LOANS PAYABLE	_____	_____	_____
ACCOUNTS PAYABLE	_____	_____	_____
REAL ESTATE MORTGAGE(S)			
RESIDENCE	_____	_____	_____
OTHER	_____	_____	_____
CONTINGENT LIABILITIES	_____	_____	_____
LOANS AGAINST LIFE INS.	_____	_____	_____
UNPAID TAXES	_____	_____	_____
OTHER OBLIGATIONS	_____	_____	_____
_____	_____	_____	_____
	TOTAL LIABILITIES		_____
	NET ESTATE		_____