

Eichelberger Law Office PC
2206 Lucas Street, Muscatine, Iowa 52761

ESTATE PLANNING FACT SHEET

(Please Print)

Completed By: _____
(Name of interviewer, or client's own name if completed directly by client)

Date: _____

I. PERSONAL AND FAMILY INFORMATION
(Give full names, no initials)

Client's Name: _____
(First) (Middle) (Last)

Primary Occupation: _____

Address (Include County): _____

Business Address: _____

Email Address: _____

Telephone: Home _____ Business _____

Birthdate: _____ Soc. Sec. No. _____

U.S. Citizen: Yes _____ No _____ If No, Country _____

Spouse's Name: _____
(First) (Middle) (Last)

Primary Occupation: _____

Address (Include County): _____

Business Address: _____

Email Address: _____

Telephone: Home _____ Business _____

Birthdate: _____ Soc. Sec. No. _____

U.S. Citizen: Yes _____ No _____ If No, Country _____

Marriage Date: _____ Place _____

CHILDREN
(indicate if adopted)

(If any child listed is not a child of your present marriage, please place an asterisk beside that child's name, and furnish additional information on the reverse side of this sheet)

	1 st Child	2 nd Child
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Birthdate:	_____	_____
Spouse:	_____	_____
Children:	_____	_____
Names & Birthdates:	_____	_____
	_____	_____

	3 rd Child	4 th Child
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Birthdate:	_____	_____
Spouse:	_____	_____
Children:	_____	_____
Names & Birthdates:	_____	_____
	_____	_____

OTHER DEPENDENTS

	1 st	2 nd
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Birthdate:	_____	_____
Relationship:	_____	_____

	3 rd	4 th
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Birthdate:	_____	_____
Relationship:	_____	_____

II. PROFESSIONAL ADVISORS

Accountant

Name: _____
Firm: _____
Address: _____
Phone: () _____
Fax: () _____

Insurance Agent

() _____
() _____

Stock Broker

Name: _____
Firm: _____
Address: _____
Phone: () _____
Fax: () _____

Regular Physician

() _____
() _____

Financial Planner

Name: _____
Soc. Sec.: _____
Address: _____
Phone: () _____
Fax: () _____

Bank Officer

() _____
() _____

PERSON RESPONSIBLE FOR EMPLOYMENT BENEFITS AT EMPLOYER'S OFFICE

Client

Name: _____
Phone: () _____
Fax: () _____

Spouse

() _____
() _____

III. NOMINATIONS

A. EXECUTOR(S) (if co-executors, indicate with an asterisk (*). Indicate successor(s) by number)

	<u>Client's Will</u>	<u>Spouse's Will</u>
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	()	()
Relationship:	_____	_____
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	()	()
Relationship:	_____	_____

B. TRUSTEES (if different from Executor)

Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	()	()
Relationship:	_____	_____
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	()	()
Relationship:	_____	_____

C. ATTORNEY(S)-IN-FACT (if different from Executor)

Name: _____
Soc. Sec.: _____
Address: _____
Phone: () _____
Relationship: _____

Name: _____
Soc. Sec.: _____
Address: _____
Phone: () _____
Relationship: _____

D. GUARDIAN(S) OF MINOR CHILDREN (if different from Executor)

Name: _____
Soc. Sec.: _____
Address: _____
Phone: () _____
Relationship: _____

Name: _____
Soc. Sec.: _____
Address: _____
Phone: () _____
Relationship: _____

E. COMPENSATION (for individuals)

1. Executor Yes _____ No _____

 If Yes, conditions: _____

2. Trustee Yes _____ No _____

If Yes, conditions: _____

ESTIMATED INCOME FOR CURRENT YEAR

	CLIENT	SPOUSE
BASE SALARY	_____	_____
BONUS AND OTHER COMPENSATION	_____	_____
TAXABLE DIVIDENDS AND INTEREST	_____	_____
TAX-EXEMPT INCOME	_____	_____
CAPITAL GAINS/LOSSES	_____	_____
OTHER INCOME(SPECIFY)	_____	_____
TOTAL	_____	_____

V. OTHER INFORMATION

A. What are your estate planning objectives? (Help children, avoid taxes, avoid probate, make charitable gifts, etc.)

- 1. _____
- 2. _____
- 3. _____

B. In general, to whom do each of you want your estates to be distributed?

Your Will:

Your Spouse's Will:

C. Is there any reason to treat children (or grandchildren) other than equally?

D. History of gifts: (1) List all gifts made in excess of \$10,000 (or in excess of \$3,000 if gift was made before 1982); and (2) list all gifts of life insurance:

<u>Date of Gift</u>	<u>Donor</u>	<u>Recipient</u>	<u>Value</u>
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E. Have you or your spouse ever filed a gift tax return? Yes _____ No _____
If yes, list years, and attach copies of all returns.

F. Do you have any expected inheritances from your parents or other relatives?

Person Who May Leave You Something	Relationship	Age	Estimated Value of Your Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Describe any other contingent asset you are entitled to receive, i.e., negligence recovery, contract rights.

H. Is this a second marriage for either of you? _____

Is there a pre-marital agreement? _____

Is there a post-marital agreement? _____

If you have ever been divorced, do you have any payment obligations either to your former spouse or to children of the prior marriage embodied in any court decree or written agreement? If so, please provide copies of the documents.

- I. Did you acquire any of your property while a resident of any other state other than Iowa? (List by state and property.)

- J. Do you own any real estate located outside of Iowa/Illinois? (List by state and property.)

- K. Do you have any special requests regarding donation of body organs (eyes, kidneys, etc.)?

Do you have any special requests regarding sustaining life by artificial support systems?

Have you made provisions for managing your estate during disability (i.e., durable power of attorney)? If so, please provide the date of signing and attach a copy.