

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 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. Do you have any frozen embryos? Yes _____ No _____ (If yes, discussion needed.)

9. Your Parents: 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 (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, please CIRCLE the asset below so that we can 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. _____	_____	\$ _____	_____
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>
1. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	_____	_____	\$ _____	\$ _____
TOTAL FACE AMOUNT		\$ _____				

529 Plans:

<u>Custodial Company</u> <u>Owned by You</u>	<u>Account Beneficiary</u>	<u>Successor Owner</u>	<u>709 election – ratable over 5 years?</u>
1. _____	_____	_____	YES or NO or UNSURE (<i>circle one</i>)
2. _____	_____	_____	YES or NO or UNSURE (<i>circle one</i>)
3. _____	_____	_____	YES or NO or UNSURE (<i>circle one</i>)
4. _____	_____	_____	YES or NO or UNSURE (<i>circle one</i>)
YOUR OF TOTAL CONTRIBUTIONS		\$ _____	