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ESTATE PLANNING APPOINTMENT ON: _____

It will be very helpful if you can bring copies or the originals of the following documents. I realize that no one will have copies of all of the documents listed below.

1. Copies of your present Will, Codicils, Living Will and Powers of Attorney.
2. Copies of any trust instruments or Wills under which you: (a) are now acting as Executor or Trustee; (b) are now a beneficiary; or (c) under which you have any power of appointment.
3. Copy of pre-nuptial or post-nuptial agreement in which you are involved.
4. Copies of divorce or separation papers involving you.
5. Copies of adoption papers relating to you or to other family members.
6. Copy of any existing powers of attorney which you have given to anyone.
7. Naturalization papers, if you were not born a United States citizen.
8. Copies of any outstanding promissory notes owed by, or to, you.
9. Copy of any employment agreement which concerns you.
10. Copies of your stock options, if any.
11. Copies of any deferred compensation agreement which concerns you.
12. Evidence of any employee benefits, and booklets describing all these plans, and the latest statements of the amounts accrued in your favor and your anticipated return. These may include group life insurance, pension benefits, profit sharing benefits and similar plans.

13. Summary of your life insurance program if your insurance adviser has furnished you with one.
14. Copies of any agreements which concern any business enterprise in which you now have or expect to have an interest, including buy-out agreements.
15. Copies of any documents which concern business investments that you may have, such as tax shelter partnerships and similar ventures, with any cash flow projections you may have.
16. Copies of all gift tax returns which you have ever filed.
17. Any documents relating to any pending litigation involving you.
18. Any other documents, papers, or data which you think might be helpful to me.
19. Any other data which you would like me to review with you.

Client: _____ Soc. Sec. No. _____
D.O.B. _____

Client: _____ Soc. Sec. No. _____
D.O.B. _____

Telephone: (Home) _____ (Work) _____

Address: _____ Mailing
Address: _____

Period of residence in Maine if less than 10 years: _____

Prior states resided in within past 10 years: _____

Citizenship: ___ USA ___ Other _____

Income Tax Payer of What State: ___ Maine ___ Other State

Children (adopted, natural, stepchildren, former marriage):

(1) Name: _____ D.O.B. _____

Address: _____ SSN: _____

(2) Name: _____ D.O.B. _____

Address: _____ SSN: _____

(3) Name: _____ D.O.B. _____

Address: _____ SSN: _____

Are any of your children separated or divorced? _____

Do any of your children have physical or mental illnesses or limitations which require special attention in your estate planning? _____

If you answered yes to either of these questions, please explain:

Other dependents or family members (give name, date of birth, relationship): _____

Prior marriages of either spouse (name of former spouse, date and place married and divorced or deceased): _____

Obligations for alimony or child support: _____

Lifetime gifts over \$10,000 after 1981 and over \$11,000 after 2001 and over \$12,000 after 2005

(years, amount, gift tax return filed): _____

Estate Planning Advisors:

Name & Address

Telephone #

Accountant: _____

Bank Officer: _____

Insurance: _____

Stock Broker: _____

Physician: _____

ASSETS

Real Estate: (For each property please describe whether it is your residence, vacation home or other real estate and also its location, date of acquisition, whether acquired by purchase, gift or inheritance, whether held jointly or solely by one spouse, any mortgages and its estimated fair market value).

1. _____

2. _____

3. _____

Do you maintain homes in two or more states? Yes _____ No _____

If yes, which states: _____

Vacation home/s location/s, mortgage amount/s: _____

Bank Accounts: (Bank Name, Account Number, Approximate Value, Amount in Joint Names or Held Separately)

Savings Account: _____

Checking Account: _____

Other types of accounts (IRA's, Keogh, etc.):
Owned by:
(husband, wife, jointly)

Safe Deposit Box: (Bank, box #, location of keys):

Marketable stocks, bonds, mutual funds: _____

Closely held corporate stock or partnership interests:

Pension and Annuities:

<u>Company</u>	<u>Amount Vested</u>	<u>Income or Payments</u>	<u>Death Benefit</u>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Life insurance:

<u>Company</u>	<u>Owner</u>	<u>Policy#</u>	<u>Beneficiary</u>	<u>Face Value</u>

General power of appointment: _____

Personal property (list valuable property or household furnishings, date purchased, purchase price): _____

Owned by: (husband, wife, jointly)

Other assets (business, future inheritances, commissions, etc.):

Liabilities:

Bank - Balance owed

Real estate mortgages: _____

Notes, taxes, etc.: _____

TRUST INFORMATION

1. Are you the beneficiary of a trust? (If so, list approximate value, and attach copy of documents for each trust)

2. Have you ever established a trust? (If yes, list value of assets in trust, and attach copy of each document)

3. Do you hold a power of appointment over any property? (If yes, attach document granting each power of appointment)

4. Do you anticipate receiving any inheritances? If yes, from whom and what is the anticipated amount?

Additional information which you feel may be relevant (antenuptual agreements, Wills & trusts of other family members, etc.). Please be sure to note any assets of yours which may be located outside of Maine:

Please do not fill in the remainder of this form. However, you should read through the questions because we will discuss them at our first meeting.

Name Address

Personal representative: _____

Successor: _____

Trustee: _____

Alternate: _____

Estate planning goals (what property to which persons at what time):

Single person: _____

Spouse survives: _____

Spouse does not survive: _____

Simultaneous deaths: _____

Charitable bequests: _____

Other specific bequests: _____

Trusts (objectives, beneficiaries, powers, remainder, conclusion):

Burial arrangements: _____

Advance Health Care Directive: _____

Power of Attorney: _____