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ESTATE PLANNING PREPARATION - FACTUAL INFORMATION

Person(s) Present _____ File No. _____
Date of Interview _____
Time _____ to _____

CLIENT

Interviewed by TCR

1. Client's full name _____ S.S.# _____
2. Variances in spelling _____ Birth date _____
3. Other names used _____
- 3A. Occupation: _____
Business Address: _____
4. Home Address _____
County _____ State _____ Zip _____
5. Telephone: Home _____ Business / Cell: _____ Email: _____
6. Citizenship _____ How long resident in this State _____
7. Any existing wills _____ Where located _____

SPOUSE

8. Spouse's full name _____ S.S.# _____
9. Variances in spelling _____ Birth date _____
10. Other names used _____
- 10A Occupation _____
11. Home Address _____
County _____ State _____ Zip _____
12. Telephone: Home _____ Business /Cell _____ Email _____
13. Citizenship _____ How long resident in this State _____
14. Any existing wills _____ Where located _____

MARRIAGE(S)

15. Date and place of present marriage _____
16. Prior marriage(s): date, how and when terminated _____

CHILDREN & GRANDCHILDREN

17. Children of present marriage: Name, sex, age, residence and marital status, spouse name _____

Children of prior marriage:

18. Adopted children: Name, sex, age residence, date of adoption and marital status _____

19. Children of prior marriage(s): Name, sex, age parentage, residence and marital status _____

20. Grandchildren: Name, sex, age, parentage, residence and marital status _____

OTHER RELATIVES

21. Parents: OF CLIENT OF SPOUSE

Father's name and age _____

Address: _____

Living [] Deceased [] Living [] Deceased []

Mother's name and age _____

Address: _____

Living [] Deceased [] Living [] Deceased []

22. Other relatives (included in Will). Brothers, sisters, grandparents, aunts, uncles, nieces, nephews, etc. _____

23. Special medical or financial needs of self, spouse and dependents _____

ASSETS

24. Stocks, Bonds and other Securities. Account #-How registered (joint - Survivorship - P.O.D. - Trust - Custodial)- \$Values _____

25. Real Estate: Location and general description - record owners - how and when acquired - estimated value - mortgages _____

26. Life Insurance policies: (Identification: Policy #, Company, \$ Coverage, and Beneficiaries: Primary & Contingent) _____

26A. Health, Medical Insurance:

Primary: _____

Secondary / Supplemental: _____

26B: Long Term Care Insurance: _____

27. Pensions, retirement and death benefits: (Identification and beneficiary/ies) _____

28. Business affiliations and interests: (details) _____

29. Expectancies: inheritances, gifts _____

30. Personal effects: including furs, jewelry, art, cash on hand and other items of substantial value _____

31. Bank and Savings & Loan Association Accounts: Savings - Time Cert. - Checking - other. How registered (Joint, Survivorship, Trust, Custodial.) _____

32. Safe deposit box: location and how registered _____

33. Other investments: nature and in what name(s) held _____

34. Estimated gross estate: \$ _____

LIABILITIES:

35. Mortgages / Credit Lines [HELOC]: _____

36. Personal Loans / Guaranteed Loans: _____

37. Business Loans / Obligations _____

38. Automobile / Boat Loans _____

39. Student Loans _____

40. Other _____

DISPOSITION OF ESTATE

Designate specific items of personalty such as jewelry, furs, works of art, silverware, china, etc. Where shares of stock are bequeathed, indicate if increments, splits, mergers and substitutions are included. Where income of stock is bequeathed, indicate if cash dividends are included.

41. Disposition of articles of tangible personal property: _____

42. Cash Bequest: Individual and Amount \$

43. To Spouse

Special conditions or contingencies over

44. To Children

43. To _____ Relationship and address - age if under 18

Legacy (include any conditions or contingencies)

44 To _____ Relationship and address - age if under 18

Legacy (include any conditions or contingencies)

45. To _____ Relationship and address - age if under 18

Legacy (include any conditions or contingencies)

46. Residuary Estate - Contingencies over (exoneration of mortgages)

- _____
- _____
- _____
47. Disposition of loans or advances made or to be made _____
- _____
- _____
48. Exercise of powers of appointment or disposition _____
- _____
- _____
49. Provisions regarding gifts or bequests to minors or incompetents _____
- _____
- _____
- _____
50. Charitable bequests _____
- _____
- _____
51. Payment of inheritance - estate - death taxes _____
- _____
- _____
52. Funeral, burial, monument, services, grave care, etc. _____
- _____
- _____

FIDUCIARIES

53. Executor(s) and Alternate(s): To serve with [] without [] Bond
- Name _____ Relationship _____ Age _____
- Address _____
- Name _____ Relationship _____ Age _____
- Address _____
54. Trustee(s) and Alternate(s): To serve with [] without [] Bond
- Name _____ Relationship _____ Age _____
- Address _____
- Name _____ Relationship _____ Age _____
- Address _____
55. Guardian and alternate(s) of minor children or incompetents: To serve with [] without [] Bond
- Name _____ Relationship _____ Age _____
- Address _____
- Name _____ Relationship _____ Age _____
- Address _____

56. CONTACT PERSONS

Financial/Investment _____

Insurance _____

Accountant _____

Religious _____

Others Important to Clients _____

COMMENTS, TO DO

ADDITIONAL INFORMATION
