CONFIDENTIAL ESTATE PROFILE

For Estate Planning Clients
(Non-married Individuals)

Caitlin E. Ross
ATTORNEY AT LAW

Please bring this completed questionnaire to your initial consulation. Thank you for your cooperation.

ESTATE PLANNING, TAX PLANNING, TRUST ADMINISTRATION & PROBATE
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Client Information

Home Address ______________________________

____

Date of Marriage ______________________ Home Telephone ______________________

Best times / place to reach us ______________________ ☐ It is okay to communicate with us via E-mail.

CLIENT:

Legal Name Birth date ______________________ aka ______________________

SS# Employer Business Address E-mail: ______________________ US Citizen? ________ INS Status: ________

______________________ Position ______________________

______________________ Daytime Telephone ______________________

______________________ Driver's License #______________________ Exp:________

☐ Previously Married? ______________________ Support Order in Place? ______________________

FORMER SPOUSE:

Legal Name Birth date ______________________ aka ______________________

SS# Employer Business Address E-mail: ______________________ US Citizen? ________ ________

____

______________________ ______________________

______________________ ______________________ ________

☐ Date of Death or Divorce: ______________________

** If you are not a U.S. citizen, please provide our office with copies of your passport and, if applicable, your visa or other residency documents.*

Legal Plan Coverage ______________________

Children

Full Legal Name				**Birth date**		**Social Security #**
1. ______________________				______________		______________
Parent: ☐	☐ Client	☐ Spouse	**Marital Status**:	☐ Single	☐ Married	☐ Divorced
2. ______________________				______________		______________
Parent: ☐	☐ Client	☐ Spouse	**Marital Status**:	☐ Single	☐ Married	☐ Divorced
3. ______________________				______________		______________
Parent: ☐	☐ Client	☐ Spouse	**Marital Status**:	☐ Single	☐ Married	☐ Divorced
4. ______________________				______________		______________
Parent: ☐	☐ Client	☐ Spouse	**Marital Status**:	☐ Single	☐ Married	☐ Divorced

Concerns or special needs of children: ______________________

If you have more than three children, please use the reverse side to provide information about them.

YOUR ADVISORS

Advisor Contact Information	Advisor Contact Information
Attorney: Firm: Address: Tel:	**Accountant/CPA**: Firm: Address: Tel:
Financial Advisor: Firm: Address: Tel:	**Insurance Agent**: Firm: Address: Tel:

Please sign here if we have your permission to contact your other advisors: X____

MY U.S. ASSETS

Title is extremely important in determining how to best manage that property in the context of your estate plan. Please use the initials of the owner and the following designations when listing the "Owner."

S For property owned just in your own name
JTO Joint tenancy with another person
* Other forms of ownership

REAL ESTATE

Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

Address	Type	Market Value	Mortgage	Equity
			Total	

Please attach copies of deeds and mortgage information.

PERSONAL PROPERTY

List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and ***give a lump sum value for miscellaneous****, less valuable items.).*

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)		
	Total	

AUTOMOBILES, BOATS & RECREATIONAL VEHICLES

For each motor vehicle, boat, ATV, RV, etc. please list the following: description, how titled, market value and encumbrance:

Type or Description	Owner	Market Value	Loan	Equity
			Total	

MONEY OWED TO YOU

Mortgages or promissory notes payable ***to you,*** *or other moneys owed to you.*

Name of Debtor	Note Date	Maturity	Owed to	Value
			Total	

BANKING & SAVINGS ACCOUNTS

Checking Account "C", Savings Account "S", Certificates of Deposit "CD", Money Market "MM"
Please note that retirement accounts are listed elsewhere on this questionnaire. If Account is in your name for the benefit of a minor, please specify the minor's name. Please detail all interests in foreign bank accounts.

Financial Institution	Type	Owner	Acct. Number	Value
			Total	

INVESTMENT ACCOUNTS, STOCKS & BONDS

TYPE: *List stocks and bonds. If held in a brokerage account, list the accounts, not the holdings.*

Financial Institution	Type	Owner	Acct. Number	Value
			Total	

RETIREMENT PLANS

Tax-deferred retirement accounts, including IRA, Roth IRA, 401(k),403(b), Pension (P), Profit Sharing (PS), etc.

Custodian (Financial institution)	Beneficiary	Type	Owner	Account Number	Value
				Total retirement investments	

LIFE INSURANCE POLICES & ANNUITIES

Term, whole life, split dollar, group life, annuity.

Insurance Company & Agent	Beneficiary	Insured	Owner	Contract #/Type	Face Value
				Total coverage	

BUSINESS INTERESTS

General and Limited Partnerships, LLS interests, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Give a description of the interests, who has the interest, your % interests, and the estimated value of the interests.

Name and Type	Owner	Market Value
	Total	

ANTICIPATED INHERITANCE, GIFT, LAWSUIT JUDGMENT OR OTHER ASSETS

Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Other property is any property that you have that does not fit into any listed category. Describe in appropriate detail.

Description ____

____

Total estimated value ____________________

SUMMARY OF VALUES

For joint property held with someone else, enter the value of the share owned by you only please.

Assets	Client	Spouse	Total Value
Real estate			
Furniture and Personal Property			
Automobiles, Boats & RVs			
Money Owed to You			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Accounts			
Business Interests			
Anticipated Inheritance, Gift or Lawsuit Judgment			
Other			
Total			

ADDITIONAL CONCERNS

Please describe any additional concerns that you may have regarding your planning. Include any pressing health or medical concerns, family dynamics and conflict issues, assets owned with others, or other unique items that you would like to discuss with us.

WHO YOU TRUST TO MAKE DECISION FOR YOU:

In designing your estate plan, we will need the names, addresses and telephone numbers of the individuals you will designate to act on your behalf in a number of different roles:

1. Financial decision-makers in the event of your incapacity or death
2. Health Care decision-makers in the event of your incapacity
3. Caregivers for any minor children
4. Primary Care Physician, if you have one

Please think of alternate individuals for each role. If you know what role you want an individual to have, please note that below. If you need more room, please feel free to use the back side of this page. Also, if any person that you wish to name is not a citizen of the United States of America, please designate the country of citizenship and their residency status.

Terminology

An **Executor** is a person named in a Will who must follow the terms of the Will for the benefit of the beneficiaries.

A **Trustee** is a person holding property in trust who must follow the terms of the trust for the benefit of the beneficiaries.

An **Agent** in a Power of Attorney has the legal authority to make decisions regarding the care and management of your assets (outside a trust) if you become incapacitated.

A **Guardian** has the legal authority to make decisions regarding the care and management of a minor child.

An **Agent** in an Advance Health Care Directive has the authority to make decisions regarding your care, end of life decisions, transitional care decisions, etc. if you becoem incapacitated and cannot make these decisions for yourself.

<table>
<tr><th>Name, Address & Telephone</th><th>Relationship and Citizenship</th><th>Role</th></tr>
<tr><td>Tel:</td><td></td><td rowspan="4">Financial Decision-Makers:
1. ____________________
2. ____________________
3. ____________________
Medical Decision-Makers:
1. ____________________
2. ____________________
3. ____________________
Caregivers for Minor Children:
1. ____________________
2. ____________________
3. ____________________</td></tr>
<tr><td>Tel:</td><td></td></tr>
<tr><td>Tel:</td><td></td></tr>
<tr><td>Dr.
Clinic:
Address:

Tel:</td><td>Primary Care Physician</td></tr>
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