

MARTIN, BACON & MARTIN, P.C.
44 First Street
Mt. Clemens, MI 48046
(586) 979-6500

Estate Planning Client Information Record

CONFIDENTIAL PERSONAL INFORMATION FOR ESTATE PLANNING

Date _____

INDIVIDUAL INFORMATION

	HUSBAND	WIFE
Name	_____	_____
Also known as	_____	_____
Social Security number	_____	_____
Birth date	_____	_____
U.S. citizen	_____ Y _____ N	_____ Y _____ N
Living parents	_____	_____
Former spouse	_____	_____
Business address	_____	_____
Telephone number	_____	_____
Fax number	_____	_____
E-mail address	_____	_____
Home address	_____	
County of residence	_____	
Date of marriage	_____	

CHILDREN

Living children. (Please indicate if children are from a prior marriage and/or adopted as well as how many children each may have).

Name

Birth date

_____	_____
—	
_____	_____
—	
_____	_____
—	

—

—

Deceased
children: _____

Living children of deceased
children: _____

Note: If there are no living children or grandchildren, list the brothers and sisters (living and deceased of the husband and wife):

If any children are minors (under the age of 18), please indicate which individual(s) will be chosen to act as legal guardian(s):

Guardian: (Please provide name, relation and address).

Successor Guardian: (Please provide name, relation and address).

If any children are minors (under the age of 18), please indicate which individual(s) will be chosen to act as financial conservator(s):

Conservator: (Please provide name, relation and address).

Successor Conservator: (Please provide name, relation and address).

If a trust is to be drafted, please provide the name, relation and address of the trustees as well as how they are each to serve, ex: single trustee, co-trustee:

Trustee: _____

Successor Trustee: _____

FINANCIAL INFORMATION: To be completed for Revocable Grantor Trust.

Safe-deposit box. If yes, please indicate location(s):

Agents/Broker identification

Accountant

Insurance

Agent

Stockbroker

Real Estate (including land contracts)

*Description (Address, City, State) \$ Mortgage balance \$ Market value
(Include owner: husband/wife/joint)*

Cash (checking, savings, CD, money market, credit union).

(Include location of account and owner: H,W,J)

Description

\$ Amount

Stocks and Bonds (if in a brokerage account, list firm name).

Listed securities

(H): _____

Listed securities

(W): _____

Listed securities

(J): _____

Closely held (family)

securities: _____

Life Insurance (include insured, insurance company, insurance type, owner(s) and beneficiary(s)).

Description

\$ Face Amount

<i>Description</i>	<i>\$ Face Amount</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Retirement benefits (include type, amount, owner and beneficiary(s)).

Description

\$ Value

<i>Description</i>	<i>\$ Value</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Miscellaneous

Household furnishings, autos,
collections: _____

Money owed by others to you: _____

Expected inheritances: _____

Indicate if you or your spouse are subject to an existing trust document: _____

List all gifts made by you over \$3,000 in value (date and beneficiary): _____

If you or your spouse have filed gift tax returns, please indicate years filed: _____

List significant debts or obligations other than mortgages listed above:

If you have special gifts (either tangible or intangible) you or your spouse would like to leave to individuals via your will, please indicate identity of the individual and the gift:

Please indicate burial/funeral arrangement desires (Please indicate if either party wishes to be cremated):

POWERS OF ATTORNEY

Durable Powers of Attorney - Medical and Financial

If interested in Durable Powers of Attorney (formally known as living wills), please indicate your choices as follows:

Medical Durable Powers of Attorney - A document which expresses your final wishes with respect to medical and life sustaining choices. Please indicate who you would choose to make these choices for you in the event you are unable to do so:

Personal Representative/Successor Representative : (Please indicate name, address and relation).

Husband: Choice 1: _____
 Choice 2: _____

Wife: Choice 1: _____
 Choice 2: _____

Financial Durable Powers of Attorney - A document which expresses who would be in charge of managing your financial needs in the event you are unable to do so:

Personal Representative: (Please indicate name, address and relation).

Husband: Choice 1: _____
 Choice 2: _____

Wife: Choice 1: _____
 Choice 2: _____