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## ESTATE PLANNING

## CLIENT INFORMATION SHEET

*Note: We are aware that filling out a form like this can be burdensome, difficult, and annoying. However, the information in this document helps to streamline the discussion regarding estate planning. After you complete your estate planning documents, the completed form can also serve as an inventory of your assets and provide important information for anyone who needs 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 of Spouse 1: \_\_\_\_\_ Spouse 2: \_\_\_\_\_
2. Have either of ever been known by any other names (and list maiden name(s), if using married name): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home/work/cell phone numbers and email of Spouse 1: \_\_\_\_\_  
\_\_\_\_\_  
Spouse 2: \_\_\_\_\_
5. Occupation and employer, Spouse 1: \_\_\_\_\_  
Spouse 2: \_\_\_\_\_
6. Have either of 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 Spouse 1 and/or Spouse 2 dates, agency): \_\_\_\_\_
8. Date and place of birth and citizenship, Spouse 1: \_\_\_\_\_  
Spouse 2: \_\_\_\_\_
9. Social Security Number, Spouse 1: \_\_\_\_\_ Spouse 2: \_\_\_\_\_
10. Date and place of marriage: \_\_\_\_\_
11. Children (name, address, date of birth, offspring):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Are all children born of your present marriage?: \_\_\_\_\_  
If not, identify child and parent of child: \_\_\_\_\_

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Any stepchildren?\_\_\_\_\_ Any adopted children?\_\_\_\_\_

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

13. Any prior marriages, if so list dates and courts issuing divorce decrees:\_\_\_\_\_

14. If either of you are a widow/er, list date and place of spouse's death: \_\_\_\_\_

15. Do either of 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):\_\_\_\_\_

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

17. Does any child or other family member have a physical or mental condition requiring special treatment? \_\_\_\_\_

18. Have either of you previously made a Will? \_\_\_\_\_

Is it in existence now? \_\_\_\_\_ Location of original:\_\_\_\_\_

Revoked? \_\_\_\_\_ How revoked? \_\_\_\_\_

19. Accountant (name, address): \_\_\_\_\_

20. Insurance agents (name, address, and type of insurance: e.g., life, automobile, health, homeowner):\_\_\_\_\_

21. Stockbroker / Financial planner (name, address):\_\_\_\_\_

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

**B. ASSET INFORMATION**

Indicate whether the asset is owned solely by one spouse, jointly by both spouses, or with a third party. Show form of ownership (tenants by the entirety, in common, joint with right of survivorship (JWROS)). If asset is payable or transferable at death to another, so indicate. Attach sheets if there is not enough room here.

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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):

\_\_\_\_\_  
\_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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7. Pension or profit-sharing benefits (qualified and non-qualified, describe and list beneficiaries and alternates): \_\_\_\_\_

8. 401(k) type plan and/or Thrift Savings Plan. Provide estimate of current value and beneficiary designations. List separately for Spouse 1 and Spouse

2: \_\_\_\_\_

\_\_\_\_\_

9. Other retirement-type accounts (Keogh, SEP, IRA, ROTH IRA accounts) (same instructions as above): \_\_\_\_\_

\_\_\_\_\_

10. Life insurance (list separately for Spouse 1 and Spouse 2, state whether whole life, term, life, etc., and list beneficiary designations if known):

Spouse 1: Company: \_\_\_\_\_ Policy no.: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_ Amount: \_\_\_\_\_

Spouse 2: 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): \_\_\_\_\_

\_\_\_\_\_

15. Are you a beneficiary, trustee or grantor of a trust? (If yes, provide the document.) \_\_\_\_\_

\_\_\_\_\_

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)? \_\_\_\_\_

\_\_\_\_\_

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17. Have you made any gifts in excess of the annual exclusion (now \$15,000)? If so, 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: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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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. Spouse 1: \_\_\_\_\_  
\_\_\_\_\_

2. Spouse 2: \_\_\_\_\_  
\_\_\_\_\_

**E. FINANCIAL POWER OF ATTORNEY**

List whom you would like to designate as the alternate financial attorney in fact (agent), to act with respect to transacting business for you if your spouse is unavailable (also list relation, name, address and phone number). If you do not wish your spouse be the primary financial attorney in fact, please list a primary and an alternate.

Spouse 1: \_\_\_\_\_

Spouse 2: \_\_\_\_\_

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**F. HEALTH CARE AGENT**

List whom you would like to designate as the alternate health care agent, to act with respect to making medical decisions for you if your spouse is unavailable (also list relation, name, address and phone number). If you do not wish your spouse be the primary health care agent, please list a primary and an alternate:

Spouse 1: \_\_\_\_\_

Spouse 2: \_\_\_\_\_