

The Law Offices Of
DENKEWALTER & ANGELO
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KIM R. DENKEWALTER
WILLIAM V. ANGELO

BRIAN S. DENENBERG
ADAM D. REID

Date: _____

ESTATE PLANNING INFORMATION
Family Facts

Name: _____
Last First M.I.

Address: _____
_____ County

Home phone # () _____

E-mail Address: _____

SS#: _____

Date of Birth: _____

Place of Birth: _____

Occupation: _____

Employer: _____

Address: _____

Work Phone # () _____

Date Employed: _____

Annual Compensation: _____

Have you been married previously? _____ Yes _____ No

How did the marriage end? _____

Do you currently have a Will or a Trust? _____ Will _____ Trust _____ Both

Where are the originals? _____

Are you a United States Citizen? _____ Yes _____ No

Children

Name	Date/Place of Birth	Residence (City/ State)	Marital Status (M/S/D/W)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other dependents? _____ Yes _____ No

Grandchildren

Name of Grandchild	Parent of Grandchild	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents

_____	Age	_____
Father		Residence (City & State)
_____	Age	_____
Mother		Residence (City & State)

Brothers/ Sisters

Name	Age	Residence (City & State)	Marital Status (M-S-D-W)	Kids (Y/N,#)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Assets

Type of Plan	Beneficiary	Present Vested Benefits
IRA:	_____	_____
401K:	_____	_____
Other Qualified Plans:	_____	_____

Bank	Amount	Form of Ownership
Savings Accounts:	_____	_____
Checking Accounts:	_____	_____
Money Market:	_____	_____
Mutual Funds:	_____	_____
Certificates of Deposit:	_____	_____

Personal Property (automobiles, jewelry, collectibles, etc.)

Stocks/ Bonds

Company	Type	Form of Ownership	Number of Shares	Acquisition Date	Fair Market Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Real Estate

Common Address	Form Of Ownership	Fair Market Value/Mortgage/ Equity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business

Do you own or hold interest in any of the following, if yes describe:

Corporation (Specify S or C): _____

Limited Liability Company: _____

Sole Proprietorship: _____

Partnership: _____

Other: _____

Do you have any interest in a tax shelter investment? ___ Yes ___ No

If yes, describe: _____

Do you anticipate receiving any inheritances? ___ Yes ___ No

If yes, describe: _____

Do you have disability insurance? ___ Yes ___ No

If yes, company name: _____

Life Insurance

Company: _____ Company: _____

Policy #: _____ Policy #: _____

Type: ___ Group ___ Term ___ Whole Life Type: ___ Group ___ Term ___ Whole Life

Insured: _____ Insured: _____

Owner: _____ Owner: _____

Beneficiary: _____ Beneficiary: _____

Contingent Beneficiary: _____ Contingent Beneficiary: _____

Face Value: _____ Face Value: _____

Cash Value: _____ Cash Value: _____

Company: _____ Company: _____

Policy #: _____ Policy #: _____

Type: ___ Group ___ Term ___ Whole Life Type: ___ Group ___ Term ___ Whole Life

Insured: _____ Insured: _____

Owner: _____ Owner: _____

Beneficiary: _____ Beneficiary: _____

Contingent Beneficiary: _____ Contingent Beneficiary: _____

Face Value: _____ Face Value: _____

Cash Value: _____ Cash Value: _____

Any assets held in children's names? ___ Yes ___ No

If yes, describe: _____

Any life insurance on the lives of your children? ___ Yes ___ No

If yes, describe: _____