

WELLS MARBLE & HURST, PLLC
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ESTATE PLANNING CLIENT DATA

I. PERSONAL INFORMATION:

Client 1 Name: _____ Client 2 Name: _____

Date of Birth: _____ Date of Birth: _____

SS#: _____ SS#: _____

USA Citizen? Yes _____ No _____ USA Citizen? Yes _____ No _____

Home Address: _____

County of Residence: _____

Home Phone: _____

Client 1 Work Phone: _____ Client 2 Work Phone: _____

Client 1 Mobile Phone: _____ Client 2 Mobile Phone: _____

Client 1 E-mail: _____ Client 2 E-mail: _____

Who referred you to us? _____

Children's Names, Addresses, Telephone Number(s) and Birth Date: (Continue on back if necessary)

Child 1 _____ DOB: _____
Address: _____ Telephone: _____

Child 2 _____ DOB: _____
Address: _____ Telephone: _____

Child 3 _____ DOB: _____
Address: _____ Telephone: _____

Child 4 _____
Address: _____

DOB: _____
Telephone: _____

Any possibility of additional children: Y N

Any prior marriages/divorces? Y N

If yes, please provide copy of divorce decree, property settlement agreement, etc.

Do you have a Prenuptial Agreement? Y N

If yes, please provide a copy.

Any dependents other than children? Y N

If so, describe: _____

Any family members with special needs? Y N

If so, describe: _____

Any anticipated inheritance by client or spouse? Y N

If so, describe: _____

Have you ever lived in a community property state, or do you have community property assets? Y N

If so, please describe on separate sheet.

Whom do you wish to serve as executor of your estate? Please name at least one successor.

Whom do you wish to serve as trustee of any trust established under your Will? Please name at least one successor.

Whom do you wish to have the care and custody of your minor children should you and the children's other natural parent both be deceased?

At what age(s) do you wish your children to come into their inheritance free of trust?

Whom do you wish to serve as your attorney-in-fact for asset management? You may want to name at least one successor.

Whom do you wish to name as your health care surrogate? You may want to name at least one successor. Please include addresses and telephone numbers.

II. FINANCIAL INFORMATION:

<u>ASSETS</u>	<u>Owned by Client 1</u>	<u>Owned by Client 2</u>	<u>Owned Jointly¹</u>
Personal Residence	\$ _____	\$ _____	\$ _____
Other Real Estate (describe)			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
Household Furnishings	_____	_____	_____
Art Work and Antiques	_____	_____	_____
Automobiles and Other Vehicles (Include Boats)			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
Other Personal Effects	_____	_____	_____

¹ Includes property owned with rights of survivorship and tenancies by the entirety. If owned as tenants in common, list one-half of the value of the asset under each spouse's name.

Livestock

Other Property

1. _____

2. _____

3. _____

4. _____

Stocks/Bonds/Mutual Funds (other than inside an IRA or retirement plan)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Partnership or LLC Interests

1. _____

2. _____

3. _____

4. _____

5. _____

Closely Held Stock *(please indicate, which, if any, is "Sub-S" Stock)*

1. _____
Sub-S? Y N

2. _____
Sub-S? Y N

3. _____
Sub-S? Y N

4. _____
Sub-S? Y N

Other Business Interests _____

Checking & Savings
Accounts

1. _____

2. _____

3. _____

4. _____

Certificates of Deposit

1. _____

2. _____

3. _____

4. _____

Treasury Bills & Notes

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Life Insurance

INSURED	OWNER	BENEFICIARY	COMPANY	POLICY NO.	POLICY TYPE	DEATH BENEFIT	CASH VALUE	LOANS O/S

IRA's/Qualified Plans/Commercial Annuities

Client 1

<u>Description</u>	<u>Current Value</u>	<u>Beneficiary</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Client 2

<u>Description</u>	<u>Current Value</u>	<u>Beneficiary</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Is any life insurance owned by any retirement plan? Y N

If so, please give policy details on attached schedule.

<u>LIABILITIES</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Mortgage(s) on Personal Residence	\$ _____	\$ _____	\$ _____

Other Real Estate Mortgages

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Other Debt & Liabilities

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

III. OTHER ESTATE PLANNING TEAM MEMBERS:

Please give the names of your other advisors if applicable and indicate which of them you wish to receive copies of your estate plan documents.

Accountant _____	COPY?	YES _____	NO _____
Insurance Agent _____	COPY?	YES _____	NO _____
Financial Planner _____	COPY?	YES _____	NO _____
Broker _____	COPY?	YES _____	NO _____
Investment Advisor _____	COPY?	YES _____	NO _____
Bank/Trust Officer _____	COPY?	YES _____	NO _____
General Attorney _____	COPY?	YES _____	NO _____

IV. CHECKLIST OF DOCUMENTS TO BRING TO INITIAL CONFERENCE WITH ATTORNEY:

- _____ Financial Statement
- _____ Existing Will(s) and any Codicils
- _____ Trust instruments under which you are grantor, trustee or beneficiary
- _____ Gift Tax Returns
- _____ Buy-Sell Agreements
- _____ Stock Option Agreements
- _____ Deferred Compensation Agreement
- _____ Retirement Plan Descriptions
- _____ Prenuptial Agreements
- _____ Divorce Decrees/Property Settlements