

LAW OFFICES *of*  
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*Also Admitted in Florida*

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 \_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_

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**Names and addresses of other or alternate persons to receive property:** \_\_\_\_\_

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**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) \_\_\_\_\_

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**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):

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

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

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

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

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**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 &amp; 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**

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

\* *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.