

MILLER  
MONSON  
PESHEL  
POLACEK  
&  
HOSHAW

## Client Information

Confidential

Name \_\_\_\_\_

Date \_\_\_\_\_

# Estate Asset Recap

Asset Type	Fair Market Value <sup>1</sup>	Comments
Cash		
Stocks, Bonds, Mutual Funds		
Real Estate		
Business Interests/ Partnerships		
Employee Benefits/IRAs		
Notes/Accounts Receivable		
Miscellaneous Assets		
Total Non-Insurance Assets		
Life Insurance (Face Value)		
Total Current Gross Estate		
Liabilities		
Current Net Worth		
Prospective Gifts/Inheritance		
Probable Taxable Estate		

<sup>1</sup> Fair Market Values from Asset and Liquidity Detail on Pages 2-4

## Estate Asset Detail

Asset Description	Record <sup>1</sup> Title	Source <sup>2</sup> of Funds	Fair Market <sup>3</sup> Value	Comments
Cash Assets				
Subtotal Cash - To Recap				

Stocks/Bonds/ Mutual Funds				
Subtotal Stocks/Bonds/Mutuals - To Recap				

Real Estate				Present Mortgage Amount
Subtotal Real Estate - To Recap				

<sup>1</sup> Record title is usually separate property (SP), joint tenancy (JT), tenants in common (TC), etc.

<sup>2</sup> Source of funds could be earnings (E) or inheritance or gift (I/G).

<sup>3</sup> Net of liabilities.

## Estate Asset Detail - Continued

Asset Description	Record <sup>1</sup> Title	Source <sup>2</sup> of Funds	Fair Market <sup>3</sup> Value	Comments
Business Interests/ Partnerships				
				<input type="checkbox"/> Sole Prop <input type="checkbox"/> Gen Ptsp <input type="checkbox"/> Ltd Ptsp <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp
				<input type="checkbox"/> Sole Prop <input type="checkbox"/> Gen Ptsp <input type="checkbox"/> Ltd Ptsp <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp
				<input type="checkbox"/> Sole Prop <input type="checkbox"/> Gen Ptsp <input type="checkbox"/> Ltd Ptsp <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp
Subtotal Bus. Interests/Partnerships - To Recap				

Notes/Accounts Receivable				
Subtotal Notes, Accounts Receivable - To Recap				

Miscellaneous Assets (Furniture, jewelry, cars, boats)				
Subtotal Misc. Assets - To Recap				

## Insurance Detail

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5	Total
Company						
Policy Number						
Issue Date						
Owner						
Alt. Owner						
Type <sup>1</sup>						
Primary Beneficiary						
Secondary Benef.						
Annual Premium						
Cash Value						
Amount of Loan						
Face Value						<sup>2</sup>

<sup>1</sup> E.g. whole life, universal life, term, endowment, annuity, etc.

<sup>2</sup> To Recap

## IRA/Qualified Retirement Plan Detail

	Plan 1	Plan 2	Plan 3	Plan 4	Total
Trustee					
Value in Plan					<sup>2</sup>
Amount of Loan					
Type of Plan <sup>1</sup>					
If age 70 1/2, are you making required withdrawals?					
Primary Beneficiary					
Contingent Beneficiary					

<sup>1</sup>Individual Retirement Account (IRA), Profit Sharing (PS), Defined Benefit (DB), Money Purchase Person Plan (MPPP), Target Benefit (TB), Employee Stock Ownership Plan (ESOP), 401(k), Tax Sheltered Annuity-403(b) (TSA).

<sup>2</sup>To Recap

## Family Information

Relation	Full Legal Name	Preferred Name <sup>1</sup>	Birthdate	Birthplace	SSN
Client					
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					
Child 7					
Child 8					

<sup>1</sup>By "Preferred Name" we are asking by what name the person signs checks and does business, e.g.  
John Q. Doe

## Addresses

Relation	Street Address	City, State, Zip	Telephone
Client			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Child 7			
Child 8			

Attach a separate sheet for additional children.



## Client Financial Goals

On a scale of 1 to 5 (5 being highest), indicate how important the following items are to you:

- \_\_\_\_\_ Take care of family in the event of death
- \_\_\_\_\_ Take care of family in the event of disability
- \_\_\_\_\_ College education for children
- \_\_\_\_\_ Enjoy a comfortable retirement
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

## Other Family Members

Relation	Name	Age	Spouse Name	Age	City, State	Est. Net Worth
Father						
Mother						
*						
*						
*						
*						
*						
*						

\*Indicate brother (B), sister (S), half brother (HB), half sister (HS), step brother (SB), step sister (SS)

## Prior Marriages

Spouse Name	Year of Termination	How Terminated (e.g., death, divorce)	Children of Marriage

## Citizenship

If any members of your family are not U.S. citizens, please indicate:			
Name	Age	Relationship	Circumstance

## Adopted Children/Grandchildren

Name	Relationship	Parent Name (if grandchild)

## Other Dependents

Name	Age	Relationship	Circumstance

## Advisors

Profession	Name	Firm or Address
Attorney		
Attorney		
Accountant		
Life Insurance		
Life Insurance		
Financial Planner/ Investment Advisor		
Casualty Insurance		
Pension Admin.		
Stock Broker		

## Employment

Occupation	Title	Employer	Telephone
Current			
Previous Employment			

## Military Service

Branch	Serial Number	Current Status	Disability

## Business Associates

Name	Business

## Business Information

Do you have information on prospective purchasers of your business in the event of your death or on other aspects of disposition of the business?  Yes  No  
(If yes, who knows the location of this information?) \_\_\_\_\_

Do you have any business or stock buy and sell agreements?  Yes  No  
(If yes, please furnish a copy)

# Planning Information

## Prior Documents

Do you have any continuing obligations under divorce or property settlement agreements?

Yes     No

(If yes, please furnish a copy of each such document.)

## Trusts Which You Created (please furnish copies)

Creator	Beneficiaries	Trustee	Irrevoc-able?	Date Created

## Trusts Created By Others Of Which You Are Beneficiary (please furnish copies)

Creator	Beneficiaries	Trustee	Irrevoc-able?	Date Created



## Financial Acumen

What is your estimate of the emotional maturity and financial acumen of your children on a scale of 1 - 10 (10 being highest)?			
Name	Emotional Maturity	Financial Acumen	Comments
Child #1			
Child #2			
Child #3			
Child #4			
Child #5			
Child #6			
Child #7			
Child #8			

## Funeral/Burial Arrangements

Religious Services	Disposition of Body	Limitation on Cost
Other Instructions _____		
_____		
_____		

## Miscellaneous Information

Has social security status been reviewed lately? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a homestead on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Safe Deposit Boxes:</b>		
Number	Institution	In whose names?

## Health/Casualty Insurance

Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, maximum limits \$ _____			
<b>Casualty Insurance</b>			
Covering	Insurer	Liability Maximum	Replacement Maximum
Autos			
Boats			
Residence			
Liability Umbrella			
<b>Disability/Long Term Care Coverage</b>			
Do you have disability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, total amount of annual coverage \$ _____			
Description of any long term care coverage: _____			
_____			

## Annual Income

Source	Client	Dependent Children
Real Property		
Interest		
Securities		
Other Investments		
Trusts		
Pensions		
Other		
Subtotal		
Salary		
Total		

