



Developing Your Estate Plan

Preparing for your initial meeting with the Attorney

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It is advisable, that all the information being provided in this booklet along with any copies are intended to be kept personal and confidential. To guard your information, we maintain professional guidelines to better assist your needs with physical and electronic procedures.

At your initial appointment please be prepared to provide the following:

Names and Addresses

Full Legal Name: _____ Nickname: _____
Date of Birth: _____ Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Home Phone: _____
Cell Phone: _____ E-mail Address: _____

Name used on legal documents:

Employer: _____ Position: _____
Business Address: _____ City: _____
State: _____ Zip Code: _____
Business Telephone: _____ Business Fax: _____

Spouse:

Full Legal Name: _____ Nickname: _____
Date of Birth: _____ Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Home Phone: _____
Cell Phone: _____ E-mail Address: _____

Name used on legal documents:

Employer: _____ Position: _____
Business Address: _____ City: _____ State: _____
Zip Code: _____ Business Telephone: _____ Business Fax: _____

Estate Plan:

Do you have an existing Will? [] Yes [] No

If yes, please provide a copy to the Attorney

Marital Status:

- Married
- Widow or Widower
- Divorced
- Married Person Establishing Separate Trust
- Single

Children/Dependents:

1) Full Legal Name _____ Nickname: _____
 Date of Birth: _____

Child of: Joint ____ Husband ____ Wife ____ Adopted ____

2) Full Legal Name _____ Nickname: _____
 Date of Birth: _____

Child of: Joint ____ Husband ____ Wife ____ Adopted ____

3) Full Legal Name _____ Nickname: _____
 Date of Birth: _____

Child of: Joint ____ Husband ____ Wife ____ Adopted ____

If applicable, any deceased children? Yes No

If applicable, please name deceased children:

Did the deceased leave any children behind? Yes No

Is there any reason to treat your children other than equally?

Are you and/or your spouse U.S. Citizens?

You: Yes No

Spouse: Yes No

Are any of the children underage to be financially responsible? Yes No

Are any of the children listed under a disability? Yes No

If yes, please explain:

Have you been previously married? Yes No

If any child should predecease a parent, should his/her share pass through to his/her children? Yes No

If answered yes to the above questions, please indicate any grandchildren:

Name	DOB	Age	Parents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the event of your death, please provide information on who would be elected guardianship for minor children? **Please keep in mind that a guardian has physical and legal control over children until they reach the age of eighteen**

Name	Relationship (if any):	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

❖ **Trusts:**

Do you wish to have a trust established for the benefit of your spouse and/or children? Yes No

If answered yes to the above, please indicate who the trustee(s) should be. **(A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age eighteen. You may name an individual, bank or trust company, or both)**

Name	Address
_____	_____
_____	_____
_____	_____

Terms of distribution: (education, marriage, etc.)

Age(s) for distribution to children from the trust (Ex: 1/3 at age twenty-one, 1/3 at age twenty-five, 1/3 at age thirty)

_____.

Personal Representative:

Who should be in line of contact for your estate? ("Executor) (*A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.*)

If applicable, spouse is normally named first:

In the event, you choose otherwise, please list below:

Name	Relationship (if any):	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specific Bequests

In reference to your will, do you wish to make a separate list of special bequests regarding personal property? Wishes to children or loved ones? The advantage of which changes may be made without changing your will.

Yes No


Do you wish to make any charitable bequest? Yes No

Do you have a safe deposit box?

If so, where? _____

Does anyone else have access to your box? _____

Estate Planning Tools:

 Do you have a Power of Attorney? Yes No

If no, are you interested in preparing one? Granting the authority to another individual to act on your behalf if you become incompetent or unable to sign your name. Yes No

 Do you have a Health Care Declaration (“Living Will)? Yes No

 Are you interested in preparing one? Yes No

If you are executing a Living Will or Health Care Declaration, please provide your primary physician’s name and address:

_____ Office Phone: (____)_____

Are there any special instructions regarding funeral, burial and/or organ donations? Yes No

If yes, this is best handled by a Letter of Instructions from your will to your family members or responsible parties.

Do you have a financial planner, investment advisor, or insurance agent?

Yes No

If answered yes, please provide contact information:

Financial Planner

Address

Phone Number

Investment Advisor

Insurance Agent

Stockbroker

Assets:

Please list the value of all assets at their gross value without accounting for any debt. Detailed financial statements may be applicable to complete summary. If statements are provided, please attach copies.

Husband has separate assets

Wife has separate assets

All assets are held jointly

❖ **Estimated net worth of estate:** \$ _____

❖ **Accounts held at financial institutions:**

Checking's and savings, or certificates of deposit, with banks, saving and loans, or credit unions.

How many different financial institutions? _____

❖ **Investments** (check all that apply)

Cash or money fund accounts with stock broker firms. How many different broker firms? _____

Stocks, bonds, and mutual funds where your broker holds the certificate and sends you statements showing the balance? How many different stock brokerage firms? _____

Mutual funds where you deal directly with the issuing company rather than through your stock broker. How many mutual fund companies? _____

Stocks and bonds (other than the U.S Savings Bonds) where you hold the certificates in your possession. How many companies/issuers? _____

U.S. Savings Bonds

Treasury bills or other government securities

Limited partnerships. How many? _____

Oil and gas mineral rights in land. How many parcels of land? _____

Other securities (describe)

❖ **Retirement Plans:**

Individual retirement accounts (IRAs), Keogh, or other individual plans providing tax deferral for deposits and income. How many institutions hold IRA accounts?

Husband _____ Wife _____

Employer-provided profit sharing or benefit plans?

How many plans are there? Husband _____ Wife _____

❖ **If you own Real Estate, please complete the following:**

- Personal residence located in the State of _____
- Other property other than your residence, how many parcels do you own?

If so, in what state(s) are they located in? _____

Are you purchasing any of the above properties on a contract for deed?

- Yes No

If yes, provide details:

_____.

❖ **Complete this section if you are engaged in business:**

Do you own a business, or are you a partner in a business? Yes No

If yes, complete the following:

Business organized as a corporation. How many corporations? _____

How many corporations are subchapter S? _____

Business is organized as a partnership. How many? _____

Business is a sole proprietorship. How many different firms? _____

❖ **Receivables:** If any money is owed to you, as payments on contracts, where you have sold a business, payments on obligations secured by real estate, or where you have loaned money to someone and you hold a note. Indicate each type of indebtedness that you hold:

Promissory note(s) secured by real estate. Amount owed: _____

Installment contract(s) of sale of personal property. Amount(s) owed: _____

Life Insurance Policies:

Name of Insured:	Insurance Company	Face Amount
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Type of Policy		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

❖ **Annuities:** Please indicate the name of the annuitant and the type of annuity. Do not list annuities under which no benefits are payable after death.

