

GOURWITZ AND BARR, PLLC  
DATA SHEET FOR ESTATE PLANNING

Please print all the entries in the blank spaces. If you need more space, use another sheet of paper. If you are not certain about the answer, leave the space blank and we will assist you.

1. Date this Data Sheet completed: \_\_\_\_\_

2. Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Other or former names: Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Business or Profession: Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Estimated Annual Income: Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

3. (A) Address--Residence:

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

(B) Address--Business:

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

(C) Length of Residence in Michigan \_\_\_\_\_

(D) Other states or countries in which Husband or Wife  
previously resided and dates of residence

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

4. Telephone Number:

Home: \_\_\_\_\_ Business: \_\_\_\_\_

Spouse's Business: \_\_\_\_\_

5. Date of Birth: Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

6. (A) Place of Birth: \_\_\_\_\_ Husband: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

(B) Place of Birth: \_\_\_\_\_ Wife: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

7. Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

8. Social Security Number: \_\_\_\_\_ Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

9. (A) Children, if any, of this marriage:

<u>Name</u>	<u>Birth Date/ Social Security Number</u>	<u>Residence (if not parents' home)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(B) Are any children handicapped or in poor health? Yes / No

(C) Are any children or grandchildren adopted? Yes / No

10. Prior marriages (if any): \_\_\_\_\_ Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

11. Names of children, if any, of prior marriage:

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

12. Spouse of children:

Name of Child

Name of Spouse

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

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

13. Deceased children (if any):

\_\_\_\_\_

\_\_\_\_\_

14. Grandchildren:

Name of Grandchild

Age

Name of Parent

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

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

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

15. Living Parents:

Husband:

Wife:

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

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

Age: \_\_\_\_\_

Age: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Age: \_\_\_\_\_

Age: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

16. (A) Brothers and Sisters of Husband:

<u>Name</u>	<u>Age</u>	<u>Address</u>

(B) Brothers and Sisters of Wife:

<u>Name</u>	<u>Age</u>	<u>Address</u>

17. Personal Representative (person responsible for carrying out provisions of the Will):

<u>Husband:</u>	<u>Wife:</u>
1st Choice: _____ Address: _____	1st Choice: _____ Address: _____
Successor: _____ Address: _____	Successor: _____ Address: _____
2nd Successor: _____ Address: _____	2nd Successor: _____ Address: _____

18. Trustee(s) of trust (if it is determined one should be established):

1st Choice: \_\_\_\_\_  
Successor: \_\_\_\_\_  
2nd Successor: \_\_\_\_\_

19. (A) Proposed guardian of minor children, if any:

	(city/state)
1st Choice: _____	_____
Successor: _____	_____
2nd Successor: _____	_____

(B) Proposed Conservator\* of estates of minor children (if different than guardians):

	(city/state)
1st Choice: _____	_____
Successor: _____	_____
2nd Successor: _____	_____

\*Conservator is responsible for children's finances

20. Location of safe-deposit box: \_\_\_\_\_

21. Who has access to safe-deposit box? \_\_\_\_\_

22. Are there present Wills and/or Trusts for client and spouse?  
Yes / No  
(If answer is yes, mail copies of Wills and/or Trusts to attorney)

23. Does Husband or Wife:

(A) Expect to inherit something from parents or others? Yes / No

(B) Expect to receive benefits from a qualified retirement plan? Yes / No

(C) Expect to receive gifts from parents or others? Yes / No

(D) Have beneficial interests in trusts? Yes / No

(E) Have interest in a buy-sell agreement? Yes / No  
If so, please provide copy.

24. (A) Have you or wife made gifts to your children or others, in any year in excess of \$10,000 per recipient? Yes / No

(B) Have you ever filed a U.S. Gift Tax Return? Yes / No

25. Any marriage agreements:
- (A) Prior to marriage? Yes / No
- (B) After marriage? Yes / No

26. Disposition of Assets (both Husband and Wife should answer these questions on separate sheets of paper);
- (A) Do you wish to make any money gifts to specific persons? If so, please describe in detail.
- (B) Do you wish to make any charitable gifts? If so, please describe in detail.
- (C) Do you wish to make any gifts of specific property to any person? If so, please describe in detail.
- (D) What provisions do you wish to make for your surviving spouse?
- (E) What provisions are you interested in making for your children?
- (F) If neither your spouse nor your children survive you, how would you want your assets distributed?

27. Do you have any special burial or funeral instructions which you wish to include in your Will? If so, please describe them:

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28. Name, address, and telephone number of your accountant: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Telephone: \_\_\_\_\_

29. Name, address, and telephone number of your life insurance agent: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Telephone: \_\_\_\_\_

30. Name and address of principal bank and bank officers with whom you deal: \_\_\_\_\_  
\_\_\_\_\_

31. Name and address of other lawyers with whom you deal: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

32. Name and address of stockbroker with whom you deal: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

33. Schedule of Assets and Liabilities:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
<u>Assets:</u>			
Savings accounts	\$ _____	\$ _____	\$ _____
Certificates of deposit	\$ _____	\$ _____	\$ _____
Money-market accounts	\$ _____	\$ _____	\$ _____
Checking accounts	\$ _____	\$ _____	\$ _____
Cash or cash equivalents	\$ _____	\$ _____	\$ _____
Mutual funds	\$ _____	\$ _____	\$ _____
Brokerage accounts	\$ _____	\$ _____	\$ _____
Market value of stocks	\$ _____	\$ _____	\$ _____
Market value of bonds	\$ _____	\$ _____	\$ _____
Market value of real estate	\$ _____	\$ _____	\$ _____

Net value of ownership in businesses or professional practices, partnerships, closely-held corporations, etc.	\$ _____	\$ _____	\$ _____
Copyrights, patents, trademarks and other intangible rights	\$ _____	\$ _____	\$ _____
Interests in trusts and estates	\$ _____	\$ _____	\$ _____
Interest in limited partnerships (indicate name, % of ownership and original investment below)	\$ _____	\$ _____	\$ _____
Other personal assets:			
Personal effects	\$ _____	\$ _____	\$ _____
Collections (stamps, coins, art, etc.)	\$ _____	\$ _____	\$ _____
Jewelry and furs	\$ _____	\$ _____	\$ _____
Antiques and works of art	\$ _____	\$ _____	\$ _____
Furniture and other household effects	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Boats	\$ _____	\$ _____	\$ _____
Stock options	\$ _____	\$ _____	\$ _____
Notes receivable	\$ _____	\$ _____	\$ _____
Mortgages held	\$ _____	\$ _____	\$ _____
Leases (describe property and terms below)	\$ _____	\$ _____	\$ _____
Cash value of life insurance	\$ _____	\$ _____	\$ _____
Profit sharing plan	\$ _____	\$ _____	\$ _____

Other employee benefits	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

Liabilities:

Loans and notes to:			
Banks	\$ _____	\$ _____	\$ _____
Against insurance policies	\$ _____	\$ _____	\$ _____
Securities broker (margin accounts)	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Mortgages on residences	\$ _____	\$ _____	\$ _____
Other contingent liabilities (include any threatened or pending litigation, guaranties or indemnity agreements)	\$ _____	\$ _____	\$ _____
		Attach itemized list	
TOTAL:	\$ _____	\$ _____	\$ _____

NET WORTH (i.e., Assets - Liabilities)

<u>Assets</u>	<u>Liabilities</u>	<u>Net Worth</u>
\$ _____	\$ _____	\$ _____

