

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: \_\_\_\_\_

	Full Legal Name First, Middle Initial, Last	Date of Birth
Client One		
Client Two (if applicable)		
Address		

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

\_\_\_\_\_

\_\_\_\_\_

Please describe your general health status:

Client One
Client Two (if applicable)

	Client One	Client Two (if applicable)
Home Phone Number:		
Work Phone Number:		
Cell Phone Number:		
E-mail Address:		

**Main Office: 450 Plaza Drive • Vestal, NY 13850 • Phone: 607.763.9200 • Fax: 607.763.9211**

Attorneys Admitted in: New York • Pennsylvania • Florida

<u>Children's Names</u> First, Middle Initial, Last	<u>Date of Birth</u>	<u>Full Address</u>	<u>Phone #'s</u> (Home & Cell)

Please note if you or your children and/or any beneficiaries of your estate are disabled and/or receiving public benefits (e.g., SSI, SSD, Medicaid, Subsidized Housing) - Include name and specifics:

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Please indicate if you have any predeceased children or biological children that have been adopted out by you. These factors can affect your estate plan. Include names and date of death or date of adoption out, as appropriate:

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Please indicate your answers to the following with a check mark or "X"	Client One		Client Two	
	YES	NO	YES	NO
Do you have a Will?				
Do you have a Trust?				
Do you have a Power of Attorney?				
Do you have a Health Care Proxy?				
Do you have a Living Will?				
Have you prepaid your funeral?				

Please indicate your answers to the following with a check mark or "X"	Client One		Client Two	
	YES	NO	YES	NO
Is any family member in a nursing home or receiving home care?				
Do you have long-term care insurance?				
Are you married?				
Is this your first marriage?				
Are you a United States Citizen?				
Have your transferred assets in the past 5 years?***				
***Including gifts of \$1,000.00 or more - if yes please attach a list with dates, amounts and recipients				

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

Address	Name(s) on Title	Mortgage Amount	Market Value
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

Note if your home and/or other real estate is in a gas exploration area or if any oil/mineral leases affect your property:

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2. Do you own any other TITLED PROPERTY (car, boat, motor home, travel trailer, ATV, snowmobile, etc.?)

Description	Name(s) on Title	Market Value
a.		
b.		
c.		
d.		
e.		

3. Do you have any BANK or CREDIT UNION ACCOUNTS (checking, savings, C.D., money market, etc.)

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Name(s) on Account</u> (Specify: Individual/Joint/ In Trust For/Transfer or Payable-on-Death To)	<u>Present Balance</u>
a.			
b.			
c.			
d.			

4. Do you own any STOCKS, BONDS, or MUTUAL FUNDS, that are **not** Retirement Accounts?

<u>Name/Type of Stock/Bond/Fund</u>	<u>Name(s) of Owners</u> (Specify: Individual/Joint/In Trust For/Transfer or Payable-on-Death To)	<u>Current Value</u>	<u>Tax Basis</u>
a.			
b.			
c.			
d.			

5. Do you have LIFE INSURANCE POLICIES?

<u>Company</u>	<u>Policy Owner</u>	<u>Insured Person</u>	<u>Beneficiaries</u> Primary and Contingent	<u>Death Benefit</u>	<u>Cash Value</u>
a.					
b.					
c.					
d.					

6. Do you have any ANNUITIES?

<u>Company</u>	<u>Owner</u>	<u>Annuitant</u>	<u>Beneficiaries</u> Primary and Contingent	<u>Current Value</u>
a.				
b.				
c.				
d.				

7. Do you have any RETIREMENT ACCOUNTS (IRA's, 401k's, 403b's, Roth IRA's etc.)?

<u>Account Owner</u>	<u>Type of Account</u>	<u>Beneficiaries</u> Primary and Contingent	<u>Current Value</u>
a.			
b.			
c.			
d.			

8. Do you have any BUSINESS INTERESTS or OWNERSHIP (LLC, LLP, S-Corp, C-Corp, Partnership, Sole Proprietorship)?

<u>Description</u>	<u>Market Value</u>
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9. Do you have any COLLECTIBLES (art, musical instruments, coins, stamps, jewelry, etc. that is worth **more than \$5,000.00**)?

<u>Description</u>	<u>Market Value</u>
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10. Does anyone OWE YOU money (mortgage, personal loans, etc.)?

<u>Description</u>	<u>Who Owes You</u>	<u>Current Amount Owed</u>
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11. Do you have a SAFE DEPOSIT box?

<u>Name of Bank</u>	<u>Title on Box (Individual/Joint/Deputy)</u>	<u>Contents</u>
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12. Financial Advisor:

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_

13. Accountant/Tax Advisor:

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_

14. What is your MONTHLY INCOME?

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

	Source	Monthly Amounts	
		Client One	Client Two
Wages			
Pensions			
Social Security			
Interest			
Dividends			
Distributions from Retirement Accounts			
Other (Specify)			
<b>TOTALS</b>		\$	\$

15. Goals and Objectives in meeting with lawyer:

16. Who referred you to LG&T?

17. **CLIENT ONE**- Name the primary and alternate trustworthy persons, who you would want to handle each of the following. Please state the person's full name(s) with address and phone numbers, if not already listed above.

a. Legal, business and financial matters during your lifetime, as an agent under Power of Attorney:

Primary:

Alternate:

b. Health care decisions on your behalf if you were not able to make such decisions, as a health care agent:

Primary:

Alternate:

c. Distribution of your assets after your death, as an executor:

Primary:

Alternate:

d. If applicable, a guardian of your minor children after your death:

Primary (often the surviving biological parent):

Alternate(s):

18. **CLIENT TWO**- Name the primary and alternate trustworthy persons, who you would want to handle each of the following. Please state the person's full name(s) with address and phone numbers, if not already listed above.

a. Legal, business and financial matters during your lifetime, as an agent under Power of Attorney:

Primary:

Alternate:

b. Health care decisions on your behalf if you were not able to make such decisions, as a health care agent:

Primary:

Alternate:

c. Distribution of your assets after your death, as an executor:

Primary:

Alternate:

d. If applicable, a guardian of your minor children after your death:

Primary (often the surviving biological parent):

Alternate(s):

**HOW TO RETURN THIS FORM:**

The suggested methods to return this Form are to mail it to the address below, hand deliver it to our office or via fax. E-mail will be accepted, however this may not be a secure method.

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450 Plaza Drive  
Vestal, NY 13850  
Fax: 607-763-9211