



LOFTUS LAW OFFICES, PLLC

Providing Peace of Mind with Integrity and Sensitivity

Estate and Legacy Planning, Wills, Trusts, Probate and Elder Law

9 Ash Street P.O. Box 721 Hollis, NH 03049

www.LoftusLawOffices.com 603.465.7178

CLIENT INFORMATION FORM

Please complete as accurately as possible. Some sections or questions may not apply to you; please indicate so. If additional space is necessary to complete any part of the form, please attach an additional sheet. If you have any questions regarding any part of this form, please jot them down, as we will discuss them at the initial meeting. All information will be kept strictly confidential and will be used for the sole purpose of making recommendations regarding your estate plan.

DATE FORM COMPLETED: _____

PERSONAL DATA

CLIENT A: First Name _____ Middle _____ Last _____

Other Names Known By _____

U.S. Citizen? _____ U.S. Veteran? _____

Address _____

Phone (home) _____ Phone (work/cell) _____

Email Address(es) _____

Employer _____

Date of Birth _____ Place of Birth _____

Have you lived in any of the following states while married? *(Please circle)* CA, WA, NV, AZ, NM, TX, ID, LA or WI

Have you Been Married Previously? _____

Date(s) of Divorce(s) _____ Date(s) of Spouse's Death _____

List all of your Children's full Names, Ages, and Current City & State of Residence:

CLIENT B: First Name _____ Middle _____ Last _____
Other Names Known By _____
U.S. Citizen? _____ U.S. Veteran? _____
Address _____
Phone (home) _____ Phone (work/cell) _____
Email Address(es) _____
Employer _____

Date of Birth _____ Place of Birth _____
Have you Been Married Previously? _____
Date(s) of Divorce(s) _____ Date(s) of Spouse's Death _____

List all of your Children's full Names, Ages, and Current City & State of Residence (if different from those listed above):

Are any of the children in any way disabled or in poor health? _____

Please List the Full Names and Ages of Any Grandchildren:

(TO BE COMPLETED BY EACH CLIENT)

CLIENT A: _____
Do you have a terminal illness (to the best of your knowledge)? _____
Have you been diagnosed with Alzheimer's Disease or dementia? _____
Are you a sperm or egg donor? _____

Your Parents

Are either of your parents still living? _____
If so, please list his/her name, address, and age:

Your Siblings: (if you need more space, please use back of sheet)

For each of your brothers and sisters, please provide:

Name _____ Living? _____ Age _____
Address _____

Married? _____ Children (Names and Ages): _____

Name _____ Living? _____ Age _____

Address _____

Married? _____ Children: _____

Name _____ Living? _____ Age _____

Address _____ Married? _____

Children: _____

CLIENT B: _____

Do you have a terminal illness (to the best of your knowledge)? _____

Have you been diagnosed with Alzheimer's Disease or dementia? _____

Are you a sperm or egg donor? _____

Your Parents

Are either of your parents still living? _____

If so, please list his/her name, address, and age:

Your Siblings: (if you need more space, please use back of sheet)

For each of your brothers and sisters, please provide:

Name _____ Living? _____ Age _____

Address _____

Married? _____ Children (Names and Ages): _____

Name _____ Living? _____ Age _____

Address _____

Married? _____ Children: _____

Name _____ Living? _____ Age _____

Address _____

Married? _____ Children: _____

PERSONAL REPRESENTATIVES/FIDUCIARIES:

These are very important, very personal choices to make. At the conference, your attorney will explain the roles of Executor, Guardian and Trustee, and offer some tips to help you choose the most suitable person for each role if you haven't yet decided.

For each designation in this section, please provide the person's name, relationship to you and current city and state of residence.

(A) refers to Client A's choices; (B) refers to Client B's choices.

(A) Whom would you like to name as EXECUTOR of your will? _____

(A) Whom would you like to name as the SUCCESSOR EXECUTOR? (in the event that the above person is not able or willing to serve) _____

(B) Whom would you like to name as EXECUTOR of your will? _____

(B) Whom would you like to name as the SUCCESSOR EXECUTOR? (in the event that the above person is not able or willing to serve) _____

(A&B) Whom would you like to name as TRUSTEE over any trusts, created by you or your Will? _____

(A&B) SUCCESSOR TRUSTEE? _____

(A&B) Whom would you like to name as the GUARDIAN of your minor children, if any? _____

(A&B) SUCCESSOR GUARDIAN: _____

(A&B) Whom would you like to name as the GUARDIAN of those children's PROPERTY? _____

(A&B) SUCCESSOR GUARDIAN OF PROPERTY: _____

FINANCIAL INFORMATION

(You may attach financial statements if you'd prefer.)

Financial Information is required to assess whether estate taxes should be considered in your estate plan, as well as to create a record of your property if ever needed by your Executor.

*It is not necessary to have exact monetary figures for the value of your assets; good estimates are fine. It **is** important, however, to have very accurate information about the **title/ownership** of each asset. You should refer to original paperwork to ascertain how each asset is titled and the names listed as beneficiaries. This is especially important regarding life insurance and retirement policies, real estate, and investment accounts.*

1. Name of Bank or Financial institution _____
Average Balance _____ Type of Account _____

In Whose Name is the account held? (exact wording) _____

Name of Bank or Financial institution _____

Average Balance _____ Type of Account _____

In Whose Name is the account held? _____

2. Stocks and Bonds or Mutual Fund Accounts:

Number of Shares _____ Name of Company/Fund _____

Basis (initial cost) _____

Description _____ Fair Market Value Today _____

In Whose Name are they Held? _____

Stocks and Bonds or Mutual Fund Accounts:

Number of Shares _____ Name of Company/Fund _____

Basis (initial cost) _____

Description _____ Fair Market Value Today _____

In Whose Name are they Held? _____

Stocks and Bonds or Mutual Fund Accounts:

Number of Shares _____ Name of Company/Fund _____

Basis (initial cost) _____

Description _____ Fair Market Value Today _____

In Whose Name are they Held? _____

* Are any of the above referenced stocks pledged as collateral on any loans? _____

* Are you or your spouse named as a co-owner on any stock owned by someone other than each other (i.e. children, parents, etc.)? _____

3. Retirement Funds/Pension Plans:

Type of Program (401K, etc.) _____ Investment Name _____

Owner _____ Beneficiary Upon Your Death _____

Vested Balance (Value today) _____ Currently Receiving Benefits? _____

Type of Program (401K, etc.) _____ Investment Name _____

Owner _____ Beneficiary Upon Your Death _____

Vested Balance (Value today) _____ Currently Receiving Benefits? _____

Type of Program (401K, etc.) _____ Investment Name _____

Owner _____ Beneficiary Upon Your Death _____

Vested Balance (Value today) _____ Currently Receiving Benefits? _____

4. Real Estate:

Address _____

In Whose Name is Title Held? (Exact wording) _____

Mortgage Amount _____ Lender _____

Estimated Fair Market Value _____ Basis (initial cost) _____ Year _____
Major improvements made (date, description & cost) _____

Address _____
In Whose Name is Title Held? (Exact wording) _____
Mortgage Amount _____ Lender _____
Estimated Fair Market Value _____ Basis (initial cost) _____ Year _____
Major improvements made (date, description & cost) _____

5. Life Insurance:

Type (term, whole life) _____ Company _____
Face Amount _____ Insured _____ Owner _____
Primary Beneficiary _____ Secondary Beneficiary(ies) _____
Amount of Loan on Policy _____ Cash Value _____

Type (term, whole life) _____ Company _____
Face Amount _____ Insured _____ Owner _____
Primary Beneficiary _____ Secondary Beneficiary(ies) _____
Amount of Loan on Policy _____ Cash Value _____

Type (term, whole life) _____ Company _____
Face Amount _____ Insured _____ Owner _____
Primary Beneficiary _____ Secondary Beneficiary(ies) _____
Amount of Loan on Policy _____ Cash Value _____

6. Long Term Care Insurance: _____

7. Automobiles:

Make _____ Model _____ Year _____ Fair Market Value _____
In Whose Name is Title Held? (Exact wording) _____
Loan information (amount and term) _____

Make _____ Model _____ Year _____ Fair Market Value _____
In Whose Name is Title Held? (Exact wording) _____
Loan information (amount and term) _____

8. Boats, Trailers, etc.:

Make _____ Model _____ Year _____ Fair Market Value _____
In Whose Name is Title Held? (Exact wording) _____
Loan information (amount and term) _____

9. Any specific pieces of personal property which you would like to leave to a particular person,

OTHER THAN YOUR SPOUSE, such as: Coin or other Collections, Guns, Antiques, Sets of China or Silver, Jewelry or Family Heirlooms:

Item (specific description) _____

Estimated or Appraised Value _____

Whom would you like to have this? _____

Item (specific description) _____

Estimated or Appraised Value _____

Whom would you like to have this? _____

Item (specific description) _____

Estimated or Appraised Value _____

Whom would you like to have this? _____

10. Other Major Assets Not Already Listed:

Please list asset, exact wording of ownership and estimated fair market value.

11. Do you own an interest in a business? If so, please provide information regarding the business's assets and liabilities, buy-sell agreements, basis, present value, etc.

12. The firm recommends that you take inventory of your digital assets and consider leaving instructions to your executor and your agent with power of attorney over your finances about how to handle those assets upon your death or incapacity. Please consider listing your login and password information, keeping in mind security concerns, and carefully decide where you will store that information. You should review the terms of service for each account to determine whether the account can be transferred or accessed by others upon your death or incapacity. Digital assets include accounts held electronically, such as bank, brokerage and credit card accounts; merchandise accounts such as PayPal, eBay and Amazon; personal collections, such as iTunes and Shutterfly; social media accounts such as Facebook, Twitter, and LinkedIn; and web communications, such as email accounts, blogs, and websites/domain names.

Please inventory all accounts, providing Account Name, Account No., Login, and Password, and be sure to store the list in a secure location, preferably with your estate planning documents.

13. Are you currently a trustee or beneficiary under any trust? _____

14. Have you made any substantial gifts in the past or placed property in joint ownership with someone other than your current spouse? _____
15. Do you expect to receive a substantial inheritance, gift or lawsuit judgment in the near future? _____
16. Are you or your spouse receiving social security, disability or other governmental funds? _____
17. Are Monies currently owed to you? _____ If yes, please list:
 Debtor _____ Amount Due _____
 Date Due _____ Promissory Note? _____

 Debtor _____ Amount Due _____
 Date Due _____ Promissory Note? _____
18. Have you and your spouse ever signed a pre- and/or post-nuptial contract? _____
19. Have you or your spouse been widowed? (Copy of estate tax return) _____
20. Have you or your spouse ever filed Federal or State Gift Tax returns? (Copy) _____
21. Have you and your spouse notified your family members about your funeral/burial preferences? _____
22. Are there any immediate family members you specifically plan to disinherit? _____
23. Are you aware of any reason that either of your wills may be contested? _____
24. Are there any charities you wish to leave any or all of your assets to? _____
25. Would you like to specifically provide for the care of your pets after your death? _____
26. Do you have a lockbox (safe deposit box) at a financial institution? _____
 If so, please list: the name of the bank, box number and location of the key:

27. Where do you plan to store your will (the original)? _____
28. Whom, if anyone, do you plan to give a copy of your will? _____
29. Do you have a will currently? _____ In Which State Was it Made? _____
 When Was it Executed? _____
30. Your Financial Advisor, Insurance Agent or Accountant:
 Name _____ Company _____
 Address _____ Phone _____

31. Would you like Attorney Loftus to work with this professional in the constructing of your estate plan? _____

32. If yes, please *sign here* to give explicit permission for her to do so:

33. How did you hear about Loftus Law Offices? _____

34. If by personal recommendation, may the firm thank him/her for the referral? _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. THE INFORMATION PROVIDED WILL BE USED TO MAKE THE BEST ESTATE PLANNING RECOMMENDATIONS FOR YOUR UNIQUE SITUATION AND WE LOOK FORWARD TO HELPING YOU ACHIEVE YOUR ESTATE PLANNING GOALS.