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ESTATE PLANNING CLIENT INFORMATION SHEET

Note: We are aware that filling out a form like this is burdensome, difficult and annoying. However, the information in the document helps to streamline the discussion regarding estate planning. Also, after you complete your estate planning documents, the completed form can serve as inventory of your assets and provide important information for anyone who steps in to manage your finances in the event of your death or disability. Please fill out the form to whatever level of detail you are comfortable with.

A. PERSONAL INFORMATION

1. Legal name: _____
2. Have you ever been known by any other names: _____

3. Address: _____
4. Home/cell phone and email: _____
5. Occupation and employer: _____
6. Have you ever been in the military? If so, list years of service and any disability:

7. Have you ever been employed by U.S. or state government agency? If so, list dates, agency:

8. Date and place of birth and citizenship: _____
9. Social Security Number: _____
10. Full name of spouse (if any): _____
11. Date and place of marriage: _____
12. Spouse's Birth Date, Place of Birth, and Citizenship: _____
13. Children (list name, address, and date of birth):

14. Are all children born of your present marriage?: _____

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If not, identify child and parent of child: _____

Any stepchildren? _____ Any adopted children? _____

Any deceased children? _____ If so, did they leave children now living? _____

15. Any prior marriages, if so list dates and courts issuing divorce decrees:

16. If you are a widow/er, list date and place of spouse's death:

17. Do you have any ongoing obligation under any separation agreement that might affect your estate plan? _____

Are you making alimony and/or support payments in accordance with either a court order or separation agreement? (provide copy of order or agreement): _____

18. Do you have any pre-nuptial or post-nuptial agreement with your current spouse? (provide copy of agreement): _____

19. Does any child or other family member have a physical or mental condition requiring special treatment? _____

20. Have you previously made a Will? _____

Is it in existence now? _____ Location of original: _____

Revoked? _____ How revoked? _____

21. Accountant (name, address): _____

23. Insurance agents (name, address, and type of insurance: e.g., life, automobile, health, homeowner): _____

24. Stockbroker / Financial planner (name, address): _____

25. Safe deposit box(es) (Location, box number, whether single or joint name):

26. Physician (Name, Address)

Internist: _____

Specialist (Type): _____

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B. ASSET INFORMATION

Indicate whether the asset is owned solely or jointly with a spouse or another person. Show form of ownership (tenants by the entirety, tenants in common, joint with right of survivorship (JWROS)). If asset is payable or transferable at death to another, so indicate. Attach continuation sheet if necessary.

1. Residence (provide copy of deed if readily available): _____

If an apartment, is it a co-op or condo? _____

Owner(s): _____ Date of purchase: _____

Approximate fair market value today: _____

Amount of remaining mortgage loan(s): _____

2. Any other real estate? [Provide location and same information as for residence]:

Are you aware of or do you suspect that any of the real property you own has an environmental problem that could affect the sale or use of the property? _____

If so, what is the nature of the problem? _____

3. Checking, money market, savings accounts and certificates of deposit:

(a) Name of institution (include branch): _____

Type of account: _____ Sole/joint: _____ Payable on death? _____

Approximate average balance: _____

(b) Name of institution (include branch): _____

Type of account: _____ Sole/joint: _____ Payable on death? _____

Approximate average balance: _____

(c) Name of institution (include branch): _____

Type of account: _____ Sole/joint: _____ Payable on death? _____

Approximate average balance: _____

4. Non-Retirement Mutual Fund Accounts, Stocks & Bonds (location, amounts and owners):

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5. Special or unique items of personal property (including jewelry, heirlooms, art works, collections, automobiles and antique furniture) (only list items valued over \$1,000):

6. Businesses (describe ownership interest): _____

7. Pension or profit-sharing benefits (qualified and non-qualified, describe and list beneficiaries and alternates if known): _____

8. Thrift Savings Plan and/or 401(k)-type plan (describe and list beneficiaries and alternates if known): _____

9. Other retirement-type accounts (Keogh, SEP, IRA, ROTH IRA account(s), provide beneficiary designations if known, and provide estimate of value): _____

10. Life insurance (state whether whole life, term, life, etc., and list beneficiary designations, if known):

Company: _____ Policy no.: _____

Beneficiaries: _____ Amount: _____

Additional: _____

Policy Number and Amount: _____

11. Hospital, long term care and disability insurance (not needed for preparation of Will but as a guideline for needs planning): _____

12. Any anticipated inheritances? _____

13. Any anticipated special obligations to family members? _____

14. Do you have any powers of appointment? (If yes, provide document creating the same, if readily available) _____

15. Are you a beneficiary, trustee or grantor of a trust? (If yes, provide the document, if readily available) _____

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16. Debts--What is the nature and extent of your indebtedness, including whether or not any of the debts are secured by property previously listed (including contingent liabilities)?

17. Have you made any gifts in excess of the annual exclusion (now \$15,000)? Were gift tax returns filed? (Provide a copy):

C. ESTATE PLAN

Please provide copies of existing estate planning documents, including current Will, living (revocable) trust, living will, advance medical directive/health care power of attorney, financial power of attorney, power of disposition over bodily remains or real estate power of attorney.

1. How do you wish to dispose of your assets?

2. Taxes--who should bear the transfer tax burden (if any) on assets passing under your Will & outside your Will? (this can be discussed at the consultation):

3. Funeral--any directions concerning the funeral (do you wish cremation)?

Have you prepaid funeral arrangements? _____ If so, with whom? _____

Do you wish to make an anatomical gift? _____

4. Debts--should mortgage loans be paid off at your death from estate assets? _____

5. Bequests (including alternate dispositions)--state to whom and, where applicable, amounts.

Personal effects: _____

Cash bequests: _____

Real estate: _____

Business interests: _____

Charitable bequests (including alternative disposition): _____

Residuary estate: _____

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Outright or in trust: _____

6. Provisions if assets become distributable to a young person: age for distribution of the property; name of fiduciary (trustee or custodian); disposition if beneficiary dies before distribution: _____

7. Names (and addresses if known, but not required) of:

(a) Beneficiaries: _____

(b) Personal Representative(s): _____

(c) Trustee(s): _____

(d) Guardian(s) (of the person/custodian) for children: _____

8. Does the plan omit a close relative who under ordinary circumstances might expect to receive some benefit through your Will? _____

If so, why? _____

D. HEIRS AT LAW

If your parents are alive, list their names, and list the names of any living brothers and sisters you have and the names of any children of predeceased siblings:

1. Father/Mother: _____

2. Brother(s)/Sister(s): _____

3. Nephew(s)/Niece(s)--Indicate Parentage: _____

4. Grandchild(ren) (only if children are deceased): _____

Only complete #5 and #6 if you have no heirs listed above.

5. Uncle(s)/Aunt(s)--Indicate if siblings of father or mother: _____

6. Cousin(s)--Indicate Parentage: _____

Additional: _____

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E. FINANCIAL POWER OF ATTORNEY

List whom you would like to designate as the alternate financial attorney in fact (agent), to act for you with respect to your finances (also list relation, name, address and phone number):

Primary: _____

Alternate: _____

F. HEALTH CARE AGENT

List whom you would like to designate as the alternate health care agent, to act for you if you become incapacitated (also list relation, name, address and phone number):

Primary: _____

Alternate: _____