

# *LeBlanc & Young*

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## ***ESTATE PLANNING INFORMATIONAL PACKET***

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*This Estate Planning Informational Packet has been designed to collect relevant information that can affect your estate plan. We ask that you complete it as fully as possible before we meet. All information given to us is strictly confidential. Values listed should be approximate and need not be exact. Would you also send us copies of the following documents if you can:*

- Your existing Wills, Trusts, and other estate planning documents, if any.
- Divorce decrees and property settlements with former spouses, if any.
- Pre-marital agreements, if any.
- Agreements between you and your business entities and associates, if any.
- Descriptive materials on any employee benefit plans (i.e., pension, profit sharing, IRA), including a copy of your retirement plan and your most recent statement of accrued benefits.
- Most recent federal income tax return.

Date: \_\_\_\_\_

## CLIENT INFORMATION

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone(s): \_\_\_\_\_

### SPOUSE A

### SPOUSE B

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Citizenship:      USA              Other

Citizenship:      USA              Other

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Income taxpayer  
of what state(s) \_\_\_\_\_

Income taxpayer  
of what state(s) \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Other residences: \_\_\_\_\_

Safe Deposit Boxes: \_\_\_\_\_

## FAMILY PROFILE

### Children

<u>Name and Address*</u>	<u>Soc. Sec. No.</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Indicate if child is adopted (A) or child of a prior marriage (P) and for which spouse.

**Other Beneficiaries**

<u>Name</u>	<u>Soc. Sec. No.</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Family and Beneficiary Considerations**

Please indicate whether you have any other family issues that might affect your estate plan, such as prior marriages, premarital agreements, stepchildren, children of an unmarried union, or serious health issues.

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

Are any beneficiaries physically or mentally disabled and thus might be receiving some form of governmental assistance, such as SSI or Medicaid, that could create the need for a special needs trust?

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

Are there any individuals who might claim a family relationship (children or grandchildren) after your death who might expect to benefit from your estate but you choose not to benefit (including, but not limited to, individuals claiming to be illegitimate issue)?

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

**ADVISORS**

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
Accountant	_____	_____ _____	_____
Other (i.e., financial or insurance representative)	_____	_____ _____	_____
Spouse A's physician	_____	_____ _____	_____
Spouse B's physician	_____	_____ _____	_____

## REAL ESTATE

Please list amounts of all assets at fair market value, and *note any mortgages, loans or encumbrances*:

ASSET	Spouse A	Spouse B	Held Jointly
Residence in	\$	\$	\$
Vacation Home in	\$	\$	\$
Other Real Estate in	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL REAL ESTATE</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## CASH AND INVESTMENTS

NOTE: Please make sure to note whether any accounts are paid on death to a beneficiary by beneficiary designation form. These beneficiary designation accounts can conflict with the provisions of an estate plan.

ASSET	Spouse A	Spouse B	Held Jointly
Bank Accounts (aggregate)	\$	\$	\$
Marketable Securities	\$	\$	\$
Other Business Interests (partnerships, corporations, etc.)	\$	\$	\$
	\$	\$	\$
<b>TOTAL CASH</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

NOTE: For each business interest listed above, you should complete a copy of page 7 entitled "Closely- Held Business Interests."

## MISCELLANEOUS ASSETS \*

ASSET	Spouse A	Spouse B	Held Jointly
Tangible Personal Property	\$	\$	\$
Annuities	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL OTHER ASSETS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

*\*Note: IRA's should be listed separately, on Page 6.*

## LIFE INSURANCE

List below the insurance policies payable on the death of either spouse. Please indicate if there are loans on any policies:

Policy Number and Type of Insurance	Named Beneficiary	On Whose Life	Death Benefit	Current Cash Surrender Value
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL</b>			\$	\$

List below any other insurance policies owned by either spouse which insure the life of another person:

Policy Number and Type of Insurance	Named Beneficiary	On Whose Life	Death Benefit	Current Cash Surrender Value
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL</b>			\$	\$

## RETIREMENT PLAN ASSETS \*

Type (Pension, Profit Sharing, etc.)	Company Sponsoring Plan	Amount Spouse A	Amount Spouse B	Have you begun to receive payments?	
				YES	NO

*\*Note: IRA's should be listed separately, on Page 6.*

### IRA ACCOUNTS

Institution	Balance Spouse A	Balance Spouse B	Have you begun to receive payments?	
			YES	NO

### LIABILITIES

Please indicate any significant liabilities not otherwise disclosed above:

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### FUTURE INHERITANCES

From Whom	To Whom	Estimated Amount
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>

## CLOSELY HELD BUSINESS INTERESTS

(Make additional copy for each separate entity)

Company or Partnership Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Entity: \_\_\_\_\_  
*(i.e., corporation, S corporation, partnership, sole proprietorship)*

### OWNERSHIP

Name(s) of Partners/ Shareholders, etc. (and Title if Officer)	Birth Date	Stock or Partnership % Owned	Class of Stock Owned (Check if Applicable)	
			Common	Preferred

### BUY-SELL AGREEMENT

- |  |                        |                                  |             |
|--|------------------------|----------------------------------|-------------|
| 1. Does a buy-sell agreement exist?  | Yes                    | No                               |             |
| 2. What Type?  | Cross Purchase         | Stock Redemption                 | Combination |
| 3. Method for determining value:   | Book Value             | Earning Multiple<br>Agreed Value | Appraisal   |
| 4. How is sale funded?   | Life Insurance Reserve | Other                            |             |
| Stock Option Agreement?  | Exist                  | Does not exist                   |             |
| Are you entitled to deferred compensation?                                       | Yes                    | No                               |             |
| Does the business offer a qualified pension, profit-sharing or stock bonus plan? | Yes                    | No                               |             |

## CONFLICT OF INTEREST INFORMATION

If you are involved in litigation, or a dispute, or in any other situation where your interests are adverse to those of another person or entity, please provide us with the name of each such adverse party so that we can (1) confirm that this firm does not already represent that party and (2) reflect in our records that we cannot undertake representation of that party so long as we are representing you.

### ADVERSE PARTY

### ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## OTHER RELEVANT INFORMATION

(add here any other information relevant to your estate planning)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## RECAPITULATION SHEET

(Net Values)

ASSET	Spouse A	Spouse B	Jointly-Owned
Residence (less mortgage)	\$ (            )	\$ (            )	\$ (            )
Vacation Home (less mortgage)	\$ (            )	\$ (            )	\$ (            )
Other Real Estate (less mortgage)	\$ (            )	\$ (            )	\$ (            )
Cash & Bank Accounts	\$	\$	\$
Securities	\$	\$	\$
Closely-Held Business(es)	\$	\$	\$
Group Insurance	\$	\$	\$
Term Insurance	\$	\$	\$
Whole Life Insurance	\$	\$	\$
Pension Benefits	\$	\$	\$
IRA Accounts	\$	\$	\$
Tangible Personal Property	\$	\$	\$
Other:	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**TOTAL AGGREGATE OF BOTH ESTATES:**

**Spouse A:** \$ \_\_\_\_\_

**Spouse B:** \$ \_\_\_\_\_

**Owned Jointly:** \$ \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_