

AMERIESTATE LEGAL PLAN

Advanced Estate Planning Data Gathering and Analysis

Client Name _____ Spouse Name _____
 Date of Birth _____ Date of Birth _____
 Social Security # _____ Social Security # _____
 Phone # _____ Alt Phone # _____
 email: _____
 Address _____ City _____
 State _____ Zip _____ County _____

Children:

Child's Name	Date of Birth	Parent Code <i>Circle all that apply</i>	Marital Status	# of Kids
		B H W AH AW DC DN	Single Married Widow Div	
		B H W AH AW DC DN	Single Married Widow Div	
		B H W AH AW DC DN	Single Married Widow Div	
		B H W AH AW DC DN	Single Married Widow Div	
		B H W AH AW DC DN	Single Married Widow Div	
		B H W AH AW DC DN	Single Married Widow Div	
		B H W AH AW DC DN	Single Married Widow Div	
		B H W AH AW DC DN	Single Married Widow Div	
		B H W AH AW DC DN	Single Married Widow Div	

Parent Codes: **B** = Natural Child of Both Parents **H** = natural Child of Husband **W** = Natural Child of Wife **AH** = Adopted Child of Husband **AW** = Adopted Child of Wife **DC** = Deceased with Children **DN** = Deceased with No Children

Planning Information:

Have either of you created a Living Trust → Yes → No
 Who Created Trust ? → Husband → Wife → Both
 Who is Trustee ? → Husband → Wife → Other _____

Do either of you expect to receive any inheritance ? → Yes → No
 If so, Who? _____ How Much? _____
 From Whom? _____

Have any of the original Settlor's died? → Yes → No
 If so, list name of decedent and date of death: _____
 Was an estate tax return filed? → Yes → No
 Was a division of the Trust Assets completed ? → Yes → No

Name and Phone Number of client's CPA _____
 Phone () _____

Which of the following two priorities is more important to you ?

- Tax Planning and Savings → Control

What is your estimate of the emotional maturity of your children ? _____

Which of your Children do you most trust to act responsibly in carrying out your wishes ? _____

Do you or any of your children or grandchildren have any serious health problems or other special needs ?
(if yes, please describe below)

What is you Current Approximate Net worth ? \$ _____

What is the Current Make Up of your Assets ? *(Please indicate whether Qualified or Non-Qualified)*

Real Estate \$ _____

Bank savings deposits \$ _____

Stocks \$ _____

Bonds \$ _____

Mutual Funds \$ _____

Life Insurance \$ _____

Annuities \$ _____

**To Receive In-Depth
Proposal on
Recommended Strategies,
please complete the
attached Balance Sheet
with more details.**

Ownership of Closely Held Corporations or other Business ? → yes → No

Name of Business: _____

Type of Business: → C-Corporation → Sub-S Corp. → Partnership → Sole Proprietorship

Percent of Ownership Interest ? _____ % Current Value of Interest \$ _____

Who are the other owners (if any) _____

What is your Current Income ? \$ _____

What is your Projected Income in the Next 12 months ? \$ _____

What is your Projected Annual Income within the next 5 years ? \$ _____

Compare in terms of your own priorities, the importance of adedquate funds in order to achieve the following:
(*indicate ranking by First, Second.. or 1,2, etc...*)

Transition from work to retirement _____

Enjoy a comfortable Retirement _____

Reduce Current Income Taxes _____

Reduce Estate Taxes _____

Maintain control of Business Interests _____

Maintain Control of Financial Assets _____

Distribution Issues:

Do you want to provide for direct distribution of your estate to your children upon your death ?

→ yes → No

Do you want instead to provide for a continuing income stream to your Children upon your death?

→ yes → No

Do you want to provide for or make special provisions for your Grandchildren upon your death?

→ yes → No

How do feel about providing funds to Charity in general?

→ Agreeable → Disagreeable → Ambivalent

If Charitable Giving would provide you with significant tax advantages alone, how would you feel?

→ Agreeable → Disagreeable → Ambivalent

If Charitable Giving would provide you with significant tax advantages and would provide additional income to you and/or your children, how would you feel?

→ Agreeable → Disagreeable → Ambivalent

List any other concerns or specific goals you are interested in accomplishing: _____
