

LEVENE GOULDIN & THOMPSON, LLP

CONFIDENTIAL ESTATE PLANNING INFORMATION FORM

Please note that any and all information on this form is confidential and subject to attorney-client privilege

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

	Name	SS #	Date of Birth	Health Status, Competency and Disabilities
Client One				
Client Two (if applicable)				
Address				

Home Phone Number: \_\_\_\_\_

Work Phone Number(s): \_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_

e-Mail Address(es): \_\_\_\_\_

Mailing Address (If different from above or c/o another individual):

<u>Children's Names</u>	<u>Date of Birth</u>	<u>Address &amp; e-mail address</u>	<u>Phone #</u>	<u>Health Status, Competency, Disabilities</u>

- |   |   |   |
|---|---|---|
| 1. Do you presently have a<br>WILL?<br>TRUST?<br>POWER OF ATTORNEY?<br>HEALTH CARE PROXY?<br>LIVING WILL? | <u>Client One</u><br>Yes - No<br>Yes - No<br>Yes - No<br>Yes - No<br>Yes - No | <u>Client Two</u><br>Yes - No<br>Yes - No<br>Yes - No<br>Yes - No<br>Yes - No |
| 2. Have you prepaid your funeral?   | Yes - No  | Yes - No  |
| 3. Is any family member in a nursing home?<br>Or receiving home care?                                     | Yes - No<br>Yes - No  | Yes - No<br>Yes - No  |
| 4. Is there a long-term care concern?<br>If yes, please describe  | Yes - No  | Yes - No  |
| 5. Do you have long-term care insurance?<br>Do you have medical insurance that<br>supplements Medicare?   | Yes - No<br>Yes - No  | Yes - No<br>Yes - No  |

	<u>Client One</u>	<u>Client Two</u>
6. Have you transferred any assets in the past 5 years? If yes, please attach list. (Include gifts of \$1,000 or more and dates, amounts and recipients.)	Yes - No	Yes - No
7. Are you a veteran?	Yes - No	Yes - No
8. Is this your first marriage?	Yes - No	Yes - No
9. Are you a United States citizen?	Yes - No	Yes - No

**FINANCIAL INFORMATION**

10. Do you own a HOME and/or any other REAL ESTATE?

Address	Name(s) on Title	Mortgage Amount (if any)	Market Value
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11. If you do own a home and/or other real estate:

Is your real property in a gas exploration area?	Yes - No	Yes - No
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Have you (or anyone else) entered into a gas, oil or mineral lease affecting your property?	Yes - No	Yes - No
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12. Do you own any other TITLED PROPERTY (car, boat, motor home, travel trailer, etc.?)

Description	Market Value
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13. Do you have any INTEREST-BEARING ACCOUNTS (savings, C.D., money market, etc.)

Name of Bank	Type of Account	Name(s) on Account (Specify: Individual/Joint/ In Trust For/Transfer or Payable-on-Death To)	Present Balance
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14. Do you own any STOCKS, BONDS, or MUTUAL FUNDS?

Name/Type of Stock/Bond/Fund	Name(s) of Owners (Specify: Individual/Joint/In Trust For/Transfer or Payable-on-Death To)	No. of Shares	Current Value	Basis
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15. Do you have LIFE INSURANCE POLICIES?

Company	Policy Owner	Insured Person	Beneficiaries		Death Benefit	Cash Value
			Primary	Contingent		

16. Do you have any ANNUITIES?

Company	Owner	Annuitant	Beneficiaries		Current Value
			Primary	Contingent	

17. Do you have any RETIREMENT FUNDS (IRA's, 401K's, etc.)?

Account Owner	Type of Account	Beneficiaries		Market Value
		Primary	Contingent	

18. Are there any reasons that you would not want assets distributed directly to certain persons following your death - for example, a person is disabled or incompetent; is receiving public benefits (e.g., SSI, Disability, Medicaid); is a child; is not capable of handling money. Please specify:

19. Do you have any BUSINESS INTEREST/OWNERSHIP?

Description	Market Value
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20. Do you have any COLLECTIBLES (coins, stamps, jewelry, etc.)?

Description	Market Value
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21. Does anyone OWE YOU money (mortgage, personal loans, etc.)?

Description	Who Owes You	Current Amount Owed
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22. Do you have a SAFE DEPOSIT box?

Name of Bank	Title on Box (Individual/Joint/Deputy)
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23. Financial Advisor:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

24. Accountant/Tax Advisor:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

25. What is your MONTHLY INCOME?

**NOTE: THIS SECTION ONLY NEEDS TO BE FILLED OUT IF YOU HAVE LONG TERM CARE CONCERNS  
(nursing home care, applying for Medicaid, etc.)**

	Source	Amounts		
		Client One	Client Two	Joint
Wages				
Pensions				
Social Security				
Interest				
Dividends				
Other (Specify)				
<b>TOTALS</b>		\$	\$	\$

26. Goals and Objectives in meeting with lawyer:

**DOCUMENTS TO BRING WITH YOU**

In addition to the information requested, please provide copies of these documents:

- Powers of Attorney
- Wills
- Trusts
- Health Care Proxies/Living Wills
- Long-term care insurance policy
- Gas, Oil or Mineral Lease
- IRA/401(k)/Other Retirement Fund - "Plan" Documents

Also, if your objective is long term care planning and you are considering transferring your home, please provide copies of these documents:

- Deed(s)
- Mortgage(s)
- Real estate tax bills
- Original abstract of title
- Information of persons to be named on the Deed: Name(s), Address(es), Social Security Numbers.

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