

ESTATE PLANNING CLIENT INFORMATION WORKSHEET

We are dedicated to providing comprehensive, highly personalized estate planning counsel to individuals, couples, families, and businesses. Our goal is to assist you with an estate plan that achieves your objectives with regard to maintaining control, passing your estate to your loved ones in the manner you desire and minimizing estate and inheritance taxes, as well as other costs.

The purpose of this worksheet is to help you prepare for our upcoming estate planning conference and to provide us with the important personal and family information related to your estate. This information will enable us to properly advise you as to the estate tax and related issues that will affect your family.



PERSONAL INFORMATION

Full Legal Name _____

Home address _____

City _____ County _____ State _____ ZIP _____

Home phone _____ Cell phone _____

Work phone _____ Email _____

Birth date _____ / _____ / _____ SSN _____ - _____ - _____

Employer _____ Position _____

Work address _____

City _____ County _____ State _____ ZIP _____

Married Date _____

Divorced Date _____

Widowed Date _____

Single

U.S. Citizen

Have you served in the military? Yes No

If yes, list the branch and dates served _____

NOTES: _____



PERSONAL INFORMATION

Spouse's Full Legal Name _____

Home address _____

City _____ County _____ State _____ ZIP _____

Home telephone _____ Cell phone _____

Work telephone _____ Email _____

Birth date _____ / _____ / _____ SSN _____ - _____ - _____

Employer _____ Position _____

Work address _____

City _____ County _____ State _____ ZIP _____

Married Date _____

Divorced Date _____

Widowed Date _____

Single

U.S. Citizen

Have you served in the military? Yes No

If yes, list the branch and dates served _____

NOTES: _____



CHILDREN'S INFORMATION

CHILD #1

Full Legal Name _____

Home address _____

City _____ County _____ State _____ ZIP _____

Home telephone _____ Cell phone _____

Work telephone _____ Email _____

Birth date _____ / _____ / _____ SSN _____ - _____ - _____

Employer _____ Position _____

Child of Husband Wife Joint

Tax Dependent? Yes No

Special Needs? Medical Educational Financial

Married Spouse's Name _____

Divorced Widowed Single

Grandchild's Name	Parent(s)	Age	Special Needs?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES: _____

BOSSENBROOK WILLIAMS

1600 Abbot Road, Ste. 200, East Lansing, MI 48823 - 517-333-5789

CHILDREN'S INFORMATION

CHILD #2

Full Legal Name _____

Home address _____

City _____ County _____ State _____ ZIP _____

Home telephone _____ Cell phone _____

Work telephone _____ Email _____

Birth date _____ / _____ / _____ SSN _____ - _____ - _____

Employer _____ Position _____

Child of Husband Wife Joint

Tax Dependent? Yes No

Special Needs? Medical Educational Financial

Married Spouse's Name _____

Divorced Widowed Single

Grandchild's Name	Parent(s)	Age	Special Needs?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES: _____

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CHILDREN'S INFORMATION

CHILD #3

Full Legal Name _____

Home address _____

City _____ County _____ State _____ ZIP _____

Home telephone _____ Cell phone _____

Work telephone _____ Email _____

Birth date _____ / _____ / _____ SSN _____ - _____ - _____

Employer _____ Position _____

Child of Husband Wife Joint

Tax Dependent? Yes No

Special Needs? Medical Educational Financial

Married Spouse's Name _____

Divorced Widowed Single

Grandchild's Name	Parent(s)	Age	Special Needs?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES: _____

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CHILDREN'S INFORMATION

CHILD #4

Full Legal Name _____

Home address _____

City _____ County _____ State _____ ZIP _____

Home telephone _____ Cell phone _____

Work telephone _____ Email _____

Birth date _____ / _____ / _____ SSN _____ - _____ - _____

Employer _____ Position _____

Child of Husband Wife Joint

Tax Dependent? Yes No

Special Needs? Medical Educational Financial

Married Spouse's Name _____

Divorced Widowed Single

Grandchild's Name	Parent(s)	Age	Special Needs?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES: _____

BW

PROFESSIONAL ADVISORS

Name of tax preparer or Accountant _____

Company name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

Website _____ Email _____

Name of Financial Advisor _____

Company name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

Website _____ Email _____

Name of Life Insurance Agent _____

Company name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

Website _____ Email _____



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