Confidential Information Worksheet

This information will assist us in counseling you regarding your estate plan. Please complete this worksheet prior to our first meeting. If more space is needed, please attach additional sheets.

Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Date |  |
| Address |  | Email  |  |
|  |  | Phone |  |
| Date of Birth |   | Occupation |  |
| Social Security Number |  | Employer |  |

Spouse Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Date |  |
| Address |  | Email  |  |
|  |  | Phone |  |
| Date of Birth |   | Occupation |  |
| Social Security Number |  | Employer |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Marriage |  | Place of Marriage |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Any previous marriages for either spouse? | Yes |  | No |  | If yes, provide details: |
|  |
|  |
|  |

Children

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Phone |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Phone |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Phone |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Phone |  |
|  |  |  |  |

Other Beneficiaries

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Phone |  |
|  |  | Relationship |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Phone |  |
|  |  | Relationship |  |

Charities

Do you wish to include charitable contributions to your church, educational institutions, etc.? If so, please list.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization |  | Contact |  |
| Address |  | Phone |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organization |  | Contact |  |
| Address |  | Phone |  |
|  |  |  |  |

Fiduciaries

Please list the names of executors, trustees and guardians (if you know).

|  |
| --- |
| Executors of your Will |
| 1. | Usually surviving spouse. |  |  |  |  |
|  | Name |  | Relationship |  | Address |
| 2. |  |  |  |  |  |
|  |  |  |  |  |  |
| 3. |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Successor Trustees of your Trust after you and your spouse: |
|  | Name |  | Relationship |  | Address |
| 1. |  |  |  |  |  |
|  |  |  |  |  |  |
| 2. |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Guardians for Minor Children: |
|  | Name |  | Relationship |  | Address |
| 1. |  |  |  |  |  |
|  |  |  |  |  |  |
| 2. |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Who would make health related decisions, if you cannot? |
|  | Name |  | Relationship |  | Address |
| 1. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  | Telephone |  |
| 2. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  | Telephone |  |

Schedule of Assets

Please list assets at approximate fair market value.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Husband’s Name |  | Wife’s Name |  | Jointly Owned |
| 1. | Cash in Bank |  | $ |  | $ |  | $ |
|  | (checking, savings, etc.) |  |  |  |  |  |  |
| 2. | Stocks/Bonds |  | $ |  | $ |  | $ |
| 3. | Business Interest |  | $ |  | $ |  | $ |
| 4. | Personal Property |  | $ |  | $ |  | $ |
| 5. | Automobiles |  | $ |  | $ |  | $ |
| 6. | Home |  | $ |  | $ |  | $ |
| 7. | Other Real Estate |  | $ |  | $ |  | $ |
| 8. | Retirement Programs |  | $ |  | $ |  | $ |
|  | (IRA, 401(k), Profit Sharing) |  |  |  |  |  |  |
| 9. | Life Insurance |  | $ |  | $ |  | $ |
|  | (face amount) |  |  |  |  |  |  |
| 10. | Other Assets |  |  |  |  |  |  |
|  |  |  | $ |  | $ |  | $ |
|  |  |  | $ |  | $ |  | $ |
|  |  |  | $ |  | $ |  | $ |
| 11. | TOTAL ASSETS |  | $ |  | $ |  | $ |
| 12. | Liabilities/Debts |  | $ |  | $ |  | $ |
| 13. | Mortgages |  | $ |  | $ |  | $ |
| 14. | NET WORTH |  | $ |  | $ |  | $ |
|  | (ASSETS – LIABILITIES) |  |  |  |  |  |  |

|  |
| --- |
| Do you or your family anticipate an inheritance of property in the foreseeable future? |
| Yes |  | No |  | If yes, please provide details: |
|  |
|  |
|  |
|  |
|  |

Names of Professionals

|  |  |  |  |
| --- | --- | --- | --- |
| Accountant |  | Insurance Agent |  |
| Stock Broker |  | Financial Planner |  |

Additional Information

|  |
| --- |
| Are there any other factors: family, health, financial or otherwise that you want us to consider in preparing your estate plan? |
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Items to be Brought to the First Meeting

1. Copies of current wills, trust and other estate planning documents.
2. Copies of deeds to real estate.
3. Copies of any premarital agreement, divorce decree that affect your estate plan.
4. Any other document you want us to consider when preparing your estate plan.

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