



Fafinski Mark & Johnson

# ESTATE PLANNING INTAKE SURVEY

Date: \_\_\_\_\_

## ABOUT YOU

Your Name <i>(including middle name)</i>		Date of Birth	Cell Phone
Address		Email	Home Phone
City, State, Zip	County	Business Phone	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation			

## YOUR SPOUSE/PARTNER

Partner's Name <i>(including middle name)</i>	Date of Marriage	Partner's Date of Birth	
Partner's Occupation		Partner's Business Phone	
Partner's Email	Partner's Cell Phone	Is your partner a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PRIOR MARRIAGE(S)/AGREEMENT(S)

Are you or your Partner previously divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you and your Partner have an antenuptial agreement? <i>(If yes, please provide us with a copy of the agreement)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you still have obligations under the divorce decree? <input type="checkbox"/> Yes <input type="checkbox"/> No	If divorced, are there any estate planning or insurance requirements in the divorce decree? <i>(If yes, please provide a copy of the divorce decree)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

## CHILDREN / GRANDCHILDREN

Your Children		Grandchildren	
Child 1 - Name <i>(including middle names)</i>	Date of Birth	Name <i>(including middle names)</i>	Date of Birth
Address			
City, State, Zip			
Phone			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		

Special Needs *(if any)* of Family Members: *(describe)*

CHILDREN / GRANDCHILDREN

Your Children		Grandchildren	
Child 2 - Name <i>(including middle names)</i>	Date of Birth	Name <i>(including middle names)</i>	Date of Birth
Address			
City, State, Zip			
Phone			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		
Child 3 - Name <i>(including middle names)</i>	Date of Birth	Name <i>(including middle names)</i>	Date of Birth
Address			
City, State, Zip			
Phone			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		
Child 4 - Name <i>(including middle names)</i>	Date of Birth	Name <i>(including middle names)</i>	Date of Birth
Address			
City, State, Zip			
Phone			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		
Child 5 - Name <i>(including middle names)</i>	Date of Birth	Name <i>(including middle names)</i>	Date of Birth
Address			
City, State, Zip			
Phone			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		

Special Needs *(if any)* of Family Members: *(describe)*

ASSETS *(fair market value)*

REAL ESTATE	Yours	Partner's	Joint-Both Names
Home	\$	\$	\$
Vacation/Lake Home <i>(where located)</i>	\$	\$	\$
Other real estate <i>(city and state)</i>	\$	\$	\$
	\$	\$	\$

CASH AND INVESTMENTS <i>(after tax)</i>	Yours	Partner's	Joint-Both Names
Tangible personal property	\$	\$	\$
Bank accounts <i>(savings/checking)</i>	\$	\$	\$
	\$	\$	\$
Stocks, bonds, mutual funds <i>(publicly traded)</i>	\$	\$	\$
	\$	\$	\$
Closely held business interests	\$	\$	\$
Other assets <i>(describe)</i>	\$	\$	\$
	\$	\$	\$

RETIREMENT ACCOUNTS <i>(pre-tax)</i>	Yours	Partner's	Beneficiary
IRA accounts	\$	\$	
Employee benefits:			
Pension	\$	\$	
Profit sharing	\$	\$	
401(K)	\$	\$	
Deferred compensation	\$	\$	
Other	\$	\$	

ASSETS (fair market value)

LIFE INSURANCE (please describe each policy)	Your Policy No. 1	Partner's Policy No. 1
Company		
Face amount	\$	\$
Owner		
Beneficiary		
Annual premium	\$	\$
Cash value	\$	\$
Loan (if any)	\$	\$
	Your Policy No. 2	Partner's Policy No. 2
Company		
Face amount	\$	\$
Owner		
Beneficiary		
Annual premium	\$	\$
Cash value	\$	\$
Loan (if any)	\$	\$
	Your Policy No. 3	Partner's Policy No. 3
Company		
Face amount	\$	\$
Owner		
Beneficiary		
Annual premium	\$	\$
Cash value	\$	\$
Loan (if any)	\$	\$

ASSETS *(fair market value)*

LIFE INSURANCE <i>(please describe each policy)</i>	Your Policy No. 4	Partner's Policy No. 4
Company		
Face amount	\$	\$
Owner		
Beneficiary		
Annual premium	\$	\$
Cash value	\$	\$
Loan <i>(if any)</i>	\$	\$

OTHER	Yours	Partner's	Joint-Both Names
Annuities	\$	\$	\$
Trusts	\$	\$	\$
Other Assets	\$	\$	\$
<i>Total Assets</i>	\$	\$	\$

LIABILITIES	Yours	Partner's	Joint-Both Names
Mortgages	\$	\$	\$
Other Loans <i>(insurance, car, home equity, etc.)</i>	\$	\$	\$
<i>Total Liabilities</i>	\$	\$	\$

	Yours	Partner's	Joint-Both Names
NET WORTH <i>(assets minus liabilities)</i>	\$	\$	\$

PROFESSIONAL ADVISORS

Accountant

Firm Name and Address

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Phone #

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Financial Planner / Financial Advisor

Firm Name and Address

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Phone #

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Banker

Firm Name and Address

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Phone #

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Life Insurance Agent

Firm Name and Address

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Phone #

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