# 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:		

#### **B. MARITAL INFORMATION**

1. Date of Current Marriage:				
2. Years of residence in present state:	<u> </u>			
3. Any prior marriages?	Husband?	yes	no	
	Wife?	ves	no	

## C. FAMILY INFORMATION

#### I. CHILDREN

Please give the following information with respect to each of your children, including adopted children, step children and children from previous marriages. If the child is adopted or a step child, please so indicate.

<u>Name</u>	Date of <u>Birth</u>	Social Security <u>Number</u>	Address	Adopted (a) or Stepchild (s)	Married? (Yes / No)

## II. OTHER BENEFICIARIES

Please list below any **other** family or non-family members, schools, charitable organizations or others you wish to be included as direct beneficiaries of your estate:

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

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

In general terms,	D. DESIRED DISPOSI please describe your intent			our estate:		
	E. OTHER IMPORTAN	NT INFORMA	TION			
Please provide answers	to each of the following qu	estions for us:				
1. Do you presently ha	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 Attorne	ey:	Yes	No			
d. Health Care Powe	ers(Living Wills):	Yes	No			
e. Pre or Post-Nupti	al Agreement:	Yes	No			

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	f. Divorce or Separation	Agreement:	1 65	No	
	g. Business Agreements		Yes	No	
	h. Other:		Yes	No	
2.	Are you the beneficiary o	f a Will or trust c	reated by some	one else? Yes_	No
3.	Do you intend to provide	for your parents i	n your estate pl	an? Yes_	No
4.	Do any members of your must be taken into accour your estate? Yes	nt in connection w			lenges or needs that
5.	If married, would you like purposes of administering demise?		•	•	
	**	Not Annl	:1-1 -		
	Yes No	110t 11ppi	icable	•	
5.	Please indicate the name, institution(s) you would be primary Executors / Trust such capacities), in the or	address and relati ike to name as alto ees if you are not	onship to you contact ernate <i>Executor</i> married or do r	of the person(s)  rs / Trustees of the intend to na	f your estate (or as
6.	Please indicate the name, institution(s) you would by primary Executors / Trust	address and relati ike to name as alto ees if you are not	onship to you contain the Executor married or do read is intended to s	of the person(s)  rs / Trustees of not intend to not serve:	f your estate (or as
6.	Please indicate the name, institution(s) you would be primary Executors / Trust such capacities), in the or	address and relative to name as alto the ees if you are not der in which each	onship to you contain the Executor married or do read is intended to s	of the person(s)  rs / Trustees of not intend to not serve:	f your estate (or as ame your spouse to
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<ol> <li>7.</li> </ol>	Please indicate the name, institution(s) you would be primary Executors / Trust such capacities), in the or   Legal Name  If any child is under the a that child's Legal Guardi	address and relative to name as alto sees if you are not der in which each  Address  ge of eighteen, ple	ease consider w	of the person(s) rs / Trustees of not intend to na serve:  Relati  Tho you intend n the order in v	f your estate (or as ame your spouse to
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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:				
	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 <u>estimated values</u> 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 you immediate family.)

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

<b>H. OTHER COMMENTS</b> (Please use the following space to provide any other information relevant to your estate planning needs and intentions):