

**PERSONAL DATA SHEET**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent residence \_\_\_\_\_

Other residence \_\_\_\_\_

Location of assets if not in State of permanent residence:

Spouse's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have either been divorced \_\_\_\_\_ (Settlement papers required)

Children:

<u>Name</u>	<u>Date of Birth</u>	<u>Marital Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other dependents and beneficiaries:

_____	_____	_____
_____	_____	_____

Gifts made since 1932 in excess of \$3,000 per yer per donee:

<u>Donee</u>	<u>Date</u>	<u>Tax Return?</u>	<u>Property Given and Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Copies of existing wills and trusts should be supplied.

INCOME

Salary	\$ _____
Bonus	_____
Interest	_____
Dividends	_____
Rents	_____
Other	_____
Total	\$ _____

Do any beneficiaries require special attention? (Explain)

PERSONAL PROPERTY

(Describe fully on back including income tax cost of stocks and bonds.)

<u>Title in Name of:</u>	<u>Self</u>	<u>Spouse</u>	<u>Jointly</u>
Savings account	_____	_____	_____
Checking account	_____	_____	_____
Govt. bonds	_____	_____	_____
Municipal bonds	_____	_____	_____
Listed stocks	_____	_____	_____
Unlisted stocks and bonds	_____	_____	_____
Notes and accounts receivable	_____	_____	_____
Mortgages owned	_____	_____	_____

Tangible personal property	_____	_____	_____
Automobiles	_____	_____	_____
Household Goods	_____	_____	_____
Jewelry	_____	_____	_____
Stock Options	_____	_____	_____
Deferred Compensation Agreements	_____	_____	_____
Other Employee Benefit Plans	_____	_____	_____
Other Personal Property	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE OWNED

	<u>Parcel A</u>	<u>Parcel B</u>
Location	_____	_____
Form of ownership	_____	_____
If joint:		
Co-owners and amount of their contribution	_____	_____
	_____	_____
Date of acquisition	_____	_____
Gift tax involved	_____	_____
Realty taxes	_____	_____
Average annual Maintenance costs	_____	_____

Amount (original) \_\_\_\_\_

Amount (current) \_\_\_\_\_

Maturity and payments \_\_\_\_\_

EXPECTANCES

Value of interest expected \_\_\_\_\_ Estimated Income \_\_\_\_\_

Source of interest \_\_\_\_\_

Nature of interest (Describe fully)

BUSINESS INTEREST\*

(Close Corporation)

Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Average earnings before taxes for 3 years \_\_\_\_\_

5 years \_\_\_\_\_

Capitalization:                      Pfd.    Non-voting Cmn.    Cmn.                      Debentures

Outstanding                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Authorized                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Fixed dividend                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Distribution of shares:              Self \_\_\_\_\_                      Spouse \_\_\_\_\_

Children                      \_\_\_\_\_

\*Annual statements, copies of agreements relating to purchase of business interest, stock options, deferred compensation and other benefit plans required.

Buy and Sell Agreement\* \_\_\_\_\_

Stock Option Agreement\* \_\_\_\_\_

Deferred Compensation Agreement\* \_\_\_\_\_

Other Employee benefit plans:\* \_\_\_\_\_

Key-man insurance:

<u>Employee</u>	<u>Face Value</u>	<u>Cash Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recent sales of stock \_\_\_\_\_

Price \_\_\_\_\_ Purchaser \_\_\_\_\_

Corporate obligations endorsed by stockholder \_\_\_\_\_  
\_\_\_\_\_

Will family retain stock? \_\_\_\_\_ Remarks: \_\_\_\_\_

LIFE INSURANCE

Agent: \_\_\_\_\_

Policies Owned:

<u>Company &amp; Number</u>	<u>Amount</u>	<u>Type</u>	<u>Beneficiary and Option if Selected</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Have any policies been assigned? \_\_\_\_\_

Policies on your life owned by others:	<u>Issue Date</u>	<u>Amount</u>	<u>Policy Owner</u>	<u>Premiums Paid By</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Policies should be supplied

PERSONAL LIABILITIES

Average bills payable month:

Loans from

Banks

Insurance Companies

Others

Income tax quarterly estimate\*

Notes signed

Personal property taxes

Miscellaneous liabilities and contingent liabilities

Property owned or expected by spouse, children, or other beneficiaries:

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\*Past individual income tax return (at least 3 years) should be supplied.

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GENERAL OBJECTIVES OF ESTATE PLAN

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