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CONFIDENTIAL ESTATE PLANNING FORM
PERSONAL INFORMATION

Date: _____

Client 1

Client 2

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

Living children: indicate if children are from a prior marriage or step or adopted children.
If there are no living children or grandchildren, list the parents and siblings of clients (living and deceased)

Table with 4 columns: Name, Age, Address, Number of Children (if any). Rows 1-6.

Any Deceased Children: _____

Living children of deceased child: _____

Does any child/dependent have special needs? _____

	<u>Yes</u>	<u>No</u>	
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? () No () Yes Name of state(s) and years resided there: _____

PROPERTY INFORMATION

(*indicate Joint or individual name if solely titled, include others jointly titled with)

Use additional sheets if necessary

1. Real Estate (including land contracts):		Mortgage	Market
Description	Owner*	Balance	Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Are either of you a 100% disabled Veteran? () Yes () No

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

Financial Institution	Owner*	TOD/Beneficiary/ies	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

3. Stocks, bonds, mutual funds, investment portfolios (IRAs, 401k, etc. on next page):

Type	Company	Owner*	Beneficiary/ies	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

4. IRAs:

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

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

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

Are you a GM Employee/Retiree? () Yes () No If yes, 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*	Loan Balance	Value
				\$
				\$
				\$

10. Miscellaneous:

Household furnishings, jewelry, guns, collections: _____ \$
Money loaned to others: _____ \$
Miscellaneous (trusts, etc.): _____ \$
Expected inheritances: _____ \$
Any gift tax return filed? _____ Years filed: _____

11. Debts or obligations: (other than mortgages listed above, include credit cards, lines of credit, student loans, child support, spousal support, co-signed loans, etc.)

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

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

Proposed Distribution: at death how and to whom do you want assets distributed?
(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 _____

Health Care Power of Attorney Patient Advocate:

Name _____ Address _____

Name _____ Address _____

Re: Yourself, if legally incapacitated and if different than those designated for Powers of Attorney above:

Guardian: 1st _____ 2nd _____

Conservator: 1st _____ 2nd _____

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, investment statements, IRA statements, 401K/403B statements, credit cards statements, and names, addresses and phone numbers of children/heirs, etc.

Additional Notes/Questions:

For office use only

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

Office Notes: