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CONFIDENTIAL ESTATE PLANNING GUIDE

Date : _____

I. PERSONAL DATA

Full Name _____ Date of Birth _____

Social Security Number _____ Place of Birth _____

Other Names Known By _____ Citizenship _____

Home Address _____

Home Telephone Number _____

Other Residences _____

Resident Since _____

Occupation (former, if retired) _____

Employer _____

Office Telephone Number _____

Name of Spouse _____ Date of Birth _____

Social Security Number _____ Place of Birth _____

Spouse's Occupation _____ Citizenship _____

Spouse's Employer _____

Advisors

Name:

Address:

Accountant _____

Trust Officer _____

Insurance Agent _____

Investment Advisor _____

Date of Marriage _____ Where Living When Married _____

Prior Marriages: Yourself _____ Yes _____ No

Spouse _____ Yes _____ No

Names of Children of Present Marriage, whether natural or adopted:

A. Name _____ Date of Birth _____

Name of Child's Spouse (if any) _____

Address _____

Telephone _____

Grandchildren _____

B. Name _____ Date of Birth _____

Name of Child's Spouse (if any) _____

Address _____

Telephone _____

Grandchildren _____

C. Name _____ Date of Birth _____

Name of Child's Spouse (if any) _____

Address _____

Telephone _____

Grandchildren _____

D. Name _____ Date of Birth _____

Name of Child's Spouse (if any) _____

Address _____

Telephone _____

Grandchildren _____

E. Name _____ Date of Birth _____

Name of Child's Spouse (if any) _____

Address _____

Telephone _____

Grandchildren _____

Do you have any other relatives dependent upon you for support? _____ Yes _____ No

If yes, give names and relationships _____

Names and addresses of other or alternate persons to receive property: _____

Please list any specific items or amounts that you wish to give to any individuals (other than living relatives) or organizations (charitable or other)

Name

Gift

_____	_____
_____	_____

All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to (check one):

_____ Spouse; if spouse predeceases, to children equally

_____ Children equally

_____ Other (specify) _____

Do you have a present Will? Yes No (If Yes, attach copy).

Where is the original located? _____

Do you have any present *inter vivos* (living) trusts? Yes No

If Yes, attach a copy and list approximate value \$ _____

Have you ever received a substantial amount by inheritance? Yes No

If Yes, when? _____ Approximate Amount \$ _____

Do you anticipate receiving an inheritance? Yes No

If Yes, give approximate amount \$ _____

Are you receiving or will you receive an annuity? Yes No

If Yes, to whom will the payments be made? _____

Will amounts continue after your death? Yes No

For how long? _____

What will the amount of each payment be? \$ _____

Do you work for a business which has some type of plan under which your assets or the person you specify will receive benefits on your death?

Yes No Unsure

Who will serve as your Executor?

Each spouse for the other? Yes No

Someone else named _____

Alternate if above person(s) unable to serve _____

Address _____

Your choice to act as Guardian of your minor children (if applicable):

Name(s) _____

Address _____

Telephone _____

Alternate(s) _____

Address _____

Telephone _____

Your choice to act as Trustee of your trust?

Name(s) _____

Address _____

Telephone _____

Alternate(s) _____

Address _____

Telephone _____

Do you have a safe deposit box? _____ Yes _____ No

If Yes, where located? _____

Name(s) box is listed under _____

Do you own any property in a foreign country? _____ Yes _____ No

If Yes, give country and approximate value _____

II. LIST OF ASSETS

(Attach additional sheets if necessary)

*Note: *Approximate Values Are Sufficient*

Current Values

1. **Real Estate:**

Husband (H) **Wife (W)** **Joint (J)**

Home _____

Approximate mortgage balance _____

Estimated value of furnishings _____

Other Real Estate (give location or briefly describe):

2. **Stocks, Bonds, Mutual Funds**

A. Publicly traded stock - *Name of corporation and type of shares and exchange on which traded.*

B. Closely held stock - *Name of corporation, number of shares and shareholders.*

C. Bonds and Mutual Funds - *Issuer, face value, interest rate, and maturity date; name fund, fund group, and number of units.*

3. Bank accounts, certificates of deposit, money market funds, etc. Please give name of bank or institution, type of account and approximate balance or value.

Bank/Institution	Type of Account	Approximate Balance/Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Mortgages notes, or debts (owed to you by someone else). Please list debtor's name, date acquired, and approximate balance remaining.

Debtor's Name	Date Acquired	Approx. Balance Remaining
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Other business interests - (noncorporate)

6. Annuities (value to be filled in by estate planner)

7. Miscellaneous Property

- Motor vehicles (including boats, etc. - List total value)

	Current Value
_____	_____
_____	_____
_____	_____
_____	_____

- Jewelry, Art, other valuable items (describe)

Item	Description	Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List any mortgages or other substantial debts owed by you that are not shown above.

_____	_____
_____	_____
_____	_____

9. Other Investments (describe):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Life Insurance:

<i>Company & Policy Number</i>	<i>Face Value</i>	<i>Cash Value</i>	<i>Type*</i>	<i>Person(s) Insured</i>

* Type: (L - Life; T-Term; D-Declining Term; S-Split Dollar; O-Other)

<i>Policy Owner</i>	<i>Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>Loans Against Policy</i>

11. Death Benefit Provisions of Corporation Compensation, Savings & Stock Plans

Type of Plan*	Person Covered	Present Value	Tax Qualified (Y/N)

* *Post-Death Lump-Sum*

Post-Death Annual Retirement

Death Benefit Beneficiary

Death Benefit Contingent

III. ADDITIONAL INFORMATION

1. For any item as to which the spaces provided are not sufficient to permit a complete description, and for any item which a response was "other," please supply appropriate additional information.
2. If you and/or your spouse have no children or more remote descendants, please supply your family tree showing your closest blood or legally adopted relatives and their addresses.
3. Please supply any additional information you believe would be helpful in understanding your situation (e.g. particular problems facing family member(s) such as medical or financial, etc.)
4. Please supply your Health Care Agent's name, address, and telephone number.