

CONFIDENTIAL PERSONAL INFORMATION

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

Personal Information

Please print your name the way you want it to appear on your documents.

Name _____ Date _____

Email _____

Address

Street _____ Telephone _____

City _____ State _____ Zip _____

County _____ Citizen of _____

Birth Date _____ Age _____ Birth Place _____

Occupation/Employer _____

Spouse

Please fill in the following if you are married:

Spouse's Name _____

Spouse's Email _____

Birth Date _____ Age _____ Birth Place _____

Citizen of _____ Occupation/Employer _____

Telephone _____ Place of Marriage _____

Date of Marriage _____

Any previous marriages for either spouse? Yes ___ No ___ If yes, please provide details:

Appointment Date/Time _____

How did you hear about my services? _____

Children

Please fill in the following if you have children.

Name	Age	Telephone Number (if different from yours)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any children who have died, leaving children? Yes ___ No ___

Are there any children who have trouble managing their assets? Yes ___ No ___

Do you wish to exclude any children from your inheritance? Yes ___ No ___

If yes to any, please explain: _____

Other Beneficiaries or Contingent Beneficiaries

Please list by full names all other people you wish included in your Will other than children.

Name	Age	Relationship	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of your children or beneficiaries receive government/means based support? (For Example: Medicaid, Supplemental Housing, Food Stamps, etc.)

Yes ___ No ___

Charities

Do you wish to include charitable contributions to your church, educational institutions, etc.?

Yes ___ No ___ If yes, please explain: _____

Fiduciaries

Please list the names of executors/trustees, guardians, and healthcare power of attorney (If you are not sure, we will discuss your questions in the first meeting).

Executor/Trustee (The person who would handle financial matters):

1. Usually surviving spouse (if applicable).

Name	Relationship	Telephone Number
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2.	_____	_____	_____
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3.	_____	_____	_____
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Guardians for Minor Children:

Name	Relationship	Telephone Number
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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Who would make health related decisions for you if you cannot do so for yourself?

1. Usually surviving spouse (if applicable).

Name	Relationship	Telephone Number
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2.	_____	_____	_____
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3.	_____	_____	_____
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4.	_____	_____	_____
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As a courtesy, we can send a letter and checklist to the Primary and Contingent individuals listed above; letting them know important information about their role without disclosing any information about your Estate Plan. This is optional and can be elected at the time of signing.

Schedule of Assets

Why do we ask? In order to plan for the transfer of assets, we need to know what assets and liabilities you currently have.

	Husband's Name	Wife's Name	Jointly Owned
1. Cash in Bank (checking, savings, etc.)	\$_____	\$_____	\$_____
2. Stocks/Bonds (nonretirement account)	\$_____	\$_____	\$_____
3. Business Interest	\$_____	\$_____	\$_____
4. Personal Property	\$_____	\$_____	\$_____
5. Automobiles	\$_____	\$_____	\$_____
6. Home	\$_____	\$_____	\$_____
7. Other real estate	\$_____	\$_____	\$_____
8. Retirement programs (IRA, 401K, profit sharing)	\$_____	\$_____	\$_____
9. Life insurance (death benefit)	\$_____	\$_____	\$_____
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 any property in the near future?

Yes ___ No ___ If yes, please provide details:

Additional Information

Are there any factors: family, health, financial or otherwise that you want us to consider in preparing your estate plan? *For example: Current Health Conditions (Upcoming Procedure), Preferences on Life Sustaining Treatment, Future Income Fluctuation, etc.*

Names of Professionals you work with:

Accountant

Telephone Number

Financial Advisor(s)

Telephone Number

If you do not have a financial advisor, would you like contact information for an advisor?

Yes ___ No ___

May we contact these individuals to provide relevant information about your Estate Plan?

Yes ___ No ___

Do you own a business or rental property?

Yes ___ No ___ If yes, please provide details:

If you have copies of these items, please bring them 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 that you want us to consider when preparing your estate plan.

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