

ESTATE PLANNING INFORMATION

Submitted to: Curtis L. Brown

Submitted by: Marcelo and Dana Rosen

Date returned: _____

I. PERSONAL AND FAMILY DATA

A. Husband

Full Legal Name: _____

Commonly Known As: _____

Home Address: _____ Zip _____

Home Telephone: () _____ County of Residence: _____

Date of Birth: _____ Place of Birth: _____

Husband's Social Security Number: _____

Employer: _____ Position: _____

Business Address: _____ Zip _____

Business Telephone: () _____

Military Service: _____ Branch: _____ Serial No.: _____
(YES or NO)

Date of Service: _____ to _____ Reserve Status: _____

B. Wife

Full Legal Name: _____ Maiden: _____

Commonly Known As: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Employer: _____ Position: _____

Business Address: _____ Zip _____

Business Telephone: () _____

Note: If you need more space to answer the questions, please use additional pages and attach them to this questionnaire.

Date of Marriage: _____ Place of Marriage: _____

Do you have a pre-nuptial or marital property agreement? YES _____ NO _____

*If either Husband or Wife has been married before, please furnish below the

following information as to each prior marriage: (1) name of former spouse; (2) date and place of the marriage; (3) place, date, and cause (death or divorce) of termination of the marriage.

C. Children.

Please indicate whether adopted or by previous marriage in addition to other data. If a child is not the natural or adoptive child of both parents, please indicate whether the husband or wife is the natural or adoptive parent with an "H" or "W".

<u>FULL NAME</u>	<u>ADDRESS</u>	<u>BIRTHDATE</u>	<u>OCCUPATION</u>
1. _____	_____	_____	_____
Name of Child's Spouse:	_____	_____	_____
Names of Child's Children:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
Name of Child's Spouse:	_____	_____	_____
Names of Child's Children:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>FULL NAME</u>	<u>ADDRESS</u>	<u>BIRTHDATE</u>	<u>OCCUPATION</u>
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3. _____

Name of Child's Spouse:

Names of Child's Children:

4. _____

Name of Child's Spouse:

Names of Child's Children:

If there are any special circumstances with respect to any children or grandchildren (health status, special educational requirements, etc.), please so indicate. _____

D. Others Financially Dependent upon Husband or Wife.

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>OCCUPATION</u>
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E. Other Family Members.

1. <u>Husband's</u>	<u>Father</u>	<u>Mother</u>
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a. Name _____

b. Age (if living) _____

c. Address (city, state) _____

d. Health _____

e. Occupation _____

2.	<u>Wife's</u>	<u>Father</u>	<u>Mother</u>
	a. Name	_____	_____
	b. Age (if living)	_____	_____
	c. Address (city, state)	_____	_____
	d. Health	_____	_____
	e. Occupation	_____	_____

3. Husband's brothers and sisters

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Married?</u>

4. Wife's brothers and sisters

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Married?</u>

F. Comments or unique family circumstances not indicated above:

II. FINANCIAL DATA

Please indicate with an "H" or "W" if assets were owned by husband or wife before marriage or acquired thereafter by gift or inheritance.

A. <u>Assets</u>	<u>Approximate Value</u>
_____ 1. Average cash balance (including savings, deposit certificates, etc.) Name(s) on Account: _____	\$ _____
_____ 2. Securities (stocks, bonds, mutual funds, etc.) Name(s) on Account: _____	\$ _____
_____ 3. Residence (Deed description): _____ _____ _____ _____ <div style="margin-left: 100px;">Value \$ _____</div> <div style="margin-left: 100px;">Less Mortgage \$ _____</div> <div style="margin-left: 100px;">Real Equity \$ _____</div>	\$ _____
_____ 4. Other Real Estate (Describe) _____ _____ _____ <div style="margin-left: 100px;">Value \$ _____</div> <div style="margin-left: 100px;">Less Mortgage \$ _____</div> <div style="margin-left: 100px;">Real Equity \$ _____</div>	\$ _____
_____ _____ _____ <div style="margin-left: 100px;">Value \$ _____</div> <div style="margin-left: 100px;">Less Mortgage \$ _____</div> <div style="margin-left: 100px;">Real Equity \$ _____</div>	\$ _____
_____ 5. Autos, Boats, or Planes _____ _____ _____	\$ _____ \$ _____ \$ _____
_____ 6. Livestock _____ _____	\$ _____
_____ 7. Other assets of a personal nature, including unusually valuable household furnishings, etc.	

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

8. Life Insurance on life of Husband:

<u>Insurance Company Provisions</u>	<u>Policy No.</u>	<u>Face Amount of Policy</u>	<u>Date of Issue</u>	<u>Present Beneficiary (Primary & Contingent)</u>	<u>Amount of Accidental Death Contingent</u>
1. _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. Life Insurance on life of Wife:

<u>Insurance Company Provisions</u>	<u>Policy No.</u>	<u>Face Amount of Policy</u>	<u>Date of Issue</u>	<u>Present Beneficiary (Primary & Contingent)</u>	<u>Amount of Accidental Death Contingent</u>
1. _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If any Life Insurance Policy listed above is owned by someone other than insured (e.g., by the uninsured spouse, business, etc.), please indicate by asterisk (*) and provide details below:

10. Employment and Retirement Benefits. Please indicate in left column whether by reason of Husband's employment (H) or Wife's employment (W). Please indicate the beneficiary who has been named to receive any death benefits from any such plan, and the

manner in which such payments are to be made (i.e., lump sum, annuity, etc.).

	<u>Beneficiary</u>	<u>Value, if known</u>
_____ Pension Plan	_____	\$ _____
_____ Profit-Sharing Plan	_____	\$ _____
_____ Individual Retirement Account	_____	\$ _____
_____ Other (describe), such as government disability, retirement pay, teacher's retirement, stock options, etc.		
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL	\$ _____

Name and telephone number of person to contact for information concerning retirement benefits at place of employment:

11. Inheritances. If either Husband or Wife owns inherited property not previously listed, or expects to inherit any property, please give general description, source, and approximate value.

12. Beneficial interests. If either Husband or Wife is a beneficiary of any trust, or has any power or trusteeship position with respect to any trust, or has any estate in property for life, please give general description of circumstances and approximate value.

13. Other business interests (partnerships, proprietorships, closely held corporations). Please supply general information relating to ownership, nature, and value of business and any plans or arrangements relating to disposition of the interest of a deceased owner.

14. Gifts. If either Husband or Wife has at any time made gifts, including customary Christmas, birthday, or holiday gifts, or substantial amounts (in excess of \$1,000, for example), please indicate the dates, recipients, and values of such gifts, the

general nature of the gift property, and whether Husband or Wife filed any United States gift tax returns in connection with such gifts.

15. **Notes or mortgages receivable.** If either Husband or Wife is the holder of a note or mortgage receivable, please provide information relating to the maker, principal amount, interest rate, term, and balance due.

B. Income.

Husband's Salary \$ _____/year

Wife's Salary \$ _____/year

Any income other than Husband's and Wife's salaries - (describe source)

_____ \$ _____/year

_____ \$ _____/year

TOTAL INCOME \$ _____/year

C. Liabilities.

1. Average accounts payable (monthly bills) \$ _____

2. Any loans or debts other than those mortgages shown above - (describe)

_____ \$ _____

_____ \$ _____

_____ \$ _____

(Place an asterisk (*) by any debt or mortgage which is covered by credit life insurance.)

TOTAL LIABILITIES \$ _____

D. Acquisition Records. Do you have accurate records of the purchase prices and dates of acquisition of all assets included in this questionnaire? _____. If so, where are they kept?

Document

Location

Mortgage Papers	_____
Securities - Stocks & Bonds	_____
Social Security Numbers	_____
Income and Gift Tax Returns	_____
Titles - Auto, Homeowners Title Policy, etc.	_____
Wills	_____
Other (_____)	_____
Other (_____)	_____

E. Do you want me to examine actual documents of title (or other instruments evidencing ownership) to determine or verify the existing ownership and co-ownership and survivorship arrangements, with respect to the assets of you and your spouse? _____

If so, which assets? _____

F. Are there other items of financial information (not covered above) of a substantial nature? _____ If so, please explain (use additional paper if necessary): _____

IV. DISPOSITION OF PROPERTY

A. In general, describe the way Husband wants his property to pass upon his death (use additional pages if necessary).

1. If Wife survives Husband

2. If Wife does not survive Husband

3. If neither Wife nor children (or grandchildren) survive Husband

4. Special provisions with respect to any specific properties?

B. In general, describe the way Wife wants her property to pass upon her death (use additional pages if necessary).

1. If Husband survives Wife

2. If Husband does not survive Wife

3. If neither Husband nor any children (or grandchildren) survive Wife

4. Special provisions with respect to any specific properties?

C. If any of those selected to receive properties are not citizens of the United States, please so indicate.

V. SELECTION OF REPRESENTATIVES

List below the name, age, relationship, and address of the person (or the name and address of the Bank) that Husband and Wife wish to have serve in the capacities indicated:

A. Husband's Will.

Executor(s) _____

Alternate Executor(s) _____

Trustee(s) _____

Alternate Trustee(s) _____

Guardian _____

Alternate Guardian _____

B. Wife's Will.

Executor(s) _____

Alternate Executor(s) _____

Trustee(s) _____

Alternate Trustee(s) _____

Guardian _____

Alternate Guardian _____

C. If either Husband or Wife has a Will presently in existence, please indicate date and location. _____

D. If either Husband or Wife has selected a bank to serve as executor or trustee, may we provide the bank a copy of this form and the will and any trusts prepared? _____

VI. REMARKS AND ADDITIONAL COMMENTS

Husband's Signature

Wife's Signature