

Return to: \_\_\_\_\_

**DOMINICK FELD HYDE, P.C.**

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**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 plan, 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**

1. Full Name \_\_\_\_\_
2. Preferred Greeting Name \_\_\_\_\_
3. Home Address: Street Address \_\_\_\_\_  
P. O. Box \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
6. Citizenship \_\_\_\_\_
7. Social Security No. \_\_\_\_\_
8. Occupation \_\_\_\_\_
9. Employer \_\_\_\_\_
10. Business Phone \_\_\_\_\_
11. **Personal** e-mail address, if desired for communicating with you \_\_\_\_\_
12. Any Prior Marriages? Yes \_\_\_\_\_ No \_\_\_\_\_
13. 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 \_\_\_\_\_
14. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

- 15. Physician \_\_\_\_\_
- 16. Accountant \_\_\_\_\_
- 17. Insurance Agent \_\_\_\_\_
- 18. Investment Advisor \_\_\_\_\_
- 19. Financial Planner \_\_\_\_\_
- 20. Trust Officer \_\_\_\_\_
- 21. Other Advisor(s) \_\_\_\_\_
- 22. Location of safe deposit box \_\_\_\_\_  
Names of joint depositors \_\_\_\_\_

**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.	<u>Your Parents:</u>			Estimated Amount of any Inheritance Expectancy
	Full Name(s)	Age	Parents Of	Address
	_____	_____	_____	_____
	_____	_____	_____	_____

**C. MATTERS TO CONSIDER BEFORE INITIAL ESTATE PLANNING CONFERENCE**

1. Who are the primary beneficiaries of your estate (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, 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. 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

**F. 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.

**G. ANNUAL INCOME**

Salary/Bonuses \$ \_\_\_\_\_

Investments/Interest & Dividends \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

TOTAL ANNUAL INCOME \$ \_\_\_\_\_

**H. 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**

Cash & Investments:

Checking \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Money Market \$ \_\_\_\_\_

CD's \$ \_\_\_\_\_

Brokerage \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Retirement Accounts: \$ \_\_\_\_\_

(i.e. 401k, 403b, IRA, Annuity, etc. - Insert total from Retirement Accounts Summary on last page)

Publicly Traded Securities:

Stocks \$ \_\_\_\_\_

Bonds \$ \_\_\_\_\_

Mutual Funds \$ \_\_\_\_\_

Business Interests:

(Corps, Partnerships, LLCs, proprietorships)

Entity Name & % Owned

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Real Estate:

Personal Residence \$ \_\_\_\_\_

Other: (describe, incl. county/state)

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Mineral Interests: (describe, incl. county/state)

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

Life Insurance: \$ \_\_\_\_\_

(Insert total from Life Insurance Summary on last page)

Miscellaneous Assets:

Notes/Mortgages  
Receivable by You \$ \_\_\_\_\_

Personal Property (cars,  
jewelry, furniture, etc.) \$ \_\_\_\_\_

Other (describe)  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

**LIABILITIES**

Short Term:

Credit Cards \$ \_\_\_\_\_

Banks \$ \_\_\_\_\_

Pledges \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Long-Term:

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>
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____
<b>TOTAL VALUE</b>		\$ _____	

**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>
1. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
<b>TOTAL FACE AMOUNT</b>		\$ _____				