

LOFTUS LAW OFFICES, PLLC

WILLS, TRUSTS, PROBATE, ELDER LAW

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CLIENT INFORMATION FORM

Please complete as accurately as possible. Some sections or questions may not apply to you or your situation; please indicate so. If additional space is necessary to complete any part of the form, please use the back of the applicable sheet. If you have any questions regarding any part of this form, please jot them in the margin and 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: Full Name _____ U.S. Citizen? _____

U.S. Veteran? _____

Other Names Known By _____

Address _____

Phone (home) _____ Email Address(es) _____

Employer _____ Phone (work) _____

Date of Birth _____ Place of Birth _____

Have you lived in any of the following states while married?

AZ CA ID LA NM NV TX WA WI

Are you currently married? _____ Have you Been Married Previously? _____

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

Did you have any Children with your former spouse(s)? _____

If yes, what is the custodial arrangement re: the minor children? _____

List All of your Children's full Names, Ages, (and the name of their other parent, if not your current spouse): _____

CLIENT B: Full Name _____ U.S. Citizen? _____
 U.S. Veteran? _____
 Other Names Known By _____
 Address _____
 Phone(home) _____ Email Address(es) _____
 Employer _____ Phone (work) _____
 Date of Birth _____ Place of Birth _____
 Have you lived in any of the following states while married?
 AZ CA ID LA NM NV TX WA WI
 Are you currently married? _____ Have you Been Married Previously? _____
 Date(s) of Divorce(s) _____ Date of Spouse's Death _____
 Did you have any Children with your former spouse(s)? _____
 If yes, what is the custodial arrangement re: the minor children? _____

List All of your Children's Full Names, Ages (and the name of their other parent, if not your current spouse):

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 your conference, Attorney Loftus will explain the roles of Executor, Guardian and Trustee, and offer some tips to help you choose the most suitable person for each role.

(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 _____ Policy# _____
Face Amount _____ Insured _____ Owner _____
Primary Beneficiary _____ Secondary Beneficiary(ies) _____
Amount of Loan on Policy _____ Cash Value _____

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

Type (term, whole life) _____ Company _____ Policy# _____
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. Are you currently a beneficiary under any trust, or do you hold any powers of appointment?

13. Have you made any substantial gifts in the past or placed property in joint ownership with someone other than your current spouse? _____

14. Do you expect to receive a substantial inheritance, gift or lawsuit judgment in the near future? _____

15. Are you or your spouse receiving social security, disability or other governmental funds? _____

16. Are Monies currently owed to you? _____ If yes, please list:

Debtor _____	Amount Due _____
Date Due _____	Promissory Note? _____

Debtor _____	Amount Due _____
Date Due _____	Promissory Note? _____

17. Have you and your spouse ever signed a pre- and/or post-nuptial contract? _____

18. Have you or your spouse been widowed? (Copy of estate tax return) _____

19. Have you or your spouse ever filed Federal or State Gift Tax returns? (Copy) _____

20. Have you and your spouse notified your family members about your funeral/burial preferences? _____

21. Are there any immediate family members you specifically plan to disinherit? _____
22. Are you aware of any reason that either of your wills may be contested? _____
23. Are there any charities you wish to leave any or all of your assets to? _____
24. Would you like to specifically provide for the care of your pets after your death? _____
25. 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:

26. Where do you plan to store your will (the original)? _____
27. Whom, if anyone, do you plan to give a copy of your will? _____
28. Do you have a will currently? _____ In Which State Was it Made? _____
When Was it Executed? _____
29. Your Financial Advisor, Insurance Agent or Accountant:
Name _____ Company _____
Address _____ Phone _____
30. Would you like Attorney Loftus to work with this professional in the constructing of your estate plan? _____
31. If yes, please *sign here* to give explicit permission for her to do so:

32. How did you hear about Loftus Law Offices? _____
33. If by personal recommendation, whom may we thank for the referral? _____

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

FOR OFFICE USE ONLY:

DATE OF INITIAL INTERVIEW:

DATE OF DOCUMENT EXECUTION:

WITNESSES: 1. _____

2. _____