

LEBLANC & YOUNG

FOUR CANAL PLAZA, PORTLAND, MAINE 04101
FAX (207)772-2822 TELEPHONE (207)772-2800 INFO@LEBLANCYOUNG.COM

ESTATE PLANNING INFORMATIONAL PACKET

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): _____

You

Your Partner

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) _____

Other residences: _____

Safe Deposit Boxes: _____

FAMILY PROFILE

Children

Name and Address*

Soc. Sec. No.

Date of Birth

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

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)	_____	_____	_____
Your physician	_____	_____	_____
Your partner's physician	_____	_____	_____

REAL ESTATE

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

ASSET	In Your Name	In Your Partner's Name	Held Jointly
Residence in	\$	\$	\$
Vacation Home in	\$	\$	\$
Other Real Estate in	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL REAL ESTATE	\$	\$	\$

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	In Your Name	In Your Partner's Name	Held Jointly
Bank Accounts (aggregate)	\$	\$	\$
Marketable Securities	\$	\$	\$
Other Business Interests (partnerships, corporations, etc.)	\$	\$	\$
	\$	\$	\$
TOTAL CASH	\$	\$	\$

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

MISCELLANEOUS ASSETS *

ASSET	In Your Name	In Your Partner's Name	Held Jointly
Tangible Personal Property	\$	\$	\$
Annuities	\$	\$	\$
Other	\$	\$	\$
TOTAL OTHER ASSETS	\$	\$	\$

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

LIFE INSURANCE

List below the insurance policies payable on either party's death. 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
			\$	\$
			\$	\$
			\$	\$
TOTAL			\$	\$

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

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

RETIREMENT PLAN ASSETS *

Type (Pension, Profit Sharing, etc.)	Company Sponsoring Plan	Amount in Your Name	Amount in Your Partner's Name	Have you begun to receive payments?	
				YES	NO

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

IRA ACCOUNTS

Institution	Your Balance	Your Partner's Balance	Have you begun to receive payments?	
			YES	NO

LIABILITIES

Please indicate any significant liabilities not otherwise disclosed above:

FUTURE INHERITANCES

From Whom	To Whom	Estimated Amount
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

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 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	In Your Name	In Your Partner's Name	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:	\$	\$	\$
TOTAL	\$	\$	\$

TOTAL AGGREGATE OF BOTH ESTATES:

Your Name: \$ _____

Your Partner's Name: \$ _____

Owned Jointly: \$ _____

TOTAL ASSETS: \$ _____