



WHITMORE LAW OFFICES

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Omaha, Nebraska 68114
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Date: _____ **200_**

CONFIDENTIAL PERSONAL DATA

Please answer the following questions in order to facilitate the complete planning of your estate. Please have this questionnaire completed at the time of our initial conference.

FAMILY DATA

	Name	Gender M/F	Special Needs?	Social Security No.	Birth Year
Male Client					
Female Client					
Child					
Child					
Child					
Child					
Child					

Other persons you may wish to designate as beneficiaries:

Name	Relationship

Your Home Address and Phone:

Street Address	
Street Address	
City State Zip	
Telephone	

ASSETS

Market Value & Ownership

	Value /		Title Held By:
	Male Client	Female Client	
Residence	\$	\$	\$
Other Real Estate			
Stocks, Bonds & Mutual Funds			
Mortgages, Notes & Cash			
Life Insurance: Face Amount			
Cash Value			
Personal Property			
Business Interest			
Profit Sharing, 401K, IRA			
Stock Options			
Deferred Compensation			
Potential Inheritances			
Estimated Value of Estate			

Liabilities & Indebtedness

Name of Creditor	Amount	Mortgage/Lien On	Comment
	\$	Residence	Home Mortgage
	\$		Credit Card
	\$		Credit Card
	\$		Auto Loan
	\$		
	\$		
	\$		

Life insurance representative: _____

Accountant: _____

Are you or your spouse the beneficiary of any existing trust or similar arrangement? Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Are you liable as a co-signer or guarantor on any obligations? Yes
No

Have either of you been previously married? Yes
No

Are there children of a previous marriage? Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Whom do you wish to designate as guardian for your minor children, if both you and your spouse are deceased?

First Choice:

Name	
Street Address	
City State Zip	
Telephone	

Second Choice Guardian:

Name	
Street Address	
City State Zip	
Telephone	

Do you wish the guardian to be responsible for the property as well as the personal welfare of the minor children?

Yes
No

Are there particular directions that you wish to provide for the guardian of your children as, with respect to religious upbringing, etc.)?

Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

If a trust is established as part of your plan, whom do you wish to designate as trustee?
First Choice:

Name	
Street Address	
City State Zip	
Telephone	

Second Choice Trustee:

Name	
Street Address	
City State Zip	
Telephone	

If you have previously filed United States Gift Tax Returns, please state for which years: _____

Do you currently have a safety deposit box?

Yes
No

If so, where is it located and who has access to it?

Where do you intend to keep your signed Will -- in a safety deposit box, filed at County Court or elsewhere?

Is any of your property located in other states?

Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Whom do you wish to designate as personal representative (executor) of your estate?

First Choice:

Name	
Street Address	
City State Zip	
Telephone	

Second Choice Personal Representative:

Name	
Street Address	
City State Zip	
Telephone	

Upon your death, will there be benefits under any of the following?

Private Pension Plan Yes No

Social Security Employee Death Benefits Yes No

Veteran's Benefits Railroad Retirement Yes No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Do you wish to leave any special instructions,
regarding place of burial, persons to be
notified, type of religious services, etc.?

Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

What is your business or occupation?

Male Client: _____

Female Client: _____

Are you the owner of a business? Yes No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Business Interests (continued):

Is the business operated as a proprietorship, partnership or corporation?

Are there any existing partnership agreements, stockholders agreement employment contracts, options or sales contracts regarding property, private annuities or other documents affecting your business or other assets? Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Do you have any special desires as to disposition of business interests to specific persons? Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Beneficiaries With Special Needs:

Are there any beneficiaries who, by reason of health, mentality or otherwise, should receive special consideration in your Will?

Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Where do you keep the following items? Be certain that your Personal Representative has access.

- Abstract of Real Estate _____
- Automobile titles _____
- Stock certificates _____
- Bonds, Securities _____
- Savings accounts passbook _____
- Life insurance policies _____

Name and address of your family physician:

Name	
Street Address	
City State Zip	
Telephone	

Have you promised to name any person as beneficiary under your Will, as to any particular sum of money or assets?

Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Have you ever entered into any premarital (antenuptial) agreement? Please provide a copy.

Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Do you currently have a Will? If yes, please bring a copy to our interview.

Yes
No

If your spouse survives you, is there any agreement preventing your spouse from executing a new Will after your death?

Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Would you like us to prepare a Power of Attorney for Health Care for you?

Yes
No

Note: A Health Care Power of Attorney designates a representative who is empowered to make health care decisions and give consents to medical procedures on your behalf if you are unable to communicate.]

Who will be your designated representative for health care decisions?

Name	
Street Address	
City State Zip	
Telephone	

Who will be your successor representative for health care decisions?

Name	
Street Address	
City State Zip	
Telephone	

Are there special instructions or limitations that we should include?

Yes
No

PLEASE EXPLAIN/
PROVIDE DETAILS:

Would you like us to prepare a Living Will for you? Yes No
[Note: A living will is a directive that contains instructions concerning life support measures to be taken if you should have an incurable terminal condition and be unable to communicate]

Would you like us to prepare a General (Durable) Power of Attorney for you? Yes No
Note: A General (Durable) Power of Attorney designates a representative who is empowered to make and execute financial and business decisions concerning your assets on your behalf if you are incapacitated.]

Who will be your designated representative for financial and business decisions?

Name	
Street Address	
City State Zip	
Telephone	

PLEASE PROVIDE ANY ADDITIONAL INSTRUCTIONS OR INFORMATION:

Signature of Client

Signature of Client

(OPTIONAL) FINANCIAL CONDITION ON _____, 200_

ASSETS	\$	LIABILITIES	\$
Cash On Hand and In Banks		Notes Payable to Banks	
Notes Receivable – Secured (current)		Notes Payable to Others	
Notes Receivable – Unsecured (current)		Accounts Payable	
Accounts Receivable – Current		Owing to Relatives	
Marketable Securities (See Schedule)		Contracts Payable	
Other Current Assets (Itemize)		Other (Monthly Payments \$ ____)	
		Provision For Income Taxes	
		Other Current Assets (Itemize)	
Total Current Assets		Total Current Liabilities	
Other Securities (See Schedule)		Mortgage on Residence	
Cash Value of Life Insurance		Mortgages on Other Real Estate	
Machinery, Fixtures and Equipment		Contracts Payable > 12 months	
Other Real Estate (See Schedule)		Other Liabilities (Itemize):	
Receivable From Own Companies			
Household Furniture			
Other Assets (Itemize):			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities & Net Worth	
Contingent Liability:	On Discounted or Assigned Notes and Accounts Receivable		\$
	On Guaranties and Endorsements		\$
ANNUAL INCOME:	Salary and Commissions		\$
	Real Estate Rentals		\$
	Investments/Other		\$

LIFE INSURANCE

NAME OF INSURANCE COMPANY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	PERSON INSURED	OWNER	BENEFICIARY

Date: _____, 200_

(Signature) _____