LAW OFFICE OF
JERRY REIF

"Helping individuals, families and business owners maintain control over their affairs through estate, tax, business and asset protection planning"

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ESTATE PLANNING INFORMATION FORM

DOCUMENTS YOU MAY BRING TO THE MEETING

A. REAL PROPERTY

Deeds—Most recent deeds showing ownership in husband, wife, or others.
Land Contract/Mortgages—For all parcels (buying or selling).
Tax Notice—Recent tax notice showing State Equalized Value.

B. LIFE INSURANCE

Life Insurance Policies (or summary by your insurance representative)

C. FINANCIAL INFORMATION

Income Tax (1040 for most recent year)
Tax Deferred's (401k, IRA, Keogh, etc.) (or summary by advisor)

D. BUSINESS INTEREST (if applicable)

Partnership & Limited Liability Co.—Copy of Agreements & Certificates.
Corporation—Corporate Minute Book including all Agreements & Minutes.
Recent Tax Returns.
Buy-Sell Agreements or Cross-Purchase Agreements (if any)

E. DOCUMENTS

Wills and Trust instruments (if any)
Divorce Judgements (if any)

GENERAL INFORMATION

1. CLIENT INFORMATION **CLIENT #1** **CLIENT #2**

a. NAME (First, Middle, Last) ______________________ _________________________

b. ADDRESS ____

____

c. TELEPHONE residence _________________________ business_________________________

CELL PHONE____________________________ E-MAIL______________________________

d. DATE OF BIRTH (age) ______________________ __________________________

e. OCCUPATION ______________________ __________________________

f. SOCIAL SECURITY # (Optional) ______________________ __________________________

	Client #1		Client #2	
g. Are you a US citizen?	YES	NO	YES	NO
h. Do you anticipate any inheritance?	YES	NO	YES	NO
i. Have you been previously married?	YES	NO	YES	NO
j. Do you have a Will or Trust?	YES	NO	YES	NO
k. Have you made any annual gifts?	YES	NO	YES	NO

l. PROFESSIONAL ADVISORS: NAME ADDRESS TELEPHONE #

Accountant / CPA ____

Bank(s) ____

Insurance ____

____

____

Realtor ____

Stockbroker ____

____

I authorize JEROME P. REIF, P.C. to contact my advisors, children and beneficiaries to discuss the information contained in this Client Information Form.

Date:_________ Signatures:_______________________ ____________________________

2. CHILDREN, BENEFICIARIES and/or DEPENDENTS:

a. CHILDREN NAME (First, Middle, Last)	DATE OF BIRTH	AGE
______________________________	______________	______
______________________________	______________	______
______________________________	______________	______
______________________________	______________	______

b. OTHER DEPENDENTS:
Are any children or other dependents adopted, divorced or need special assistance?

If yes, please explain: ____
____

3. PERSONAL REPRESENTATIVE
Indicate your choices for the Personal Representative of your estate. (It is assumed that your first choice is your surviving spouse, if not, please indicate).

1st (Spouse or) ______________________
Alternate 2 ______________________
Alternate 3 ______________________

4. TRUSTEES (usually name yourself first)

Initial Trustee ______________________

ALTERNATE (usually name your spouse)

1st (Spouse or) ______________________

SUCCESSOR TRUSTEE(S)
(usually name adult children or friend)

Alternate 2 ______________________
Alternate 3 ______________________

5. GUARDIAN & CONSERVATOR FOR MINOR CHILDREN (if there is no Surviving spouse)

Alternate 1 ______________________
Alternate 2 ______________________

6. DURABLE POWER OF ATTORNEY
(for legal matters including funding a trust
--usually name spouse first)

1st (Spouse or) ______________________
Alternate 2 ______________________
Alternate 3 ______________________

7. PATIENT ADVOCATE POWER OF ATTORNEY
(for medical decisions
-- usually name spouse first)

1st (Spouse or) ______________________
Alternate 2 ______________________
Alternate 3 ______________________

8. DISTRIBUTION OF ESTATE:

a. INITIAL DISTRIBUTION:

Do husband and wife wish to leave their property to each other first and then to their named children in equal shares?

YES _____ NO _____

If no, Explain: _________________________

____

____

b. SECONDARY DISTRIBUTION (RESIDUE)

In the proposed estate plan, upon the death of both husband and wife, your estate may be divided into portions for living children and other heirs. These assets may be held in trust until you feel that the children or other heirs reach a proper age to exercise financial discretion. If this type of plan is chosen, state the ages you wish these distributions made?

At <u>Each Child's</u> Age? Yes _____ No _____ At <u>Youngest Child's</u> Age? Yes _____ No _____

===

Option 1 100% at age _____

Option 2 One-half at age _____ Remaining amount (balance) at age _____

Option 3 One-third at age _____ One-third at age _____ (one-half of balance) Balance at age _____ (Remaining amount)

Other ____

____

c. ULTIMATE BENEFICIARY:

If neither husband or wife or any children are able to receive the estate, is there an ultimate heir or heirs that you wish to name?

(I) Equally to heirs of husband and wife? YES __________ NO __________

(ii) Other: ____

____

d. SPECIFIC BEQUEST AND GIFTS:

Do you wish to make any specific bequest in your Wills? YES _____ NO _____

FULL NAME OF BENEFICIARY/Charity	Description of Gift/Bequest
______________________________	____________________
______________________________	____________________

9. **PROPERTY INFORMATION & CURRENT VALUES** (General estimates are adequate)

	CLIENT #1	CLIENT #2	JOINT OWNED
Residence	$ ________________	$ ________________	$ ____________
Household	$ ________________	$ ________________	$ ____________
Recreational Property	$ ________________	$ ________________	$ ____________
Business Value	$ ________________	$ ________________	$ ____________
Acreage Value (_________ acres at $ ___________ per acre)	$ ________________	$ ________________	$ ____________
Inventory (crops, etc.)	$ ________________	$ ________________	$ ____________
Land Contracts	$ ________________	$ ________________	$ ____________
Vehicles (auto/truck)	$ ________________	$ ________________	$ ____________
Recreation Vehicles	$ ________________	$ ________________	$ ____________
Pension/Keogh	$ ________________	$ ________________	$ ____________
IRA/401k	$ ________________	$ ________________	$ ____________
Stocks	$ ________________	$ ________________	$ ____________
Bonds	$ ________________	$ ________________	$ ____________
Bank (saving, deposit)	$ ________________	$ ________________	$ ____________
TOTAL	$ ================	================	============

LIABILITIES & CURRENT DEBT

Mortgages/Contracts	$ _________________	$ _________________	$ ____________
Other Debts	$ _________________	$ _________________	$ ____________
TOTAL	$ =================	=================	============

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NET CURRENT ESTATE (Excluding life insurance)	$ __________________	$ __________________	$ ____________

10. LIFE INSURANCE UPDATE

a. Insurance on CLIENT #1 (or Husband's) life:

Name of Company	Face Amount	Policy Type	Owner	Beneficiary
1. ________________	$______________	__________	_________	______________________
2. ________________	$______________	__________	_________	______________________
3. ________________	$______________	__________	_________	______________________
4. ________________	$______________	__________	_________	______________________
5. ________________	$______________	__________	_________	______________________
6. ________________	$______________	__________	_________	______________________

b. Insurance on CLIENT #2 (or Wife's) life:

Name of Company	Face Amount	Policy Type	Owner	Beneficiary
1. ________________	$______________	__________	_________	______________________
2. ________________	$______________	__________	_________	______________________
3. ________________	$______________	__________	_________	______________________
4. ________________	$______________	__________	_________	______________________
5. ________________	$______________	__________	_________	______________________
6. ________________	$______________	__________	_________	______________________

c. **Insurance Owned on other lives (such children or Business Insurance)**

Name of Company	Face Amount	Policy Type	Owner	Beneficiary
1. ________________	$______________	__________	_________	______________________
2. ________________	$______________	__________	_________	______________________
3. ________________	$______________	__________	_________	______________________
4. ________________	$______________	__________	_________	______________________
5. ________________	$______________	__________	_________	______________________
6. ________________	$______________	__________	_________	______________________