
AL P. TREBING & ASSOCIATES

Attorney At Law

**Member-Connecticut
and New York Bars**

Estate Planning Organizer

A. BASIC PERSONAL INFORMATION

	HUSBAND	WIFE
Full Legal Name:		
Other Names Known By:		
Home Address:		
Home Telephone:		
Social Security No.:		
Date of Birth:		
Status of Health:		
Citizenship:		
Occupation:		
Employer:		
Work Telephone:		
Fax Number:		
Email Address:		

<u>Legal Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>	<u>Intended Bequest</u>

D. DESIRED DISPOSITION OF ESTATE

In general terms, please describe your intentions as to the disposition of your estate:

E. OTHER IMPORTANT INFORMATION

Please provide answers to each of the following questions for us:

1. Do you presently have, or are you a party to, any of the following types of legal documents?
(If so, please provide us with copies of each)

- a. Wills: Yes_____ No_____
- b. Trusts: Yes_____ No_____
- c. Powers of Attorney: Yes_____ No_____
- d. Health Care Powers(Living Wills): Yes_____ No_____
- e. Pre or Post-Nuptial Agreement: Yes_____ No_____

- f. Divorce or Separation Agreement: Yes _____ No _____
- g. Business Agreements Yes _____ No _____
- h. Other: _____ Yes _____ No _____

2. Are you the beneficiary of a Will or trust created by someone else? Yes _____ No _____
3. Do you intend to provide for your parents in your estate plan? Yes _____ No _____
4. Do any members of your family have any special physical or mental challenges or needs that must be taken into account in connection with the planning of your estate? Yes _____ No _____
5. If married, would you like to name your spouse as your primary *Executor / Trustee* for the purposes of administering your estate and carrying out your intentions in the event of your demise?
- Yes _____ No _____ Not Applicable _____

6. Please indicate the name, address and relationship to you of the person(s) and / or institution(s) you would like to name as alternate *Executors / Trustees* of your estate (or as primary Executors / Trustees if you are not married or do not intend to name your spouse to such capacities), in the order in which each is intended to serve:

<u>Legal Name</u>	<u>Address</u>	<u>Relationship</u>

7. If any child is under the age of eighteen, please consider who you intend to name as that child's *Legal Guardian* in the event of your demise, in the order in which each is intended to serve:

<u>Legal Name</u>	<u>Address</u>	<u>Relationship</u>

8. Do you have any safe deposit boxes?

Yes _____ No _____ (If yes, please indicate location(s) and who has access to each)

Location(s): _____

Accessible By: _____

9. Do you have any particular wishes regarding your funeral or burial arrangements?

Yes _____ No _____

If yes, please describe:

10. Accountant: _____

11. Primary Physician: _____

12. Life Insurance Agent: _____

13. Investment Advisor: _____

14. Minister / Priest / Rabbi: _____

F. FINANCIAL INFORMATION

Accurate financial information is essential to a well-drawn estate plan. Please carefully prepare the following financial summary, indicating the estimated values of each listed category and asset and the amounts of outstanding debts. Assets owned in separate name should be listed in the respective owner's columns, while assets held jointly should be listed in the "joint" column. Please note that the following is only intended as a summary of your financial information.

ASSETS	HUSBAND	WIFE	JOINT
Cash, Bank Accounts and CD's	\$	\$	\$
Investments (Stocks, Bonds, Mutual Funds, etc.)			
Residence			
Vacation Homes			
Other Real Estate (location: _____)			
Tangible Personal Property (autos, jewelry, furs, furniture, etc.)			
Antiques and Collectibles			
Individual Retirement Accounts			
Retirement Plan Benefits (Please indicate type and nature of benefit)			
a.			
b.			
c.			
Other Assets (Please indicate type and nature of asset):			
a.			
b.			
c.			
TOTAL ASSETS	\$	\$	\$

LIABILITIES			
Credit Cards	\$	\$	\$
Automobile Loans			
Residential Mortgages			
Vacation Home Mortgages			
Other Debts (please indicate type and nature): a. b. c.			
TOTAL LIABILITIES	\$	\$	\$

G. INSURANCE

(Insurance is a key component of every estate, and an integral part of estate planning. Accordingly, please provide accurate information below with respect to all life insurance policies owned by you or any member of your immediate family.)

<u>Insurance Company</u>	<u>Type</u>	<u>Face Amount</u>	<u>Policy Owner</u>	<u>Beneficiary</u>	<u>Cash Value (if known)</u>	<u>Outstanding Loans</u>

