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**AL P. TREBING & ASSOCIATES**

**Attorney At Law**

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**Member-Connecticut  
and New York Bars**

**Estate Planning Organizer**

**A. BASIC PERSONAL INFORMATION**

	<b>HUSBAND</b>	<b>WIFE</b>
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:

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**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.			
<b>TOTAL ASSETS</b>	\$	\$	\$

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

### 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>

