

LINNELL & ASSOCIATES

ESTATE PLAN INFORMATION SHEET

Date: _____ How did you hear about us? _____

Would you like to receive our monthly e-newsletter? Yes No

Primary	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		First Name		Middle Name		Last Name		
	Previous Name or Aliases				How do you sign name?				
	Address 1				Address 2				
	City			State		Zip Code		County	
	Home Telephone		Cellular		Office (including extension)		Email address		
	Date of Birth			Social Security No.			Previous Name or Alias		
	MI Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?				US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?				
	Occupation				Employer Name				
	Employer Address 1				Employer Address 2				
	Employer City			Employer State		Employer Zip Code		Employer Phone	

Spouse	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		First Name		Middle Name		Last Name	
	Previous Name or Aliases				How do you sign name?			
	Cellular			Office (including extension)			Email address	
	Date of Birth			Social Security No.			Previous Name or Alias	
	MI Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?				US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?			
	Occupation				Employer Name			
	Employer Address 1				Employer Address 2			
	Employer City			Employer State		Employer Zip Code		Employer Phone

Children	Child 1	Parent(s)		First Name		Last Name		Date of Birth		Social Security No.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Address (if different from yours)				City		State		Zip Code		Phone	
	Child 2	Parent(s)		First Name		Last Name		Date of Birth		Social Security No.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Address (if different from yours)				City		State		Zip Code		Phone	
	Child 3	Parent(s)		First Name		Last Name		Date of Birth		Social Security No.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Address (if different from yours)				City		State		Zip Code		Phone	
	Child 4	Parent(s)		First Name		Last Name		Date of Birth		Social Security No.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Address (if different from yours)				City		State		Zip Code		Phone	

Children (continued)	Child 5	Parent(s)	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Address (if different from yours)			City	State	Zip Code
	Child 6	Parent(s)	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Address (if different from yours)			City	State	Zip Code
	Child 7	Parent(s)	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Address (if different from yours)			City	State	Zip Code
	Child 8	Parent(s)	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Address (if different from yours)			City	State	Zip Code

Grandchildren	Parent's Name	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Parent's Name	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Parent's Name	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Parent's Name	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Parent's Name	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Other Dependents	Name	Address (if different from yours)	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Name	Address (if different from yours)	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Name	Address (if different from yours)	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

If you have previously executed any of the following documents, please provide the following information and provide a copy of the document or instrument:

Prenuptial/Postnuptial Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State
Will <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State
Trust <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State
Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State
Designation of Patient Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State

Please bring copies of any Judgment of Divorce and Property Settlement Agreement or, if not available, please identify the state and county where the divorce took place. _____

Do you or anyone you intend to include in your Will or Trust have any unusual health problems, mental illness or a disability? Yes No. If yes, please explain: _____

Name	Nature
Name	Nature
Name	Nature

If neither you nor your spouse were living, who would you like to take care of your minor/disabled children day-to-day?

Guardian	Guardian	First Name	Middle Name	Last Name	
		Address 1		Address 2	
		City	State	Zip Code	Telephone
	1st Alternate	First Name	Middle Name	Last Name	
		Address 1		Address 2	
		City	State	Zip Code	Telephone
	2nd Alternate	First Name	Middle Name	Last Name	
		Address 1		Address 2	
		City	State	Zip Code	Telephone

If neither you nor your spouse were living, who would you like to handle your minor/disabled children's financial affairs?

Conservator	Conservator	First Name	Middle Name	Last Name	
		Address 1		Address 2	
		City	State	Zip Code	Telephone
	1st Alternate	First Name	Middle Name	Last Name	
		Address 1		Address 2	
		City	State	Zip Code	Telephone
	2nd Alternate	First Name	Middle Name	Last Name	
		Address 1		Address 2	
		City	State	Zip Code	Telephone

Upon your death, who do you wish to nominate as personal representative of your estate? (Executor):

Personal Representative	Personal Representative	First Name	Middle Name	Last Name		
		Address 1		Address 2		
		City	State	Zip Code	Telephone	
	Primary	1st Alternate	First Name	Middle Name	Last Name	
			Address 1		Address 2	
			City	State	Zip Code	Telephone
	2nd Alternate	First Name	Middle Name	Last Name		
		Address 1		Address 2		
		City	State	Zip Code	Telephone	

Personal Representative (continued)	Spouse	Personal Representative	First Name	Middle Name	Last Name	
			Address 1		Address 2	
			City	State	Zip Code	Telephone
		1st Alternate	First Name	Middle Name	Last Name	
			Address 1		Address 2	
			City	State	Zip Code	Telephone
	2nd Alternate	First Name	Middle Name	Last Name		
		Address 1		Address 2		
		City	State	Zip Code	Telephone	

During your lifetime, if you are unable to make property or financial decisions, who would you nominate as your attorney-in-fact? (For financial purposes):

Attorney-in-Fact	Primary	Personal Representative	First Name	Middle Name	Last Name		
			Address 1		Address 2		
			City	State	Zip Code	Telephone	
		1st Alternate	First Name	Middle Name	Last Name		
			Address 1		Address 2		
			City	State	Zip Code	Telephone	
		2nd Alternate	First Name	Middle Name	Last Name		
			Address 1		Address 2		
			City	State	Zip Code	Telephone	
		Spouse	Personal Representative	First Name	Middle Name	Last Name	
				Address 1		Address 2	
				City	State	Zip Code	Telephone
	1st Alternate		First Name	Middle Name	Last Name		
			Address 1		Address 2		
			City	State	Zip Code	Telephone	
	2nd Alternate		First Name	Middle Name	Last Name		
			Address 1		Address 2		
			City	State	Zip Code	Telephone	

During your lifetime, if you are unable to make medical decisions, who would you nominate as your patient advocate? (for healthcare decisions)?

Patient Advocate	Primary	Patient Advocate	First Name	Middle Name	Last Name			
			Address 1			Address 2		
			City	State	Zip Code	Telephone		
		1 st Alternate	First Name	Middle Name	Last Name			
			Address 1			Address 2		
			City	State	Zip Code	Telephone		
	2 nd Alternate	First Name	Middle Name	Last Name				
		Address 1			Address 2			
		City	State	Zip Code	Telephone			
	Spouse	Patient Advocate	First Name	Middle Name	Last Name			
			Address 1			Address 2		
			City	State	Zip Code	Telephone		
1 st Alternate			First Name	Middle Name	Last Name			
			Address 1			Address 2		
			City	State	Zip Code	Telephone		
2 nd Alternate		First Name	Middle Name	Last Name				
		Address 1			Address 2			
		City	State	Zip Code	Telephone			

Trustee	Trustee	First Name	Middle Name	Last Name			
		Address 1			Address 2		
		City	State	Zip Code	Telephone		
	1 st Alternate	First Name	Middle Name	Last Name			
		Address 1			Address 2		
		City	State	Zip Code	Telephone		
	2 nd Alternate	First Name	Middle Name	Last Name			
		Address 1			Address 2		
		City	State	Zip Code	Telephone		

FINANCIAL MATTERS

Please list all assets owned by you, jointly with your spouse, or jointly with another person:

Asset		Description/Institution	Owner (sole/joint)	Value/Amount
Checking	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Savings	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Certificate of Deposit	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Money Market	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Stock	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Bonds	1			\$
	2			\$
	3			\$

Asset		Description/Institution	Owner (sole/joint)	Value/Amount
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Mutual Fund	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Retirement Plan	1			\$
	2			\$
	3			\$
	4			\$
IRA	1			\$
	2			\$
	3			\$
	4			\$
401K	1			\$
	2			\$
	3			\$
	4			\$
Pension	1			\$
	2			\$
	3			\$
	4			\$
Promissory Note	1			\$
	2			\$
	3			\$
	4			\$
Note/Loan (owed to you)	1			\$
	2			\$
	3			\$
	4			\$
Automobile	1			\$
	2			\$
	3			\$
	4			\$
Boat	1			\$
	2			\$
	3			
	4			

Asset		Description/Institution	Owner (sole/joint)	Value/Amount
Recreation Vehicle	1			\$
	2			\$
	3			\$
	4			\$
Art / Antiques	1			\$
	2			\$
	3			\$
	4			\$
Collections	1			\$
	2			\$
	3			\$
	4			\$
Jewelry	1			\$
	2			\$
	3			\$
	4			\$
Other:	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
	9			\$
	10			\$

Please list all real estate, including personal residence(s), owned by you or your spouse

Address	Market Value	Balance Owed	Title Holder
Address	Market Value	Balance Owed	Title Holder
Address	Market Value	Balance Owed	Title Holder
Address	Market Value	Balance Owed	Title Holder

If you are the beneficiary of any trust or anticipate any inheritances in the foreseeable future, please provide the following information:

Beneficiary	Type (cash, real estate, furniture, etc.)	Amount/ Value
		\$
		\$
		\$

Please list any liabilities (debts) other than a mortgage.

Beneficiary	Type (cash, real estate, furniture, etc.)	Amount/ Value
		\$
		\$
		\$

Life Insurance	Primary	Policy Owner		Insured			
		Company Name	Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)	
	Spouse	Policy Owner		Insured			
		Company Name	Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)	
	Children	Policy Owner		Insured			
		Company Name	Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)	
	Other	Policy Owner		Insured			
		Company Name	Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)	

Disability, Accident and/or Health Insurance	Primary	Policy Owner		Insured			
		Company Name	Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)	
	Spouse	Policy Owner		Insured			
		Company Name	Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)	
	Children	Policy Owner		Insured			
		Company Name	Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)	
	Other	Policy Owner		Insured			
		Company Name	Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)	

Please list the following information regarding your business interests:

Business Name	Entity (Corp., LLC, Sole, etc.)	Agreements (Buy/Sell, stock)	Ownership (% or shares)	Value \$
Business Name	Entity (Corp., LLC, Sole, etc.)	Agreements (Buy/Sell, stock)	Ownership (% or shares)	Value \$
Business Name	Entity (Corp., LLC, Sole, etc.)	Agreements (Buy/Sell, stock)	Ownership (% or shares)	Value \$
Business Name	Entity (Corp., LLC, Sole, etc.)	Agreements (Buy/Sell, stock)	Ownership (% or shares)	Value \$

Please identify the following professionals that have assisted you with your assets:

Accountant or CPA	First Name		Last Name		Company Name	
	Address 1			Address 2		
	City		State		Zip Code	
	Telephone Number		Fax Number		E-mail Address	
Financial Advisor	First Name		Last Name		Company Name	
	Address 1			Address 2		
	City		State		Zip Code	
	Telephone Number		Fax Number		E-mail Address	
Insurance Agent	First Name		Last Name		Company Name	
	Address 1			Address 2		
	City		State		Zip Code	
	Telephone Number		Fax Number		E-mail Address	

Do you wish to provide for anatomical gifts upon your death (e.g., heart, kidneys, eyes, corneas, skin)? Yes No

Do you wish to provide for funeral arrangements in your Will (e.g. burial, cremation, etc.)? Yes No

Where are your cemetery lots, if any? _____

Do you have specific intentions regarding disposition of any of your tangible personal property (e.g. jewelry, antiques, collections, recreational items, etc.?) Yes No If yes, please list on a separate piece of paper.

If there are any specific persons or charities (other than immediate family members described earlier) you want to benefit from your estate, please list specify:

MISCELLANEOUS

If you ever lived in a community property state (e.g. California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Idaho or Wisconsin), please list separately any assets held there or brought into Michigan from there.

Have you ever filed a gift tax return? Yes No If yes, please provide copies.

Do you intend to provide for a pet? Yes No

Are there any other special testamentary wishes or considerations you would like included in your estate plan?

Yes No If yes, please explain.
