

*LORI A. TALLMAN, PLC*  
*Attorney at Law*

9011 Davison Road  
Davison, MI 48423

[attyallman@charter.net](mailto:attyallman@charter.net)  
[www.attorneytallman.com](http://www.attorneytallman.com)

Phone 810-658-1555  
Fax 810-658-1557

**CONFIDENTIAL ESTATE PLANNING FORM**  
**PERSONAL INFORMATION**

Date: \_\_\_\_\_

**Husband**

**Wife**

Name:	<hr/>	<hr/>
Also Known as:	<hr/>	<hr/>
Social Sec No.:	<hr/>	<hr/>
Date of Birth:	<hr/>	<hr/>
U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Living Parents:	<hr/>	<hr/>
Former Spouse (if any):	<hr/>	<hr/>
Telephone no.:	<hr/>	<hr/>
Home address:	<hr/>	<hr/>
County:	<hr/>	<hr/>

**Living children** (indicate if children are from a prior marriage or adopted children):

Note: If there are no living children or grandchildren, list the brothers and sisters (living and deceased) of husband and wife.

	<b><u>Name</u></b>	<b><u>Age</u></b>	<b><u>Address</u></b>	<b>Number of Children (if any)</b>
1.	<hr/>	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>	<hr/>
3.	<hr/>	<hr/>	<hr/>	<hr/>
4.	<hr/>	<hr/>	<hr/>	<hr/>
5.	<hr/>	<hr/>	<hr/>	<hr/>
6.	<hr/>	<hr/>	<hr/>	<hr/>

Any Deceased Children: \_\_\_\_\_

Living children of deceased child: \_\_\_\_\_

Does any child/dependent have special needs? \_\_\_\_\_

	<b><u>Yes</u></b>	<b><u>No</u></b>	
Safe deposit box?	_____	_____	Location: _____
Accountant/Tax Preparer?	_____	_____	Name: _____
Financial Advisor?	_____	_____	Name: _____

Have you ever resided in one of the following community property law states while you were married: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? ( ) Yes ( ) No

Name of state(s) and years resided there: \_\_\_\_\_

### PROPERTY INFORMATION

(\* Husband, Wife, Joint)

Use additional sheets if necessary

**1. Real Estate (including land contracts):**

Description	Owner* (H,W, J)	Mortgage Balance	Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Are either of you a disabled Veteran? ( ) Yes ( ) No If yes, who \_\_\_\_\_

**2. Cash/Bank Accounts (checking, savings, CD, money market, credit union):**

Financial Institution	Owner* (H,W, J)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**3. Stocks, bonds, mutual funds, investment portfolios:**

Type	Company	Owner	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**4. IRAs:**

Owner	Company	Beneficiary/ies	Amount
			\$
			\$
			\$
			\$

**5. Retirement benefits (Pension Plans, Profit Sharing Benefits, 401k, 403b)**

Type/Company	Amount
	\$
	\$
	\$
	\$

Are you a GM Employee/Retiree? Yes / No If so, hourly or salaried? (circle one)

**6. Life Insurance:**

Insured	Company	Type (Term/Whole)	Owner	Beneficiary/ies	Face Amount
					\$
					\$
					\$
					\$

**7. Business Interest(s) (corporations, LLC's etc.):**

Company	Owner	Percentage	Amount
			\$
			\$

**8. Vehicles:**

Year	Make/Model	Owner (indicate L if leased)	Loan Balance	Value
				\$
				\$
				\$
				\$

**9. Miscellaneous Personal Property** (boats, campers/RV's, snowmobiles, 4-wheelers, etc)

Year	Make/Model	Owner (indicate L if leased)	Loan Balance	Value
				\$ _____
				\$ _____
				\$ _____

**10. Miscellaneous:**

Household furnishings, collections: \_\_\_\_\_ \$ \_\_\_\_\_  
Money loaned to others: \_\_\_\_\_ \$ \_\_\_\_\_  
Miscellaneous (trusts, etc.): \_\_\_\_\_ \$ \_\_\_\_\_  
Expected inheritances: \_\_\_\_\_ \$ \_\_\_\_\_

List all gifts made by you over \$3,000.00 in value (date and beneficiary):

Any gift tax return filed? \_\_\_\_\_ Years filed: \_\_\_\_\_

**11. Debts or obligations** (other than mortgages listed above, including credit cards, lines of credit, child support, spousal support, etc.)

Company/Person owed	Obligor	Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____

**12. Funeral arrangements, cemetery lots, pre-paid/pre-planned arrangements**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Distribution**

(specific gifts, charitable donations, children, grandchildren, individuals to disinherit, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MISCELLANEOUS INFORMATION

Give consideration to the individual(s) you would like to name as the following:  
(indicate Spouse if they are your first choice)

Personal Representative (administers probate estate):

1st \_\_\_\_\_ 2nd \_\_\_\_\_

Trustee (administers Trust, if applicable):

1st \_\_\_\_\_ 2nd \_\_\_\_\_

Re: Minor Children:

Guardian: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Conservator: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Durable Power of Attorney: (act on your behalf regarding finances, assets, personal business):

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Re: Yourself, if legally incapacitated

Guardian: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Conservator: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Health Care Power of Attorney Patient Advocate:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Funeral Representative: (makes funeral arrangements)

1st \_\_\_\_\_ 2nd \_\_\_\_\_

**Please bring to your appointment any existing estate planning documents (wills, trusts, powers of attorney, etc.), deeds, titles, life insurance policies, statements of bank accounts, investments, credit cards, etc.**

Additional Notes/Questions:

*For office use only*

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<input type="checkbox"/> Will	<input type="checkbox"/> Deed/Pty Trans Affid	<input type="checkbox"/> Ltr Client
<input type="checkbox"/> Trust	<input type="checkbox"/> LB <input type="checkbox"/> JTROS <input type="checkbox"/> Ten in Cmn	<input type="checkbox"/> Ltr Reg Deeds/Treas
<input type="checkbox"/> Cert Exist	<input type="checkbox"/> Assign Per Pty	<input type="checkbox"/> Minor Emer Med forms
<input type="checkbox"/> Dur Pwr Atty	<input type="checkbox"/> Ntc DPOA	<input type="checkbox"/> Funeral Rep Desig
<input type="checkbox"/> Exec <input type="checkbox"/> Disab	<input type="checkbox"/> Will Authoriz Release	
<input type="checkbox"/> HC Pwr Atty	<input type="checkbox"/> Instr Funding Trust	<input type="checkbox"/> Rcdg Fees
<input type="checkbox"/> GM POA	<input type="checkbox"/> Ltr Instr	<input type="checkbox"/> Mtg to sign
<input type="checkbox"/> Salaried <input type="checkbox"/> Hourly		

*Office Notes:*