

# ***HOLMAN & HOWARD***

*ATTORNEYS AT LAW*

298 MAIN STREET

YARMOUTH, ME 04096

Lewis A. Holman  
John C. Howard

Telephone: (207) 846-6111  
Fax: (207) 846-6113  
Email: holman@holmanhoward.com

ESTATE PLANNING APPOINTMENT ON: \_\_\_\_\_

It will be very helpful if you can bring copies or the originals of the following documents. I realize that no one will have copies of all of the documents listed below.

1. Copies of your present Will, Codicils, Living Will and Powers of Attorney.
2. Copies of any trust instruments or Wills under which you: (a) are now acting as Executor or Trustee; (b) are now a beneficiary; or (c) under which you have any power of appointment.
3. Copy of pre-nuptial or post-nuptial agreement in which you are involved.
4. Copies of divorce or separation papers involving you.
5. Copies of adoption papers relating to you or to other family members.
6. Copy of any existing powers of attorney which you have given to anyone.
7. Naturalization papers, if you were not born a United States citizen.
8. Copies of any outstanding promissory notes owed by, or to, you.
9. Copy of any employment agreement which concerns you.
10. Copies of your stock options, if any.
11. Copies of any deferred compensation agreement which concerns you.
12. Evidence of any employee benefits, and booklets describing all these plans, and the latest statements of the amounts accrued in your favor and your anticipated return. These may include group life insurance, pension benefits, profit sharing benefits and similar plans.

13. Summary of your life insurance program if your insurance adviser has furnished you with one.
14. Copies of any agreements which concern any business enterprise in which you now have or expect to have an interest, including buy-out agreements.
15. Copies of any documents which concern business investments that you may have, such as tax shelter partnerships and similar ventures, with any cash flow projections you may have.
16. Copies of all gift tax returns which you have ever filed.
17. Any documents relating to any pending litigation involving you.
18. Any other documents, papers, or data which you think might be helpful to me.
19. Any other data which you would like me to review with you.

Client: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
D.O.B. \_\_\_\_\_

Client: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
D.O.B. \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Period of residence in Maine if less than 10 years: \_\_\_\_\_

Prior states resided in within past 10 years: \_\_\_\_\_

Citizenship: \_\_\_ USA \_\_\_ Other \_\_\_\_\_

Income Tax Payer of What State: \_\_\_ Maine \_\_\_ Other State

Children (adopted, natural, stepchildren, former marriage):

(1) Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

(2) Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

(3) Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Are any of your children separated or divorced? \_\_\_\_\_

Do any of your children have physical or mental illnesses or limitations which require special attention in your estate planning? \_\_\_\_\_

If you answered yes to either of these questions, please note:

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

Other dependents or family members (give name, date of birth, relationship): \_\_\_\_\_

\_\_\_\_\_

Prior marriages of either spouse (name of former spouse, date and place married and divorced or deceased): \_\_\_\_\_

\_\_\_\_\_

Obligations for alimony or child support: \_\_\_\_\_

\_\_\_\_\_

Lifetime gifts over \$3,000 after 1976 and over \$10,000 after 1981 (years, donee, amount, gift tax return filed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estate Planning Advisors:

Name & Address

Telephone #

Accountant: \_\_\_\_\_

Bank Officer: \_\_\_\_\_

Insurance: \_\_\_\_\_

Stock Broker: \_\_\_\_\_

Physician: \_\_\_\_\_

ASSETS

Real Estate: (For each property please describe whether it is your residence, vacation home or other real estate and also its location, date of acquisition, whether acquired by purchase, gift or inheritance, whether held jointly or solely by one spouse, any mortgages and its estimated fair market value).

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you maintain homes in two or more states? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which states: \_\_\_\_\_

Vacation home/s location/s, mortgage amount/s: \_\_\_\_\_

\_\_\_\_\_

Bank Accounts: (Bank Name, Account Number, Approximate Value, Amount in Joint Names or Held Separately)

Savings Account: \_\_\_\_\_

\_\_\_\_\_

Checking Account: \_\_\_\_\_

\_\_\_\_\_

Other types of accounts (IRA's, Keogh, etc.):

Owned by:  
(husband, wife, jointly)

\_\_\_\_\_

\_\_\_\_\_

Safe Deposit Box: (Bank, box #, location of keys):

\_\_\_\_\_

Marketable stocks, bonds, mutual funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Closely held corporate stock or partnership interests:

---

Pension and Annuities:

<u>Company</u>	<u>Amount Vested</u>	<u>Income or Payments</u>	<u>Death Benefit</u>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Life insurance:

<u>Company</u>	<u>Owner</u>	<u>Policy#</u>	<u>Beneficiary</u>	<u>Face Value</u>

General power of appointment: \_\_\_\_\_

---

Personal property (list valuable property or household furnishings, date purchased, purchase price):

Owned by:  
(husband, wife,  
jointly)

---

---

---

---

Other assets (business, future inheritances, commissions, etc.):

---

---

Liabilities:

Bank - Balance owed

Real estate mortgages: \_\_\_\_\_

---

Notes, taxes, etc.: \_\_\_\_\_

---

#### TRUST INFORMATION

1. Are you the beneficiary of a trust? (If so, list approximate value, and attach copy of documents for each trust)

---

---

2. Have you ever established a trust? (If yes, list value of assets in trust, and attach copy of each document)

---

---

3. Do you hold a power of appointment over any property? (If yes, attach document granting each power of appointment)

---

---

4. Do you anticipate receiving any inheritances? If yes, from



whom and what is the anticipated amount?

---

---

Additional information which you feel may be relevant (antenuptual agreements, Wills & trusts of other family members, etc.). Please be sure to note any assets of yours which may be located outside of Maine:

---

---

---

\*\*\*\*\*

Please do not fill in the remainder of this form. However, you should read through the questions because we will discuss them at our first meeting.

\*\*\*\*\*

Name

Address

Personal representative: \_\_\_\_\_  
\_\_\_\_\_

Successor: \_\_\_\_\_  
\_\_\_\_\_

Trustee: \_\_\_\_\_  
\_\_\_\_\_

Alternate: \_\_\_\_\_  
\_\_\_\_\_

Estate planning goals (what property to which persons at what time):

Single person: \_\_\_\_\_

---

Spouse survives: \_\_\_\_\_

---

Spouse does not survive: \_\_\_\_\_

---

Simultaneous deaths: \_\_\_\_\_

---

Charitable bequests: \_\_\_\_\_

Other specific bequests: \_\_\_\_\_

---

Trusts (objectives, beneficiaries, powers, remainder, conclusion):

---

Burial arrangements: \_\_\_\_\_

Advance Health Care Directive: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_