ESTATE PLANNING
FINANCIAL INFORMATION FACT-FINDER

Dear ____________________:

IF YOU HAVE A DETAILED PERSONAL FINANCIAL STATEMENT OR COMPUTER SPREADSHEET LISTING ALL ASSETS, REAL ESTATE, IRAs, RETIREMENT PLANS AND INSURANCE, THAT WILL SUFFICE FOR THE INITIAL MEETING AS WILL A PLAN SUMMARY PREPARED BY A FINANCIAL PLANNER.

Attached is an estate planning “fact-finder” that is intended to provide us with a summary of your current assets, their approximate values, and how they are currently titled.

The primary purpose of this fact-finder is to give us information concerning what assets you currently possess. This is an important step for you (and us as your advisors) in determining your estate plan. The information requested under the form, in order of importance and usefulness to us, is as follows:

1. LISTING OF ALL YOUR ASSETS: Once we have a listing of all of your assets, we can work from that list to obtain any additional information that is needed.

2. OWNERSHIP OF ASSETS: It is often necessary to determine how assets are currently owned (*i.e.*, by one spouse or the other, or in joint tenancy) so that recommendations and suggestions can be made with respect to any changes in ownership necessary to assist in the reduction of estate tax liability.

3. APPROXIMATE VALUE OF ASSETS: It is not necessary that you determine the exact balance or value of each of your assets. A reasonable approximation or average balance of an asset will be more than sufficient.

With the foregoing in mind, we request that you fill out the attached fact-finder in whatever detail you find comfortable. Whatever information you are unable to provide, we should be able to secure from your financial professionals or other sources. Obviously, the more information you are able to obtain, the less we will have to secure. However, we do not want you to spend an inordinate amount of time with the fact-finder, nor do we want you to go beyond your comfort level in filling this form out.

The information that you do provide should be listed on separate lines with each item being described by institution, number, or another identifying factor. Do not worry about getting each item under the “proper” heading. All of the assets are totaled at the end of the form regardless of the heading they are under, so if an asset would seem to fit under more than one heading, just put it under one of the headings and go on from there.

We will not be making an independent verification of the information you provide to us, but it is essential that we have complete and accurate information. Our planning recommendations to you may not be appropriate if they are based on inadequate information.

As always, please do not hesitate to call if you have any questions.

Thank you.

FINANCIAL INFORMATION

Asset	OWNERSHIP AND VALUE Husband	Wife	Joint
CASH			
______________________________	$____________	$____________	$____________
BANK ACCOUNTS			
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
CERTIFICATES OF DEPOSIT			
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
MONEY MARKET FUNDS			
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
BROKERAGE HOUSE ACCOUNTS			
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
STOCKS			
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

GOVERNMENT SAVINGS BONDS (Series E, H, EE, HH)

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

TAX-FREE BONDS

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

OTHER BONDS

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

MUTUAL FUNDS

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

KEOGH PLAN

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

QUALIFIED OR NONQUALIFIED EMPLOYER PLANS*

______________________________ $____________ $____________ $____________

______________________________ $____________ $____________ $____________

*Are you currently receiving distributions from any of these retirement plans or the plan of another naming you as beneficiary? _____ yes _____ no

Please list the beneficiary or beneficiaries currently named for any of these retirement plans:

Plan	Beneficiary
____________________________________	____
____________________________________	____
____________________________________	____

ANNUITIES

______________________________ $____________ $____________ $____________

______________________________ $____________ $____________ $____________

______________________________ $____________ $____________ $____________

LIFE INSURANCE (Face Value/Death Benefit)

______________________________ $____________ $____________ $____________

______________________________ $____________ $____________ $____________

______________________________ $____________ $____________ $____________

REAL ESTATE (Include primary residence, vacation homes, rental property, vacant land)

______________________________ $____________ $____________ $____________

______________________________ $____________ $____________ $____________

______________________________ $____________ $____________ $____________

PASSIVE REAL ESTATE INVESTMENT (*e.g.,* limited partnerships, etc.)

______________________________ $____________ $____________ $____________

______________________________ $____________ $____________ $____________

AUTOMOBILES

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

INTEREST IN CLOSELY HELD BUSINESS

Is the business incorporated? _________ yes ________ no
If so, has it elected Subchapter "S" status? _________ yes ________no

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

INTEREST IN PARTNERSHIP

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

SOLE PROPRIETORSHIP

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

PERSONAL/MISCELLANEOUS ASSETS

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________

OTHER ASSETS

______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
______________________________	$____________	$____________	$____________
TOTAL ASSETS	$____________	$____________	$____________
GRAND TOTAL			$____________

LIABILITIES

Long-Term (mortgages or notes not to be repaid within one year)

____________________________	$____________	$____________	$____________
____________________________	$____________	$____________	$____________
____________________________	$____________	$____________	$____________
TOTAL LONG-TERM LIABILITIES	$____________	$____________	$____________
NET WORTH	$____________	$____________	$____________

We have prepared this form with the understanding that it will be relied on for estate planning advice, and any material omissions, overstated or understated amounts, or inaccurate ownership information may cause that advice to be inappropriate. We verify that the information furnished is complete and accurate and understand that you will not be making an independent investigation to confirm the data.

Dated: _____________, 20__.

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