

FAMILY STATISTICS

1. Name: _____ Birth Date: _____

2. Name of Spouse: _____ Birth Date: _____

Date and place of marriage: _____

3. Address: _____

4. Phone Number: _____

5. Your children:

	Name and Address	Birth Date
--	------------------	------------

- | | | |
|----|-------|-------|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |
| d. | _____ | _____ |
| e. | _____ | _____ |
| f. | _____ | _____ |
| g. | _____ | _____ |
| h. | _____ | _____ |

Are any children stepchildren to either spouse? _____

If yes, list names of stepchildren and natural parents:

Does either spouse have deceased a deceased child or children?

If yes, list names of deceased children, date of death, natural parents and if that child or children had children, name those:

6. Particulars regarding your grandchildren:

	Their Parents	Name of Grandchildren	Birth Date
a.	_____	(1) _____	_____
		(2) _____	_____
		(3) _____	_____
b.	_____	(1) _____	_____
		(2) _____	_____
		(3) _____	_____

7. Parents (if living):

	Husband	Wife
Father:	_____	_____
	Name Birthdate	Name Birthdate

Mother:	_____	_____
	Name Birthdate	Name Birthdate

ADVISORS

Names, addresses, and telephone numbers:

1. Attorney (if any other than Cynthia R. Woods):

2. Accountant:

3. Life Insurance Advisor:

4. Banker and Trust Officers:

5. Stockbrokers:

6. Personal representative or Trustee (who you would like to handle your estate or trust, please name the main person and then two successors):

7. Designated Guardian for Children:

8. Investment Advisor:

9. Physician:

10. Clergyman:

OTHER ESTATE PLANNING DOCUMENTS

1. Durable Power of Attorney (for financial matters):

- a. Name of Agent: _____
- b. Name of Two Successor Agents: _____
- c. Agent is to have authority:
 - 1. Immediately upon signing document _____
 - 2. Only upon your disability/incapacity _____

2. Health Care Power of Attorney (agent to make healthcare and placement decisions prior to irreversible condition):

- a. Name of Agent: _____
- b. Name of Two Successor Agents: _____
- c. Disposition of your body by:
 - 1. Cremation _____
 - 2. Burial _____
- d. Any limit on anatomical gifts: _____

3. Living Will ("pull the plug," discontinue treatment if in an irreversible condition from which you will not recover):

- a. Do you want a living will? _____
- b. If you do, then please answer the following questions:
 - 1. Name of Agent: _____
 - 2. Name of Successor Agent _____
 - 3. Are nutrition/hydration (intravenous feeding) to be considered treatment that may be withdrawn if you are in such a condition? _____

4. Other miscellaneous particulars:

- a. Your telephone number: _____
- b. What is your full given name: _____
- c. What name do you use on legal documents (i.e., deeds):

- d. Your social security number: _____
- e. Your spouse's social security number: _____

DISTRIBUTION OBJECTIVES

1. Upon your death how and to whom do you want your assets distributed?

2. (a) If you and your spouse both die prematurely, should children receive property at 18 or should it be held to a more mature age and if so, what age or ages?

- (b) Do any of your children have special education, medical or financial needs?

3. Are both spouses familiar with or capable of managing money?

4. Do you want survivor to manage your estate from an investment standpoint?

5. Is avoiding unnecessary estate taxation of great importance to you?

6. Do you contemplate making future gifts? _____ if yes, furnish details:

7. Do you wish to make bequests to your church or synagogue or to any other charitable organization?

8. If none of your children or grandchildren are living at the time of your death, who do you want your estate to go to:
Your family? _____
Spouse's family? _____
Elsewhere? _____

9. Do both spouses have employment skills? What is your current employment?

10. Will surviving spouse live in present home? _____

11. If there are children from a previous marriage or relationship of either spouse, do you plan to provide distributions those children and if so, what and to whom?

CASH AND PERSONAL EFFECTS

CASH, BANK ACCOUNTS, AND CERTIFICATES OF DEPOSIT:

<u>Type, name on account, Institution where held:</u>	<u>Amount:</u>	<u>Beneficiary listed on Account, if any:</u>

Total Value \$ _____

PERSONAL EFFECTS

	<u>Approximate Date Acquired:</u>	<u>Estimated Fair Market Value:</u>
Automobiles:		
Valuable Household Furnishings, such as antiques:		
Jewelry:		
Collections (Art, etc.):		
Others (describe):		

Total Value \$ _____

LIFE INSURANCE POLICIES

Life Insurance Provided By Employer:

	<u>Policy #1</u>	<u>Policy #2</u>	<u>Policy #3</u>
Company			
Policy Number			
Type			
Insured			
Owner			
Beneficiary			
Face Value			
Amount of loan			

Other Life Insurances

	<u>Policy #1</u>	<u>Policy #2</u>	<u>Policy #3</u>
Company	_____	_____	_____
Policy Number	_____	_____	_____
Type	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary	_____	_____	_____
Face Value	_____	_____	_____
Amount of loan	_____	_____	_____
Contingent	_____	_____	_____
Beneficiary	_____	_____	_____
Amt of Premium	_____	_____	_____

Listed Securities

<u>Company</u>	<u>Ownership</u>	<u>Number of Shares or Face Value</u>	<u>Date of Purchase</u>	<u>Basis</u>	<u>Fair Mkt Value as of</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total \$ _____

CLOSELY HELD BUSINESS INTEREST

(Use separate sheet for each business interest)

Name _____ Percent Owned _____

Type of entity: Corporation _____ Partnership _____ Sole Prop. _____

Location: _____

Your estimate of the fair market value of your interest: _____

Do you have any plans to dispose of business interest during your lifetime? If so please describe _____

How was your interest acquired? _____

What are your wishes as to disposition of ownership after death?

1. Transfer to family _____
2. Sale to co-owner of business _____

- 3. Sale to key-employee _____
- 4. Other _____

Does a buy/sell or redemption agreement exist? Yes _____ No _____

Please provide financial statements and tax returns for the previous 3 years and a copy of any buy/sell or redemption agreements.

REAL ESTATE

	Property 1	Property 2
<u>Legal Description</u>	(Please Attach Copies of all Deeds)	
Location (general)	_____	
Personal Residence (Yes/No)	_____	
Owned in Names of Form of Ownership	_____	
Date of Acquisition	_____	
How acquired (Gift, Purchase, etc.)	_____	
Cost Basis	_____	
Accumulated Depreciation*	_____	
Current Mkt Value	_____	
Present Use of Real Estate	_____	

Encumbrances:

Name of mortgagors, lienors, etc.	_____
Amount	_____
Monthly Payments (princ. & int.)	_____
Interest Rate	_____
Remaining period of loan	_____
Annual Interest	_____
Annual Taxes	_____
Annual Income (gross)*	_____
Annual Depreciation*	_____
Annual Costs (mainte- nance, etc.)*	_____
Annual Net Income*	_____

*Income producing property only

RETIREMENT BENEFITS

If you have any interest in a pension, profit-sharing, individual retirement account, deferred compensation or any other retirement benefit plan, complete the following:

<u>Company</u>	<u>Type of Plan and Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OTHER ASSETS

<u>Description</u>	<u>Date of Purchase</u>	<u>Basis</u>	<u>(as of _____)</u>	<u>Fair Market Value</u>
Stock				
Options: _____				

Property subject to substantial risk of forfeiture:				

Other: _____				

Note: Include other assets such as a remainder, reversionary, or income interest in a trust. Also, include the source and approximate amount of any expected inheritance.

LIABILITIES
(Not previously listed)

<u>Creditor</u>	<u>Secured By</u>	<u>Rate</u>	<u>Due Date</u>	<u>Schedule</u>	<u>Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

GIFTS

Gifts Made to Others:

Have you and/or your spouse made any gifts - other than to charities - in any of the prior three (3) years to any one or more persons?

Yes _____ No _____

If gift tax returns were filed, please provide Federal Gift Tax Returns, If gift tax returns were not filed, please describe the gift, date of gift, fair market value, and to whom given:

Have you at any time create a trust? Yes _____ No _____
If so, please provide trust document.

Have gifts been made under the Uniform Gift to Minors Act?

Yes _____ No _____

If you or your spouse are the custodian, please provide details on this property:

Potential Inheritance - Husband Yes _____ Amount _____ No _____

Wife Yes _____ Amount _____ No _____

Remarks:
