

CONFIDENTIAL CLIENT DATA FORM

The information that you provide on this form will help us to focus on the relevant issues that we should address in your estate plan. Please be assured that this information will remain confidential. If you need more space in which to answer any question, please attach additional pages.

FAMILY AND OCCUPATIONAL DATA:

DATE: _____

1. Please complete the following family data:

Client #1: _____ Date of Birth: _____
(List name as you would like it to appear on your estate planning documents)

Citizenship: _____ Social Security Number: _____

Home address: _____

Tel. _____ E-mail _____
Would you prefer to receive correspondence from us by email? Yes No
Would you like to receive notice of new articles posted to our website? Yes No

Name of Employer: _____

Business address: _____

_____ Tel. _____

Occupation: _____

Client #2: _____ Date of Birth: _____
(List name as you would like it to appear on your estate planning documents)

Citizenship: _____ Social Security Number: _____

Home address (if different from Client #1): _____

Tel. _____ E-mail _____
Would you prefer to receive correspondence from us by email? Yes No
Would you like to receive notice of new articles posted to our website? Yes No

Name of Employer: _____

Business address: _____

_____ Tel. _____

Occupation: _____

Children of your union:

(1) Name: _____ Date of Birth: _____

Address: _____ Tel. _____

Married Single Student (Check One)

Occupation: _____ # of Children: _____

Any special problems or issues relating to this child? _____

(2) Name: _____ Date of Birth: _____
Address: _____ Tel. _____
Married Single Student (Check One)
Occupation: _____ # of Children: _____
Any special problems or issues relating to this child? _____

(3) Name: _____ Date of Birth: _____
Address: _____ Tel. _____
Married Single Student (Check One)
Occupation: _____ # of Children: _____
Any special problems or issues relating to this child? _____

If you have more children, please attach a separate list.

2. Were you or your partner formerly married to another person?

Client #1: To whom? _____

How was marriage terminated? _____

If by divorce, please attach a copy of the divorce decree or bring it with you to the initial conference.

Client #2: To whom? _____

How was marriage terminated? _____

If by divorce, please attach a copy of the divorce decree or bring it with you to the initial conference.

3. Do you have any other children? If so, please list

Other children of Client #1:

(1) Name: _____ Date of Birth: _____

Address: _____ Tel. _____

Married Single Student (Check One)

Occupation: _____ # of Children: _____

Any special problems or issues relating to this child? _____

(2) Name: _____ Date of Birth: _____
Address: _____ Tel. _____

Married Single Student (Check One)

Occupation: _____ # of Children: _____

Any special problems or issues relating to this child? _____

Other children of Client #2:

(1) Name: _____ Date of Birth: _____
Address: _____ Tel. _____

Married Single Student (Check One)

Occupation: _____ # of Children: _____

Any special problems or issues relating to this child? _____

(2) Name: _____ Date of Birth: _____
Address: _____ Tel. _____

Married Single Student (Check One)

Occupation: _____ # of Children: _____

Any special problems or issues relating to this child? _____

4. Do you have any children who are deceased? If so, please list their names, dates of death, and the names of any of their children or grandchildren who have survived them.

5. Have you and your partner entered into a Prenuptial Agreement? Yes No
If so, please attach a copy or bring it with you to the initial conference.

6. Is anyone else dependent on you for support? Yes No
If so, please explain _____

7. Is any child or other dependent disabled in any way? Yes No
If so, please explain _____

Do you have a parent or other dependent who has special needs or who should be considered in your estate plan? Yes No

If so, please explain _____

8. Generally, would you describe yourself as being in good or poor health? Are there any major problems that should be taken into account?

Client #1: _____

Client #2: _____

9. Do these matters affect your insurability? Client #1: Yes No ~~Á~~ Client #2: Yes No

10. Who is your family physician? Client #1: _____ Client #2: _____

Who is your medical specialist? Client #1: _____ Client #2: _____

BUSINESS DATA:

11. Do you operate a business or have an ownership interest in a business? If so, please list.

Client #1:

a. Is this business a sub-chapter S corporation? Yes No

b. If the answer to 11.a. is yes, then list all of the shareholders. _____

c. Is there a Buy-Sell Agreement in place? Yes No

d. Is this business a Family Limited Partnership or Limited Liability Company? Yes No

Client #2:

a. Is this business a sub-chapter S corporation? Yes No

b. If the answer to 11.a. is yes, then list all of the shareholders. _____

c. Is there a Buy-Sell Agreement in place? Yes No

d. Is this business a Family Limited Partnership or Limited Liability Company? Yes ~~Á~~No

FINANCIAL DATA:

12. Do you have an accountant who prepares your tax returns? Yes No

If so, please provide name and address: _____

13. What is your major banking affiliation? _____

14. Do you have an investment counselor or financial planner? If so, please provide name and address: _____

15. Do you have a safe deposit box? If so, where is it located? _____

16. Life Insurance Policies:

Company: _____ Death Benefit: _____

Owner: _____ Relationship: _____

Insured: _____ Surrender Value: _____

Beneficiary(ies) and relationship: _____

Type: (Check One) Term Whole Life Other: _____

Company: _____ Death Benefit: _____

Owner: _____ Relationship: _____

Insured: _____ Surrender Value: _____

Beneficiary(ies) and relationship: _____

Type: (Check One) Term Whole Life Other: _____

Company: _____ Death Benefit: _____

Owner: _____ Relationship: _____

Insured: _____ Surrender Value: _____

Beneficiary(ies) and relationship: _____

Type: (Check One) Term Whole Life Other: _____

If you have additional policies, please attach a list.

17. Do you expect to receive any substantial inheritances? Yes No

If yes, from whom? _____

18. Do you anticipate any future events that would affect your estate planning goals?

ASSET PROFILE:

19. Please complete the following Asset Profile using approximate amounts for the fair market value of your assets. If you have previously created a Revocable Trust, please indicate with an "*" which assets are titled in your Revocable Trust.

When assets are owned by more than one person, they are owned either jointly or as tenants in common. If an asset is held by joint tenants with rights of survivorship, it will pass automatically to the surviving joint tenant at the time of death of the first tenant, and therefore will not be subject to probate. If an asset is held by tenants in common, each person owns an undivided interest in the property which will not pass to the other tenants in common at the time of death of the first tenant, and will therefore be subject to probate.

If it is not clear from the legal title to the asset that it is owned in joint tenancy, then New Hampshire law presumes that the owners hold the asset as tenants in common. You may not be able to tell by looking at your bank statements or brokerage statements whether the tenancy is joint. You should contact the holders of your assets to determine whether their records show that the tenancy is joint with rights of survivorship or as tenants in common.

<u>Item</u>	<u>Client #1</u>	<u>Client #2</u>	<u>Joint with Rights of Survivorship</u>	<u>Tenants in Common with Partner or Others</u>	<u>Indebtedness</u>
Checking Acct.	\$ _____	\$ _____	\$ _____	\$ _____	
Savings Acct.	\$ _____	\$ _____	\$ _____	\$ _____	
Cert. of Deposit	\$ _____	\$ _____	\$ _____	\$ _____	
Money Market	\$ _____	\$ _____	\$ _____	\$ _____	
Home Residence	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2nd Home	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rental Property	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Securities/Stocks	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Stock Options	\$ _____	\$ _____	\$ _____	\$ _____	
Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____	
Bonds	\$ _____	\$ _____	\$ _____	\$ _____	
Promissory Notes, etc.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____	
Antiques	\$ _____	\$ _____	\$ _____	\$ _____	
Collectibles	\$ _____	\$ _____	\$ _____	\$ _____	
Traditional IRA(s)	\$ _____	\$ _____	\$ _____	\$ _____	
Roth IRA(s)	\$ _____	\$ _____	\$ _____	\$ _____	
Other Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____	
Closely Held Business	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance (death benefit)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Further explanation: _____

20.	Current Income:	<u>SALARY</u>	<u>INTEREST</u>	<u>DIVIDENDS</u>	<u>PENSION</u>	<u>OTHER</u>
	Client #1	_____	_____	_____	_____	_____
	Client #2	_____	_____	_____	_____	_____

21. Do you own any property located in another State? Yes No
If yes, what state and approximate value: _____

22. Do you own any property outside of the United States? Yes No
If yes, what country and approximate value: _____

23. Do you own title insurance on any of your properties? Yes No If yes, which properties? _____

24. Does your home property or other real estate have an outstanding mortgage?
If so, please identify the asset and provide name of mortgagee(s) _____

25. Do you have any outstanding liabilities not listed above? Yes No If yes, please identify and value: _____

26. Do you participate in or benefit from any pension plans, annuities, deferred compensation plans or other employee benefit plans? Yes No If yes,

<u>TYPE</u>	<u>DESCRIPTION</u>	<u>SURVIVOR BENEFIT</u>
_____	_____	_____
_____	_____	_____

PRESENT ESTATE PLANNING POSITION:

27. Do have the following estate planning documents? If so, please attach copies or bring them with you to the initial conference.

Will:

Client #1: Yes No Date: _____

Client #2: Yes No Date: _____

Trusts (Revocable or Irrevocable):

Client #1: Yes No Date: _____

Client #2: Yes No Date: _____

Living Will:

Client #1: Yes No Date: _____

Client #2: Yes No Date: _____

Durable General Power of Attorney

Client #1: Yes No Date: _____

Client #2: Yes No Date: _____

Durable Power of Attorney for Health Care

Client #1: Yes No Date: _____

Client #2: Yes No Date: _____

28. Do you presently benefit from any trusts other than those noted above? If yes, please describe and provide copies of the trusts, if possible. _____

29. Do you have a power of appointment? Yes No

30. Are you the owner/participant of a college savings account (529 account)? Yes No
If so, give details: _____

31. Have you made any gifts in excess of the annual exclusion? (The annual exclusion amount increased to \$14,000 in 2013. From 2009 through 2012, it was \$13,000. From 2006 through 2008, it was \$12,000. From 2002 through 2005, it was \$11,000. From 1981 through 2001, it was \$10,000. Prior to 1981, it was \$3,000.) Yes No
If yes, have you filed gift tax returns? Yes No If so, please attach copies of the gift tax returns or bring them with you to the initial conference.
If you have made such gifts, but have not filed gift tax returns, please describe the gift, the date of the gift, the value of the gift, and provide name, address and relationship of the donee. _____

32. Do you expect to benefit any charitable organizations at death? Yes No
If so, give details: _____

33. Are there any other considerations which may affect your estate planning goals? Please explain. _____

During lifetime incapacity and after your death, others (called "fiduciaries") may act on your behalf. You may select one or more fiduciaries to act concurrently or successively on your behalf. Most people select their partner, trusted friend or family member to act as the guardian for their minor children, executor, trustee and/or agent. For some people, a bank or trust company may be recommended. If your are uncertain about this selection, we will discuss your options when we meet.

ESTATE PLANNING INTENTIONS

34. Whom do you want to name as guardian(s) and alternate guardian(s) of any minor children?

Client #1

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Client #2

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

35. Whom do you want to name as executor(s) and alternate executor(s) of your estate?

Client #1

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Client #2

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

36. Whom do you want to name as trustee(s) and successor trustee(s) of your trust estate?

Client #1

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Client #2

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

37. Whom do you want to name as agent(s) under your powers of attorney?

Client #1

Agent under General (financial) Power of Attorney

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Health Care Agent

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Client #2

Agent under General (financial) Power of Attorney

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Health Care Agent

Partner first? Yes No

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____

Alternate: Name: _____

Relationship: _____

Address: _____

Tel. _____