



7602 Pacific Street, Suite 200
Omaha, Nebraska 68114
phone (402) 391-2400
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Date: _____ 20__

CONFIDENTIAL PERSONAL DATA

Please answer the information that applies to you and your wishes for your estate plan, and bring the completed form to your initial consultation. Please note that if we are making an estate plan for a couple, some questions may be answered differently for one spouse than for the other, so simply mark your individual answers. (For instance: \$5,000 to XYZ Charity – Jane.)

FAMILY INFORMATION

	Name	Special Needs?	Social Security No.	Birth Year
Male Client				
Female Client				

Your home address and phone:

Street Address	
Street Address	
City State Zip	
Telephone	
Email	

Your children:

Name	Address (if not same)	M/F	Special Needs?	Telephone #	Birth Year

Estate Plan and Arrangements

Others you may wish to name as beneficiaries: (such as siblings, grandchildren, special friends)

Name	Relationship	Amount of Gift

Is there anyone you wish to have specifically excluded from your Will?

Yes No

Name	Relationship/Explain Details

Do you want to name a charity or charities to receive a portion of your estate?

Yes No

Name	Address	Amount of gift

Have either of you been previously married?

Yes No

Are there children of a previous marriage or relationship?

Yes No

PLEASE EXPLAIN:

PROVIDE DETAILS:

ASSETS

Market Value & Ownership

	Value /		Title Held By:
	Male Client	Female Client	
Residence	\$	\$	\$
Other Real Estate			
Stocks, Bonds & Mutual Funds			
Mortgages, Notes & Cash			
Life Insurance: Face Amount			
Cash Value			
Personal Property			
Business Interest			
Profit Sharing, 401K, IRA			
Stock Options			
Deferred Compensation			
Potential Inheritances			
Estimated Value of Estate			

Is any of your property located in other states?

Yes No

PLEASE EXPLAIN:

PROVIDE DETAILS:

Liabilities & Indebtedness

Name of Creditor	Amount	Mortgage/Lien On	Comment
	\$	Residence	Home Mortgage
	\$		Credit Card
	\$		Credit Card
	\$		Auto Loan
	\$		

How do you want your estate distributed? (Don't worry about individual items now. You will have a separate document for those gifts, which we will discuss at your consultation.)

I want my estate to go directly to my spouse and/or children (and any other beneficiaries) through my **Will**. *I realize that this may have a substantial tax liability as well as needing to go through probate.*

OR

I want a **Family Trust** for the benefit of my spouse and/or children, allowing my estate to pass directly to them uninterrupted at the time of my death.

OR

If you want a Family Trust, whom do you want to be the Trustee(s)?

The Trustee will be me and my spouse (*go to second choice*)

OR

I want the **first choice** Trustee to be

Name Address

I want the **second choice** Trustee to be (if the first choice is unable to fulfill the duties)

Name Address

I want the Trustee to be

Bank,

Name Address

Do you have any special instructions for distribution upon your death?

When you and your spouse are both deceased, how do you want your estate to pass?

In equal shares to all of my children (including stepchildren)

(If divided between your children, if a child is deceased, his/her share then goes to:

that child's children **OR** divided among the remaining siblings)

OR

Divided between family members, other loved ones and/or charities in the percentages I have stated here: (e.g. 50% to John Jones, 25% to Mary Doe and 25% to XYZ charity)

If you have children or other family members who are too young to receive their inheritance immediately, you can choose how and at what age their share is distributed. (choose one)

- Distribute everything to the beneficiaries as soon as possible.
- Minor children shall inherit at age _____
- Distribute in the following percentages at the following ages:

Percentage	Age
_____	_____
_____	_____
_____	_____

If you have minor children, whom do you wish to designate as their guardian, if both you and your spouse are deceased?

First Choice:

Name
Street Address
City State Zip
Telephone

Second Choice Guardian:

Name
Street Address
City State Zip
Telephone

Do you wish the guardian to be responsible for the property as well as the personal welfare of the minor children? Yes No

Are there particular directions that you wish to provide for the guardian of your children, as with respect to religious upbringing, etc.? Yes No

PLEASE EXPLAIN:
PROVIDE DETAILS:

Are there any beneficiaries who have special needs by reason of health, mentality or otherwise, and should receive special consideration in your Will?

Yes No

PLEASE EXPLAIN:

PROVIDE DETAILS:

Whom do you designate as contingent beneficiaries after immediate family members? (Who should be your beneficiaries in the unlikely case that none of your named beneficiaries survives you) (choose one)

- Half to surviving next of kin of Male Client and half to surviving next of kin of Female Client.
 Surviving next of kin of Male Client. Surviving next of kin of Female Client.
 Other [Please Explain/Provide Details:] _____

Please designate a Personal Representative (Executor) of your estate. (This is the person who will settle the affairs of your estate.)

- I want **my spouse** as my Personal Representative. (*go to second choice*)

OR First Choice Personal Representative:

Name

Street Address

City State Zip

Telephone

Second Choice Personal Representative:

(in case your first choice is unable to serve)

Name

Street Address

City State Zip

Telephone

Do you wish to leave any special instructions regarding place of burial, persons to be notified, type of religious services, etc.?

Yes No

PLEASE EXPLAIN:

PROVIDE DETAILS:

Where do you keep the following items? Be certain that your Personal Representative has access.

Abstract of Real Estate _____
Automobile titles _____
Stock certificates _____
Bonds, Securities _____
Savings accounts passbook _____
Life insurance policies _____

Do you currently have a safety deposit box?
If so, where is it located and who has access to it? _____

Yes No

Where do you intend to keep your signed Will -- in a safety deposit box, filed at County Court or elsewhere? _____

Life insurance representative: _____

Accountant: _____

Name and address of your family physician:

Name
Street Address
City State Zip
Telephone

Legal Documents

Do you want us to prepare a General (Durable) Power of Attorney for you?
Yes No

Note: A General (Durable) Power of Attorney designates a representative who is empowered to make and execute financial and business decisions concerning your assets on your behalf if you are incapacitated.

Who will be your designated representative for financial and business decisions?

My Spouse (please go to second choice representative)

OR First choice designated representative

Name
Street Address
City State Zip
Telephone

Second choice representative (in case your first choice is unable to serve)

Name
Street Address
City State Zip
Telephone

Would you like us to prepare a Power of Attorney for Health Care for you?

Yes No

[Note: A Health Care Power of Attorney designates a representative who is empowered to make health care decisions and give consents to medical procedures on your behalf if you are unable to communicate.]

Who will be your designated representative for health care decisions?

My Spouse (Please go to second choice representative)

OR First choice representative for health care decisions

Name
Street Address
City State Zip
Telephone

Second choice representative for health care (in case your first choice is unable to serve)

Name
Street Address
City State Zip
Telephone

Are there special instructions or limitations that we should include?

Yes No

PLEASE EXPLAIN:
PROVIDE DETAILS:

Would you like us to prepare a Living Will for you?

Yes No

[Note: A living will contains instructions about when life support should no longer be used, (such as if you should be in a vegetative state or have an incurable terminal condition and be near death without life support) and is only for when you are unable to communicate your wishes.]

BUSINESS INTERESTS

What is your business or occupation?

Male Client: _____

Female Client: _____

Your Business Address and Phone:

Male Client

Street Address	
Street Address	
City State Zip	E-Mail:
Telephone	Fax:

Female Client

Street Address	
Street Address	
City State Zip	E-Mail:
Telephone	Fax:

Are you the owner of a business?

Yes No

(if no, skip next three questions)

PLEASE EXPLAIN:
PROVIDE DETAILS:

Is the business operated as a proprietorship, partnership or corporation?

Are there any existing partnership agreements, stockholders agreement employment contracts, options or sales contracts regarding property, private annuities or other documents affecting your business or other assets? Yes No

PLEASE EXPLAIN:
PROVIDE DETAILS:

Do you have any special desires as to disposition of business interests to specific persons? Yes No

PLEASE EXPLAIN:
PROVIDE DETAILS:

OTHER FINANCIAL CONSIDERATIONS

Are you or your spouse the beneficiary of any existing trust or similar arrangement?

Yes No

PLEASE EXPLAIN:
PROVIDE DETAILS:

Are you liable as a co-signer or guarantor on any obligations? Yes No

If you have previously filed United States Gift Tax Returns, please state for which years: _____

Upon your death, will there be benefits under any of the following?

Private Pension Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Security Employee Death Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Veteran's Benefits Railroad Retirement	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PLEASE EXPLAIN:
PROVIDE DETAILS:

Have you promised to name any person as beneficiary under your Will, as to any particular sum of money or assets? Yes No

PLEASE EXPLAIN:
PROVIDE DETAILS:

**Have you ever entered into any premarital (prenuptial/antenuptial) agreement?
Please provide a copy.** Yes No

PLEASE EXPLAIN:
PROVIDE DETAILS:

If your spouse survives you, is there any agreement preventing your spouse from executing a new Will after your death?

Yes No

PLEASE EXPLAIN:
PROVIDE DETAILS:

Do you currently have a Will? If yes, please bring a copy to our interview.

Yes No

PLEASE PROVIDE ANY ADDITIONAL INSTRUCTIONS OR INFORMATION:

Signature of Client

Signature of Client

(OPTIONAL) FINANCIAL CONDITION ON _____, 20____

ASSETS	\$	LIABILITIES	\$
Cash On Hand and In Banks		Notes Payable to Banks	
Notes Receivable – Secured (current)		Notes Payable to Others	
Notes Receivable – Unsecured (current)		Accounts Payable	
Accounts Receivable – Current		Owing to Relatives	
Marketable Securities (See Schedule)		Contracts Payable	
Other Current Assets (Itemize)		Other (Monthly Payments \$ _____)	
		Provision For Income Taxes	
		Other Current Assets (Itemize)	
Total Current Assets		Total Current Liabilities	
Other Securities (See Schedule)		Mortgage on Residence	
Cash Value of Life Insurance		Mortgages on Other Real Estate	
Machinery, Fixtures and Equipment		Contracts Payable > 12 months	
Other Real Estate (See Schedule)		Other Liabilities (Itemize):	
Receivable From Own Companies			
Household Furniture			
Other Assets (Itemize):			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities & Net Worth	
Contingent Liability: On Discounted or Assigned Notes and Accounts Receivable			\$
On Guaranties and Endorsements			\$
ANNUAL INCOME: Salary and Commissions			\$
Real Estate Rentals			\$
Investments/Other			\$

SCHEDULES
BE SURE TO INCLUDE EVERY ITEM UNDER EACH SCHEDULE

REAL ESTATE

LOCATION AND SIZE	TITLE IN NAME OF	DATE ACQUIRED	PURCHASE PRICE	ASSESSED VALUE	MORTGAGE AMOUNT	WHEN DUE
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

STOCKS AND BONDS

NAME OF ISSUING COMPANY AND TYPE OF SECURITY	NO. OF SHARES/ FACE VALUE OF BOND	ANNUAL INTEREST OR DIVIDEND	MARKET VALUE	REGISTERED IN NAME OF

LIFE INSURANCE

NAME OF INSURANCE COMPANY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	PERSON INSURED	OWNER	BENEFICIARY

Date: _____, 20__

(Signature) _____

PRIVACY POLICY NOTICE

Attorneys, like other professionals who advise on personal financial matters, are now required by a new federal law to inform their clients of their policies regarding privacy of client information. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by this new law, so that we have always protected your right to privacy.

In the course of providing our clients with income tax, estate tax and gift tax advice, we receive significant personal financial information from our clients. If you are a client of Whitmore Law Office, you should know that all information that we receive from you is held in confidence, and is not released to people outside the firm, except as agreed by you, or as required under applicable law.

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs, and in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic and procedural safeguards that comply with our professional standards.

If you have particular concerns about the steps that we take to safeguard your private information, please do not hesitate to share your views with us or to ask any questions that you might have.

WHITMORE LAW OFFICE