

O'REILLY RANCILIO P.C.

ATTORNEYS AT LAW

ESTATE PLANNING DATA SHEET MARRIED PERSONS

I. PERSONAL DATA

A. Client Information

	HUSBAND	WIFE
1. Name:	_____	_____
2. Alias Name(s):	_____	_____
3. Home Address:	_____ _____	_____ _____
4. Billing Address:	_____	_____
5. State of Residence:	_____	_____
6. Home Phone:	_____	_____
7. Cell Phone:	_____	_____
8. E-mail Address:	_____	_____
9. E-mail Invoices?	Yes No (indicate preference)	Yes No (indicate preference)
10. Social Security Number:	_____	_____
11. Date of Birth:	_____	_____
12. Place of Birth:	_____	_____
13. Country of Citizenship:	_____	_____
14. Employer:	_____	_____

Name of person or organization, if any, who referred you to our law firm:

B. Client Child Information (if applicable)

(Indicate whether any of your children are from a prior marriage, deceased, or adopted).

1. Name of Child _____	4. Name of Child: _____
Address: _____	Address: _____
Date of Birth: _____	Date of Birth: _____
2. Name of Child _____	5. Name of Child: _____
Address: _____	Address: _____
Date of Birth: _____	Date of Birth: _____
3. Name of Child _____	6. Name of Child: _____
Address: _____	Address: _____
Date of Birth: _____	Date of Birth: _____

II. ACCOUNTANT AND FINANCIAL ADVISOR

A. Accountant

Name: _____

Address: _____

Phone: _____

B. Financial Advisor

Name: _____

Address: _____

Phone: _____

III. EXISTING WILLS, TRUSTS AND POWERS OF ATTORNEY

A. Last Will & Testament

Last Dated/Updated: _____

Name of Personal Representative: _____

Name of Successor Personal Representative: _____

B. Trust _____

Last Dated/Updated: _____

Name of Trustee: _____

Name of Successor Trustee: _____

C. General Durable Power of Attorney

Dated: _____

Name of Agent: _____

Name of Successor Agent: _____

D. Health Care Power of Attorney

Dated: _____

Name of Agent: _____

Name of Successor Agent: _____

IV. SCHEDULE OF ASSETS

Please list all assets including:
Real Estate, Land Contracts, Bank Accounts, CDs, Investment/Brokerage Accounts,
Individual Stocks, Bonds and Mutual Funds, Retirement Accounts,
Pensions, IRAs, Annuities, Business Interests, Life Insurance,
Personal Property, Notes, Receivables and any other assets.

DESCRIPTION OF ASSET	APPROXIMATE VALUE	PRESENT OWNER OR JOINT OWNERS	PRESENT BENEFICIARY OR BENEFICIARIES	COMMENTS

SCHEDULE OF ASSETS
(continued)

DESCRIPTION OF ASSET	APPROXIMATE VALUE	PRESENT OWNER OR JOINT OWNERS	PRESENT BENEFICIARY OR BENEFICIARIES	COMMENTS

V. SCHEDULE OF LIABILITIES

DESCRIPTION OF LIABILITY	APPROXIMATE AMOUNT OF LIABILITY	PRESENT OWNER OF LIABILITY	PROJECTED ANNUAL REDUCTION IN LIABILITY	COMMENTS

GRAND TOTAL:

VI. FIDUCIARY CHOICES

A. Last Will and Testament

- 1. Name of person/persons you wish to designate as your Personal Representative(s):**

Address:

Address:

Telephone: _____

Telephone: _____

- 2. Name of person/persons you wish to designate as your successor Personal Representative(s):**

Address:

Address:

Telephone: _____

Telephone: _____

- 3. Name of person/persons you wish to designate as the guardian(s) and conservator(s) of any of your children who are minors:**

Address:

Address:

Telephone: _____

Telephone: _____

B. *Revocable Living Trust*

1. Name of person/persons you wish to designate as the Successor Trustee(s) after your death:

_____	_____
Address:	Address:
_____	_____
_____	_____

Telephone: _____	Telephone: _____
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2. Name of person/persons you wish to designate as your alternate Successor Trustee(s) in the event the first Successor Trustee named above is unwilling or unable to serve:

_____	_____
Address:	Address:
_____	_____
_____	_____

Telephone: _____	Telephone: _____
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C. *General Durable Power of Attorney:*

Name of person/persons you wish to designate as your agent:

Agent:	_____	_____
Address:	_____	_____
Telephone:	_____	_____
Second Choice:	_____	_____
Address:	_____	_____
Telephone:	_____	_____

D. Durable Health Care Power of Attorney:

Name of person/persons you wish to designate as your patient advocate(s):

Patient Advocate: _____

Address: _____

Telephone: _____

Second Choice: _____

Address: _____

Telephone: _____

Do you wish to include a “Do Not Resuscitate” clause in your Durable Health Care Power of Attorney? YES/NO

VII. DISTRIBUTION AND BENEFICIARY INFORMATION:

A. How would you like your personal property distributed upon your death?

B. Do you wish any particular assets distributed to any particular persons or charities after your death?

C. How would you like your remaining property distributed after your death?

1. Specify to whom and in what proportions your remaining property should be distributed:

_____ (% or amount) to _____ (name)

_____ (% or amount) to _____ (name)

_____ (% or amount) to _____ (name)

_____ (% or amount) to _____ (name)

2. Specify when your remaining property should be distributed:

_____ **Immediately**

_____ **Delayed periodic distributions throughout the beneficiaries lives**

3. If you do not want your remaining property to be distributed immediately to your beneficiaries, specify when you would like your remaining property distributed to your beneficiaries:

For example: John, Jr. 33% at 25
 33% at 30
 34% at 35

Name: _____ (% or amount) at _____ (age)

_____ (% or amount) at _____ (age)

_____ (% or amount) at _____ (age)

Name: _____ (% or amount) at _____ (age)

_____ (% or amount) at _____ (age)

_____ (% or amount) at _____ (age)

Name: _____ (% or amount) at _____ (age)

_____ (% or amount) at _____ (age)

_____ (% or amount) at _____ (age)

Name: _____ (% or amount) at _____ (age)

_____ (% or amount) at _____ (age)

_____ (% or amount) at _____ (age)

D. Specify any additional wishes in regard to how you would like your assets distributed after your death:

VIII. ADDITIONAL INFORMATION:

A. Have you ever made any gifts greater than \$14,000 to any one person in any one year? If so, indicate the date of the gift, gift amount, gift recipient and whether any gift tax returns were filed with respect to said gift.

B. Indicate whether you, any of your children, or any of your other beneficiaries has any permanent illnesses, disabilities or special needs, and/or are receiving any governmental benefits.

C. If you are an owner of any business, indicate whether you are a party to any buy-sell agreements, operating agreements, or similar type agreements. Please provide a copy of each agreement.

D. Indicate whether you have ever executed any deeds which have not been recorded. If so, please provide a copy of each deed.

E. Do you expect to receive an inheritance? If so, explain when and from whom you expect to receive the inheritance. If the inheritance will be from a Trust, please provide a copy of the Trust Agreement, if possible.

F. Indicate whether you were previously married. If so, please provide a copy of the Divorce Judgment.

G. Indicate whether you have any long term care insurance.

H. Indicate whether you have a prepaid funeral contract.

SIGNATURE: _____

DATED: _____

SIGNATURE: _____

DATED: _____

January 1, 2014