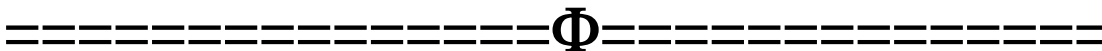


**CONFIDENTIAL**  
**ESTATE PLANNING**  
**INFORMATION**



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. #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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. #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

1<sup>st</sup> Successor guardian(s):

Relationship

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

2<sup>nd</sup> 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. Are you or your spouse receiving Social Security, disability, or other governmental benefits for a disability or handicap? If so, please describe: \_\_\_\_\_
  
3. 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.
  
4. Do you have a specialist managing your financial/investment objectives? YES NO
  
5. 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 |
  
6. Are you confident that your current plan prevents the court from determining who will be the guardians of your minor children? YES NO
  
7. 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
  
8. Are you confident that your current plan will prevent the IRS from taking between 40% of your life insurance proceeds from your family ? YES NO
  
9. Does your current plan avoid estate taxes at an approximate 40% rate? YES NO
  
10. Are you confident that your current plan protects your surviving spouse, children, and other beneficiaries from creditors, lawsuits and failed marriages? YES NO
  
11. 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 <sup>st</sup> _____ | _____                         |
| 2 <sup>nd</sup> _____ | _____                         |
| 3 <sup>rd</sup> _____ | _____                         |
| 4 <sup>th</sup> _____ | _____                         |

### FOR CLIENT #2: (In order of preference)

| Full Legal Name:      | Address (Street, City, State) |
|-----------------------|-------------------------------|
| 1 <sup>st</sup> _____ | _____                         |
| 2 <sup>nd</sup> _____ | _____                         |
| 3 <sup>rd</sup> _____ | _____                         |
| 4 <sup>th</sup> _____ | _____                         |

## 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 <sup>st</sup> _____ | _____                         |
| 2 <sup>nd</sup> _____ | _____                         |
| 3 <sup>rd</sup> _____ | _____                         |
| 4 <sup>th</sup> _____ | _____                         |

### FOR CLIENT #2: (In order of preference)

| Full Legal Name       | Address (Street, City, State) |
|-----------------------|-------------------------------|
| 1 <sup>st</sup> _____ | _____                         |
| 2 <sup>nd</sup> _____ | _____                         |
| 3 <sup>rd</sup> _____ | _____                         |
| 4 <sup>th</sup> _____ | _____                         |

# 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** 1 2 3 4 5

|   |           |
|---|-----------|
| 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<br>UPON REMARRIAGE | 1 2 3 4 5 |

## **PASS MAXIMUM WEALTH TO FAMILY OTHER MEMBERS** 1 2 3 4 5

## **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<br>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<br>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 | 1 | 2 | 3 | 4 | 5 |

**OTHER GOALS, DREAMS OR ITEMS TO DISCUSS.** We want you estate plan to address all of your hopes, fears and wishes. Please list any other items you want included or wish to discuss, including Pet Trusts, using trust provisions to provide incentives for your heirs, handling digital or special assets (guns, win collections , art etc.)

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# 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", if in Community Property with spouse, use "CP", use "T" if held in trust 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. 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 |
|---------------------|-------|----------------|-------|--------|
| _____               | _____ | _____          | _____ | _____  |
| _____               | _____ | _____          | _____ | _____  |
| _____               | _____ | _____          | _____ | _____  |
| _____               | _____ | _____          | _____ | _____  |
| _____               | _____ | _____          | _____ | _____  |
| <b>TOTAL:</b>       |       |                |       | _____  |

**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 |
|---------------------|-------|----------------|-------|--------|
| _____               | _____ | _____          | _____ | _____  |
| _____               | _____ | _____          | _____ | _____  |
| _____               | _____ | _____          | _____ | _____  |
| _____               | _____ | _____          | _____ | _____  |
| _____               | _____ | _____          | _____ | _____  |
| <b>TOTAL:</b>       |       |                |       | _____  |

**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 |
|-----------------|-------|------------------|-------------------|
| _____           | _____ | _____            | _____             |
| _____           | _____ | _____            | _____             |
| _____           | _____ | _____            | _____             |
| <b>TOTAL:</b>   |       |                  | _____             |



Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Insured \_\_\_\_\_ Owner \_\_\_\_\_ Type \_\_\_\_\_  
 Death Benefit \_\_\_\_\_ Cash Value \_\_\_\_\_

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Insured \_\_\_\_\_ Owner \_\_\_\_\_ Type \_\_\_\_\_  
 Death Benefit \_\_\_\_\_ Cash Value \_\_\_\_\_

TOTAL DEATH BENEFIT ON C1: \_\_\_\_\_

TOTAL DEATH BENEFIT ON C2: \_\_\_\_\_

**LIABILITY INSURANCE. EVIDENCE OF TITLE:** The policy itself, including all endorsements and amendments and/or the original application

Do you carry an umbrella liability insurance policy? \_\_\_\_\_. Policy Limits: \_\_\_\_\_  
 Business Liability Insurance Policy? \_\_\_\_\_. Policy Limits: \_\_\_\_\_

**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 \_\_\_\_\_

TOTAL DEATH BENEFIT:

\_\_\_\_\_

**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 |
|----------------|---------|-----------|-------------|
| _____          | _____   | _____     | _____       |
| _____          | _____   | _____     | _____       |
| _____          | _____   | _____     | _____       |

TOTAL : \_\_\_\_\_

**BUSINESS, PARTNERSHIP, PROFESSIONAL, OIL, GAS INTERESTS.**

**BUSINESS TYPE:** Privately owned (nonpublicly traded) corporations, general or limited partnerships, LLCs and sole proprietorships, oil, gas and mineral interests

**BUSINESS 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.

**OIL, GAS AND MINERAL INTEREST TYPE:** Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc. **OIL, GAS, MINERAL EVIDENCE OF TITLE:** Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement you signed to create the interest

| <u>Name of Business Interest</u> | <u>Type of Entity</u> | <u>Owner</u> | <u>%</u> | <u>Value of Interest</u> |
|----------------------------------|-----------------------|--------------|----------|--------------------------|
|----------------------------------|-----------------------|--------------|----------|--------------------------|

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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

\_\_\_\_\_

| <u>Name of Oil, Gas and Mineral Interests</u> | <u>Owner</u> | <u>Ownership %</u> | <u>Value of Interest</u> |
|---|--------------|--------------------|--------------------------|
|---|--------------|--------------------|--------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

**REAL PROPERTY.** TYPE. Land, building, homes or time shares where you have either a deeded or land contract interest. **EVIDENCE OF TITLE:** PLEASE FURNISH A COPY OF THE DEED AND LATEST PROPERTY TAX BILL. **TITLE:** 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”, use T if held in trust and if you cannot determine how owned, use “?”. **ASSESSED VALUE:** for property tax purposes. **BASIS:** the amount paid for the property

| <u>General Description and/or Address</u> | <u>Title</u> | <u>%</u> | <u>Market Value</u> | <u>Assessed Value</u> | <u>Basis</u> |
|---|--------------|----------|---------------------|-----------------------|--------------|
|---|--------------|----------|---------------------|-----------------------|--------------|

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

**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

| <u>Description</u> | <u>From Whom</u> | <u>To Whom</u> | <u>Value of Interest</u> |
|--------------------|------------------|----------------|--------------------------|
|--------------------|------------------|----------------|--------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**OTHER ASSETS.**

| <u>Description</u> | <u>Owner</u> | <u>Value</u> |
|--------------------|--------------|--------------|
|--------------------|--------------|--------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

## SUMMARY

| <u>ASSETS</u>                | <u>CLIENT #1</u>    | <u>CLIENT #2</u> | <u>TOTAL</u> |
|------------------------------|---------------------|------------------|--------------|
| 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:                | _____               | _____            | _____        |
| <b>TOTAL ASSETS</b>          | <b>GROSS ESTATE</b> |                  | _____        |

| <u>LIABILITIES</u>      | <u>CLIENT #1</u>         | <u>CLIENT #2</u> | <u>TOTAL</u> |
|-------------------------|--------------------------|------------------|--------------|
| LOANS PAYABLE           | _____                    | _____            | _____        |
| ACCOUNTS PAYABLE        | _____                    | _____            | _____        |
| REAL ESTATE MORTGAGE(S) |                          |                  |              |
| RESIDENCE               | _____                    | _____            | _____        |
| OTHER                   | _____                    | _____            | _____        |
| CONTINGENT LIABILITIES  | _____                    | _____            | _____        |
| LOANS AGAINST LIFE INS. | _____                    | _____            | _____        |
| UNPAID TAXES            | _____                    | _____            | _____        |
| OTHER OBLIGATIONS       | _____                    | _____            | _____        |
| _____                   | _____                    | _____            | _____        |
|                         | <b>TOTAL LIABILITIES</b> |                  | _____        |
|                         | <b>NET ESTATE</b>        |                  | _____        |