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## CONFIDENTIAL ESTATE PLANNING PERSONAL INFORMATION

1. GENERAL INFORMATION:

FULL NAME(S):		/
EMAIL <u>:</u> COUNTY	[	<u>/</u>
ADDRESS:		
TELEPHONE #:		/
DATE OF BIRTH:		/
U.S. CITIZEN	Yes	No
SOCIAL SECURITY #:		/
LIVING PARENTS:	Mother Father	
FORMER SPOUSE (if any):		
EMAIL ADDRESS:		/

2. HEIRS:
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NAME	AGE	ADDRESS	# OF CHILDREN

Percentage of Estate to each heir: Equally or \_\_\_\_% \_\_\_% \_\_\_%

Deceased Children:

Living Children of Deceased Child(ren):

*NOTE: If there are no living children or grandchildren, list the brothers and sisters (living and deceased) of husband and wife.* 

## 3. HISTORY

SAFE DEPOSIT BOX?	Yes	No
Location:		
ACCOUNTANT?	Yes	No
Name:		
INSURANCE AGENT?	Yes	No
Name:		
STOCK BROKER?	Yes	No
Name:		

Have you ever resided in one of the following community property law states while you weremarried?Yes/NoIf so, name the state(s) and years resided there:

Arizona California Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin

## 4. **PROPERTY INFORMATION**

REAL ESTATE			
Description	Mortgage Balance	Market Value	
	CASH	,	
Location of Account	Amount		

		STOCKS A	ND BONDS		
Listed Securities Amount					
LIFE INSURANCE					1
Insured	Company	Type of Insurance	Owner	Beneficiary	Face Amount
RETIREMENT BENEFITS					
List Company	у				
Location					
Amount					
		MISCEL	LANEOUS		
Household F	urnishings, Autos, O	Collections	Amount:		
Money owned by Others to You		Amount:	Amount:		
Miscellaneous (trusts, etc.)		Amount:	Amount:		
Expected Inheritances:		Amount:	Amount:		

List all gifts made by you over \$10,000 in value, for any calendar year, including date and beneficiary:

\_\_\_\_\_

\_\_\_\_\_

Any gift tax return filed: Yes No Years filed:

List significant debts or obligations other than mortgages listed above:

 7. Who would you like as your Durable Power of Attorney?\_\_\_\_\_

Successor Durable Power of Attorney(s)?\_\_\_\_\_

8. Who would you like to act as Guardian for your minor child(ren)?\_\_\_\_\_

Successor Guardian(s)?\_\_\_\_\_

Signature

\_\_\_\_\_

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