

Return to: _____
DOMINICK FELD HYDE, P.C.
1130 22nd Street South
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Birmingham, AL 35205
Telephone (205) 536-8888
FAX (205) 271-9696

ESTATE PLANNING INFORMATION AS OF _____, 20____

REFERRED BY: _____

The most useful estate plan considers complete and accurate information. In order to create the estate plan that can best suit you, help us establish an organized file, reduce the time spent obtaining background information, and attempt to minimize the cost, we recommend that you complete this form. All information provided on this form will be treated as privileged and confidential. We will rely on the information provided by you. Our advice may be inappropriate if it is based on incomplete or inaccurate information. Additionally, while we hope no one commences litigation regarding your estate plans, you agree that if we are required to respond to discovery or testify in connection with your estate planning, we will be entitled to be reasonably compensated for the time incurred.

A. GENERAL INFORMATION ABOUT YOU

	<u>HUSBAND</u>	<u>WIFE</u>
1. Full Name	_____	_____
2. Preferred Greeting Name	_____	_____
3. Home Address: Street Address	_____	
	P. O. Box _____	
	City _____ County _____ State _____ Zip: _____	
4. Home Phone	_____	_____
	His Cell _____	Her Cell _____
5. Date of Birth	_____	_____
6. Place of Birth	_____	_____
7. Citizenship	_____	_____
8. Social Security No.	_____	_____
9. Occupation	_____	_____
10. Employer	_____	_____
11. Business Phone	_____	_____
12. Personal e-mail addresses	_____	_____
(If desired for communicating with you)		
13. Date of Marriage	_____	Place of Marriage _____
14. During your marriage, have you ever lived in a community property state? If so, circle state(s):		
	<i>Arizona California Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin</i>	

15. Any Prior Marriages? Yes _____ No _____ Yes _____ No _____
16. If any Prior Marriage(s) ended by death, was a "portability election" made on such deceased spouse's estate tax return (Form 706)? *If so, please provide copies of such estate tax returns.*
 Yes _____ No _____ Yes _____ No _____
17. Are you a veteran? Yes _____ No _____ Yes _____ No _____
18. Physician _____
19. Accountant _____
20. Insurance Agent _____
21. Investment Advisor _____
22. Financial Planner _____
23. Trust Officer _____
24. Other Advisors(s) _____
25. Location of safe deposit box: _____
 Names of joint depositors? _____
26. Have any attorneys at this firm ever represented any members of your family? Yes ___ No ___

B. GENERAL INFORMATION ABOUT YOUR CHILDREN, GRANDCHILDREN AND YOUR PARENTS

1. Your children:

Full Name(s)	DOB	Address	Marital Status	Spouse's Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Do any of your children have any special needs? If so, please explain: _____

3. Do you have any children who have predeceased you? If so, please provide child's name. If married at death, please provide name of child's surviving spouse.

4. Your Grandchildren:

Full Name(s)	Age	Child of	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Do any of your grandchildren have any special needs? If so, please explain: _____

6. Do you have any children/grandchildren who are adopted? Yes _____ No _____

7. Do any of your children/grandchildren have custodial accounts? Yes _____ No _____

8. Your Parents: Estimated
Amount of any
Inheritance
Expectancy

Full Name(s)	Age	Parents Of	Address	Estimated Amount of any Inheritance Expectancy
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Full Name(s)	Age	Parents Of	Address	Estimated Amount of any Inheritance Expectancy
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. MATTERS TO CONSIDER BEFORE INITIAL ESTATE PLANNING CONFERENCE

1. Who are the primary beneficiaries of your estate (spouse, children, other family members, charities, etc.)?

2. Who are the secondary beneficiaries of your estate (should primary beneficiaries not survive you)?

3. Who are the remote beneficiaries of your estate if neither the primary beneficiaries nor the secondary beneficiaries survive you (charities, more distant family members)?

4. Would you like to leave any assets at your death to charity? Yes _____ No _____

If yes, please name charity or charities and amounts or percentages:

5. If the other parent of your minor children (under age 19) does not survive you, who should be named as Guardian of the minor children?

Initial Guardian: _____

Successor Guardian: _____

6. If inherited assets are not kept in trust for asset protection for child's benefit, at what age and in what percentages should a child receive an inheritance (i.e., all at age 30, or 1/3 increments at ages 25, 30 & 35, etc.)? Mandatory distributions occur at the selected ages. Until then, assets are managed for benefit of child and used for health, support and education. Or, do you prefer to have inherited assets kept in trust for child's benefit for great asset protection?

7. Who should manage (i.e. Trustee) a child's inheritance (family member (e.g. spouse), institution, other advisor, or child at certain age)? Can be same as Guardian or different.
 Initial Trustee: _____
 First Successor Trustee: _____
 Second Successor Trustee: _____
8. Who should manage your estate (i.e., Executor/Personal Representative) after you are gone (family member, institution, other advisor)?
 Initial Executor: _____
 First Successor Executor: _____
 Second Successor Executor: _____
9. During your lifetime, who should manage your financial affairs under a Durable Power of Attorney if you are unable to do so (i.e., Agent/Attorney-in-fact)? Can be same as Executor or different.
 Initial Agent: _____
 First Successor Agent: _____
 Second Successor Agent: _____
10. During your lifetime, who should make health and medical decisions if you are unable to do so (i.e., Health Care Proxy)?
 Initial Health Care Proxy: _____
 First Health Care Proxy: _____
 Second Health Care Proxy: _____
11. Are you currently a defendant in a lawsuit or do you expect to be sued? If so, please elaborate.

12. Do you have long term health care coverage? Yes _____ No _____
13. Do you have specific wishes regarding the disposition of your body? Yes _____ No _____

D. ADDITIONAL INFORMATION

Please list below any additional information not requested which you feel is important. Please also list information for any other children/grandchildren which would not fit on the preceding pages.

E. JOINT REPRESENTATION

Alabama Rules of Ethics require certain comments about confidentiality when attorneys represent both spouses. Unless you instruct us otherwise, we assume that you are asking us to represent both of you. Accordingly, we must and will treat all communications and actions by either of you as common knowledge that we are free to disclose to the other. Specifically, ethical considerations prohibit us from agreeing with either of you to withhold information from the other. Accordingly, we shall not give legal advice to either of you or make any changes in any of your estate planning

documents without your mutual knowledge and consent. We will, of course, maintain strict confidentiality as to anyone else, unless you request otherwise. Either of you can terminate the joint representation at any time, but the other would have to be informed. To acknowledge that we made this disclosure, please sign below. (Typing your names below in a PDF version of this document constitutes your signatures.)

(Husband's signature)

(Wife's signature)

F. DOCUMENTS FOR PREPARATION OF YOUR ESTATE PLAN

Please bring the following documents to our initial conference, if such documents are readily available:

- Your current Estate Planning Documents (i.e. Wills, Trusts, Powers of Attorney, Health Care Documents, etc.)
- Trusts created by others for your (or your family's) benefit

Other documents, like the following, may be needed; however, we will discuss these during our initial conference and they may be provided later:

- Deeds to Real Property
- Deeds to Mineral Interests (and any Leases)
- Pre or Post-Nuptial Agreements and Divorce Decrees/Property Settlements
- Personal Income Tax Return (Form 1040)
- Gift Tax Returns (Form 709)
- Business Tax Returns (Partnership, Corporation, LLC)
- Business Buy-Sell Agreements, Partnership Agreements, Corporate Minute Books,
- Operating or Company Agreements
- Employment Related Contracts
- Split Dollar Agreements

G. INVENTORY OF DIGITAL ASSETS

It is important to maintain and regularly update a listing of account and login info for email, social media, banking, document storage, shopping, websites/domain names, online subscriptions, etc. Your Personal Representative will need access to this inventory at your death. Please inform your Personal Representative of where this inventory will be found and how it can be accessed.

H. ANNUAL INCOME

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Total</u>
Salary/Bonuses	\$ _____	\$ _____	\$ _____	\$ _____
Investments/Interest & Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL ANNUAL INCOME	\$ _____	\$ _____	\$ _____	\$ _____

I. FINANCIAL INFORMATION

Note: Generally, it is not recommended to have Pay on Death (“POD”) or Transfer on Death (“TOD”) arrangements for cash or investment accounts. If you have such designations in place, we should address this.

ASSETS

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Total</u>
<u>Cash & Investments:</u>				
Checking	\$ _____	\$ _____	\$ _____	\$ _____
Savings	\$ _____	\$ _____	\$ _____	\$ _____
Money Market	\$ _____	\$ _____	\$ _____	\$ _____
CD's	\$ _____	\$ _____	\$ _____	\$ _____
Brokerage	\$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Retirement Accounts:</u>	\$ _____	\$ _____		\$ _____
(i.e. 401k, 403b, IRA, Annuity, etc. - Insert totals from Retirement Accounts Summary on last page)				

<u>Publicly Traded Securities:</u>				
Stocks	\$ _____	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____

<u>Business Interests:</u> (Corps, Partnerships, LLCs, proprietorships)				
<u>Entity Name & % Owned</u>				
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Real Estate:</u>				
Personal Residence	\$ _____	\$ _____	\$ _____	\$ _____
Other: (describe, incl. county/state)				
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Mineral Interests:</u> (describe, incl. county/state)				
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Total</u>
<u>Life Insurance:</u>	\$ _____	\$ _____		\$ _____
(Insert totals from Life Insurance Summary on last page)				
<u>Miscellaneous Assets:</u>				
Notes/Mortgages Receivable by You	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property (cars, jewelry, furniture, etc.)	\$ _____	\$ _____	\$ _____	\$ _____
Other (describe) _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____	\$ _____
<u>LIABILITIES</u>				
<u>Short Term:</u>				
Credit Cards	\$ _____	\$ _____	\$ _____	\$ _____
Banks	\$ _____	\$ _____	\$ _____	\$ _____
Pledges	\$ _____	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____	\$ _____
<u>Long-Term:</u>				
Residence Mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Residence Equity Line	\$ _____	\$ _____	\$ _____	\$ _____
Other: (describe)				
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____	\$ _____
NET WORTH	\$ _____	\$ _____	\$ _____	\$ _____

Retirement Accounts Summary:

<u>Owner</u>	<u>Type of Account</u> (401k, 403b, IRA, Annuity, etc.)	<u>Value</u>	<u>Beneficiary</u>
<u>Husband's Accounts</u>			
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____
TOTAL VALUE		\$ _____	
<u>Wife's Accounts</u>			
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____
TOTAL VALUE		\$ _____	

Life Insurance Summary:

<u>Insurance Company</u>	<u>Whole Life, Term, Group, etc.</u>	<u>Face Amount</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Approx. Cash Value</u>	<u>Loans Against Policy</u>
<u>On Husband's Life</u>						
1. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
TOTAL FACE AMOUNT		\$ _____				
<u>On Wife's Life</u>						
1. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
TOTAL FACE AMOUNT		\$ _____				