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CONFIDENTIAL ESTATE PLANNING INFORMATION

FORM COMPLETED BY: _____ **DATE:** _____

DO YOU WANT TO RECEIVE PERIODIC UPDATES FROM THE FIRM: ☐ Yes ☐ No

HOW DID YOU FIND OUT ABOUT US (REFERRAL, WEBSITE, ETC.)? _____

PERSONAL INFORMATION

1. Full Name(s): _____

Spouse/Partner ("S/P") _____
2. List any other name(s) by which you (or your spouse/partner) have been known: _____

3. Mailing Address: _____
4. Email Address: _____ S/P _____
5. Physical Address (if different): _____

PREFERRED CORRESPONDENCE – **PLEASE CHECK ONE:**
VIA EMAIL ☐ REGULAR MAIL ☐ BOTH EMAIL and REGULAR MAIL ☐

6. Telephone: Home _____ Cell _____
Work _____ S/P – Cell _____ S/P – Work _____
7. Date(s) of birth: _____ S/P _____
8. Social Security number(s): _____ S/P _____
9. Gender Identity: ☐ Woman ☐ Man ☐ Transgender
☐ Other (please describe) _____

S/P Gender Identity: ☐ Woman ☐ Man ☐ Transgender
☐ Other (please describe) _____
10. ☐ Married: Date of Marriage _____ ☐ Divorced
☐ Widowed: Date of spouse's death _____

CHILDREN'S INFORMATION

11. **Child's Full Name:** _____

Birthdate: _____ Parent(s): _____

Physical Address: _____

Mailing Address (if different): _____

Telephone: _____ Email Address: _____

Married? ☐ yes ☐ no If Married, name of spouse: _____

Are there children? ☐ yes ☐ no If yes, please list name(s) and date(s) of birth: _____

Child's Full Name: _____

Birthdate: _____ Parent(s): _____

Physical Address: _____

Mailing Address (if different): _____

Telephone: _____ Email Address: _____

Married? ☐ yes ☐ no If Married, name of spouse: _____

Are there children? ☐ yes ☐ no If yes, please list name(s) and date(s) of birth: _____

Child's Full Name: _____

Birthdate: _____ Parent(s): _____

Physical Address: _____

Mailing Address (if different): _____

Telephone: _____ Email Address: _____

Married? ☐ yes ☐ no If Married, name of spouse: _____

Are there children? ☐ yes ☐ no If yes, please list name(s) and date(s) of birth: _____

12. Do you (or your spouse/partner) have any adopted children? _____
Any disabled children? _____
Any deceased children? _____

13. If you have children below the age of eighteen, you should designate in your will a person or persons to be guardians of your children in the event something should happen to both you and your spouse/partner. Obviously, a decision of this importance should be discussed with the proposed guardian prior to making your final selection.

Guardian(s)

Name: _____

Address: _____

Relationship to you (if any): _____

Alternate/Successor Guardian(s)

Name: _____

Address: _____

Relationship to you (if any): _____

14. If there are additional children, grandchildren or other loved ones who should be included in your planning, please name them here or add a separate sheet of paper: _____

15. Please list the name and address of the person(s) you wish to serve as personal representative of your estate (this is the person responsible for handling the affairs of your estate and is sometimes referred to as an executor. It is often a spouse/partner, adult child, or other close relative). It is advisable to name at least one alternate personal representative in case the first is unwilling or unable to serve.

	Personal Representative 1	Personal Representative 2	Personal Representative 3
Name			
Relationship to you			
Address			

16. Please list the name and address of any person(s) to whom you might want to entrust your financial affairs during your lifetime, for instance in the event of your disability. You can discuss these choices and their implications in your Estate Planning meeting.

	Agent 1	Agent 2	Agent 3
Name			
Relationship to you			
Address			

17. Please list the name, address and contact numbers of any person(s) who you might want to be able to make healthcare decisions on your behalf in the event that you are incapacitated. You can discuss these choices and their implications in your Estate Planning meeting.

	Agent 1	Agent 2	Agent 3
Name			
Relationship to you			
Address			
Phone			
Work Phone			

18. Your parents:

Name	Address	Birth Date	Married/Single

19. Your parents (S/P):

20. Have either of you been married before? ☐ Yes ☐ No

If yes, when and to whom? _____

List any children of that marriage: _____

What are the custody arrangements for those children? _____

21. Is there a pre- or postnuptial agreement affecting your current marriage? ☐ Yes ☐ No
If yes, please attach a copy.

22. Describe any alimony or child support payment to which you (or your spouse/partner) are entitled or obligated to make, and attach a copy of your divorce decree and settlement agreement (if any) under which those payments are required. _____

23. Have you (or your spouse/partner) ever served in the military? If so, please give branch, date of discharge and serial number. _____

24. List each country of which you and your spouse/partner are citizens: _____

25. Have you ever lived in a community property state? ☐ Yes ☐ No
If so, where? _____

FINANCIAL INFORMATION

26. **Your Current Professional Advisors**

Personal Attorney: _____ Telephone: _____

Accountant: _____ Telephone: _____

Financial Advisor: _____ Telephone: _____

Life Insurance Agent: _____ Telephone: _____

27.

Assets

(please use a separate sheet if necessary)

Please put an estimated value of each asset, the owner of each asset (use chart below) and any beneficiary designations associated with the asset (if applicable).

Owner of Asset or Debt Guide

[your or partner's name] – if individually owned

JTS – owned jointly with spouse/partner

JTO – owned jointly with someone other than spouse/partner

? – if you cannot determine how the property/debt is owned

	<u>Assets</u>	<u>Value of Asset</u>	<u>Owner of Asset</u>	<u>Beneficiary Designation (if applicable)</u>
a.	Home			
b.	Vacation Home			
c.	Other Real Estate			
d.	Checking Account			
e.	Savings Account			
f.	Cert(s) of Deposit			
g.	Mutual Funds			
h.	Marketable Sec(s)			
i.	Life Insurance ¹			
j.	Furniture			
k.	Automobiles			
l.	Annuities			
m.	Jewelry			
n.	Collectibles			
o.	IRAs			
p.	Keogh Plans			
q.	Retirement Plans			
r.	Other			
28.	TOTAL ASSETS	\$		

(Add lines a-r)

¹ Do not count accidental death or double indemnity aspects of policies. Please give face amounts (i.e. death benefit amount), not present cash value.

29.

Indebtedness

	<u>Debts</u>	<u>Value</u> <u>of Debt</u>	<u>Owner</u> <u>of Debt</u>	<u>Name of</u> <u>Institution</u>
a.	Mortgage	<hr/>		
b.	Other Mortgages	<hr/>		
	<hr/>	<hr/>		
	<hr/>	<hr/>		
c.	Auto Loans	<hr/>		
d.	Other	<hr/>		
30.	TOTAL DEBTS	\$ <hr/>		
	(Add lines a-d)			
31.	NET WORTH	\$ <hr/>		

32. What is your approximate annual income (yours and spouse/partner)?

33. (a) Your employer:

(b) Years there:

(c) Position:

(d) Your employer (S/P):

(e) Years there:

(f) Position:

35. If you (or your spouse/partner) are involved in a closely-held business:

a. What is its name?

b. How is it organized (sole proprietorship, partnership, corporation, LLC, etc.)?

c. What is your (or your spouse/partner's) interest worth?

d. Do you have a buy/sell agreement with your co-participants? ☐ Yes ☐ No
If yes, please attach a copy.

e. If any other members of your family are involved in the business, please list them:

36. Have you (or your spouse/partner) ever filed a gift tax return? ☐ Yes ☐ No
If yes, please attach a copy of each said return and state where and when filed.

37. Have you (or your spouse/partner) established any trusts? ☐ Yes ☐ No
If yes, please attach a copy of the trust instrument and state the current trustee's name and the approximate current value of the trust's assets.

38. Do you or your spouse/partner have long-term care insurance? ☐ Yes ☐ No
List all long-term care insurance you have and the amounts, frequency of any premiums you pay (or are withheld from your income).

Insurance Co. & Type of Insurance	Insured	Frequency	Premium

39. Have you or your spouse made any gifts in the last 60 months (5 years)? ☐ Yes ☐ No
If so, please list any gifts (transfers for less than fair market value) made to any person, charity, etc.

Recipient's Name	Date of Gift	Value of Gift

40. Are you (or your spouse/partner) the beneficiary or trustee of a trust established by someone else? ☐ Yes ☐ No
If yes, please attach a copy of the trust instrument and state the approximate present value of the trust assets.

41. Is there anything else you think we should know in planning your estate(s)? ☐ Yes ☐ No
If so, please explain on a separate sheet and attach it to this questionnaire.

42. Please attach a copy of each deed to real estate you or your spouse/partner now own, copies of you and your spouse's/partner's present wills (if any), copies of any powers of attorney and any trusts you (or your spouse/partner) have signed, even if unfunded.