
Estate Planning Fact Finder

Contents

| | Page |
|--|------|
| Family Information | 1 |
| Financial and Estate Planning Objectives | 1 |
| Present Estate Plan | 2 |
| Post-Death Monthly Income Objectives | 2 |
| Retirement Plans | 2 |
| Annual Income | 3 |
| Assets | 3 |
| Liabilities | 3 |
| Life Insurance | 4 |
| Health Insurance | 4 |

Prepared for: **Valued Client**

Prepared by: **Marketing Financial**
Advanced Case Design
2960 E. Battlefield
Springfield, MO 65804
800-677-1087
dennis@marketingfinancial.com

January 01, 2008

| Family Information | | | |
|----------------------------|-------|-------|--|
| | Name | Age | Health Problems or Special Needs, if Any |
| Client | _____ | _____ | _____ |
| Spouse | _____ | _____ | _____ |
| Children | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Residence Address | _____ | | Telephone (____) _____ |
| | _____ | | |
| Your Occupation | _____ | | Employer _____ |
| Business Address | _____ | | Telephone (____) _____ |
| | _____ | | |
| Spouse's Occupation | _____ | | Employer _____ |
| Business Address | _____ | | Telephone (____) _____ |
| | _____ | | |
| Attorney | _____ | | Telephone (____) _____ |
| Accountant | _____ | | Telephone (____) _____ |
| Other Professional Advisor | _____ | | Telephone (____) _____ |

| Financial and Estate Planning Objectives |
|--|
| <p>Be specific. Examples: Survivor income; minimize estate taxes; pass the business on to children)</p> |
| <p>1. _____</p> |
| <p>2. _____</p> |
| <p>3. _____</p> |
| <p>Is there anything else I should know about your family, your plans and objectives, obligations or anything that is of particular concern? _____</p> |
| <p>_____</p> |
| <p>_____</p> |

Present Estate Plan

| | | | |
|--|-----------|----------|-------------|
| Do you have a will? | Yes _____ | No _____ | Dated _____ |
| Does your spouse have a will? | Yes _____ | No _____ | Dated _____ |
| Provisions of your and your spouse's wills: _____ | | | |
| Simple Will, all to surviving spouse | Yes _____ | No _____ | |
| A will with provisions for a trust | Yes _____ | No _____ | |
| Were you and your spouse married in another state? | Yes _____ | No _____ | |
| If yes, where? _____ | | | |
| Do you or your spouse own a residence or business in another state? _____ | | | |
| Are you, spouse or children the beneficiaries of any trust? (Describe) _____ | | | |
| Describe any existing trusts or any special bequests (such as to a charity or others): | | | |

Post-Death Monthly Income Objectives

| | | | | |
|---|---------------|-----------|-------|--|
| Monthly Income to Spouse/Family | \$ _____ | for _____ | years | |
| | then \$ _____ | for _____ | years | |
| Presently covered by Social Security: Self (Yes/No) _____ Spouse (Yes/No) _____ | | | | |
| Other monthly income sources available? (Describe) _____ | | | | |
| Education Fund Per Child | \$ _____ | | | |
| Emergency Fund | \$ _____ | | | |
| Mortgage Payoff Fund | \$ _____ | | | |
| Other Needs (Describe) _____ | | | | |

Retirement Plans

| | | | |
|---|---------------|-----------------------------------|-------------|
| Retirement Monthly Income Objective \$ _____ | | | |
| | | Projected Monthly Living Benefits | Death Value |
| Qualified Plans: | Client's Life | \$ _____ | \$ _____ |
| | Spouse's Life | \$ _____ | \$ _____ |
| Nonqualified Salary Continuation Plans? (Describe benefits) _____ | | | |
| Other Funds Available for Retirement? (Describe) _____ | | | |

| Annual Income | | | | |
|----------------------|--------------|-------------|-------------|--------------------|
| Client | Salary _____ | Bonus _____ | Other _____ | Tax Bracket _____% |
| Spouse | Salary _____ | Bonus _____ | Other _____ | |

| Assets and Liabilities | | | | |
|---|---|---------------|--|---|
| Assets* | | | | |
| <p><small>* Jointly owned and community property assets and liabilities are generally split equally between the spouses</small></p> | Current Fair Market Value (\$) | | Value in Quick/ Forced Sale | Should this asset be disposed of at 1st death? (Yes/No) |
| | Self | Spouse | | |
| Residence | _____ | _____ | _____ | _____ |
| Other Real Estate | _____ | _____ | _____ | _____ |
| Business Interest | _____ | _____ | _____ | _____ |
| Marketable Securities | _____ | _____ | _____ | _____ |
| Checking and Savings | _____ | _____ | _____ | _____ |
| Life Insurance Owned on Your Life | _____ | _____ | _____ | _____ |
| Cash Value of Life Insurance Policies Owned on Others | _____ | _____ | _____ | _____ |
| Personal Property | _____ | _____ | _____ | _____ |
| Retirement Funds | _____ | _____ | _____ | _____ |
| Revocable Trusts | _____ | _____ | _____ | _____ |
| Future Inheritance | _____ | _____ | _____ | _____ |
| Other Assets | _____ | _____ | _____ | _____ |
| Subtotal | _____ | _____ | _____ | _____ |
| Liabilities | | | | |
| Mortgage on Residence | _____ | _____ | _____ | _____ |
| Other Mortgages | _____ | _____ | _____ | _____ |
| Consumer Loans | _____ | _____ | _____ | _____ |
| Other Debts | _____ | _____ | _____ | _____ |
| Subtotal | _____ | _____ | _____ | _____ |
| TOTAL (Assets – Liabilities) | _____ | _____ | _____ | _____ |

Life Insurance
(On self and spouse, and policies owned by self and spouse on others)

| Company | Insured | Owner | Beneficiary | Total Face Amount | Cash Value | Type* | Loan Outstanding | Annualized Premium |
|---------|---------|-------|-------------|-------------------|------------|-------|------------------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* Permanent, Universal, Term, Group, Credit Life, Mortgage Life, Second-to-die

Health Insurance

Disability Income Insurance

Benefit Period: _____
 Waiting Period: _____
 Monthly Benefit: _____

Other Health Insurance

Describe: _____

Notes

