

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**\*\*\* CONFIDENTIAL \*\*\***

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ESTATE PLANNING INFORMATION AND DOCUMENTS

If possible, please bring the following documents with you to your initial estate planning consultation. You are welcome to come to your appointment and discuss your estate planning without providing these documents. However, at the very least please think about the issues on these forms and come to your appointment with basic information (i.e. names, addresses, and phone numbers for the people who you plan to appoint in your documents).

- Copies of present Wills and Trust documents, if any.
- Copies of Deeds to real property (for title purposes) and mortgages, if any.
- Copies of Titles to any motor vehicles.
- Beneficiary Designation and Amount of Death Benefit of Life Insurance Policies.
- Manner of title holding of any stock (how the ownership appears on the certificates) and value of each stock.
- Employee Benefit Plan Descriptions (Pension, Profit Sharing) and Beneficiary Designations.
- Copies of any gift tax returns filed.
- Prenuptial Agreement, if any.
- If in business, any partnership agreements or buy-and-sell agreements.

**Please do not delay your appointment with us for lack of answers to the questions, since we can often assist you with troublesome items.** However, it is most helpful if you can fill out the attached forms and return them to our office prior to your initial visit. If any of the information is not relevant leave the item blank.

In developing your estate plan and preparing appropriate documents, we will rely on the information provided by you without independently verifying the information listed herein. It is thus important that this information be as accurate and complete as possible.

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**CONFIDENTIAL CLIENT INFORMATION**

Client Full Name: \_\_\_\_\_

Client Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Owned: Solely Jointly

Client Telephone Number: \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

\_\_\_\_\_ (work)

\_\_\_\_\_ (fax)

Client E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Client Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Client Marital Status: Single Married Divorced Remarried Widowed

Client's Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you own your own business, do you have information on prospective purchasers in the event of your death or on other aspects of disposition of the business? If yes, who knows the location of this information?

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

Client's Insurance Agent: \_\_\_\_\_

Client's Accountant: \_\_\_\_\_

Client's Tax Advisor: \_\_\_\_\_

Client's Investment Advisor: \_\_\_\_\_

**FAMILY INFORMATION**

<u>Relation</u>	<u>Full Legal Name</u>	<u>Address</u>	<u>Phone Number</u>
<b>Spouse</b> <u>Birth Date</u> ____/____/____			(    )    - (    )    -
<b>Child #1</b> <u>Birth Date</u> ____/____/____			(    )    - (    )    -
<b>Child #2</b> <u>Birth Date</u> ____/____/____			(    )    - (    )    -
<b>Child #3</b> <u>Birth Date</u> ____/____/____			(    )    - (    )    -
<b>Child #4</b> <u>Birth Date</u> ____/____/____			(    )    - (    )    -
<b>Child #5</b> <u>Birth Date</u> ____/____/____			(    )    - (    )    -

Are any of the above adopted or is your spouse not the parent of all children? If yes, please list:

If you have minor children or an adult with a disabling condition, who would you like designate in your will as guardian(s):

<u>Guardian</u>	<u>Full Legal Name</u>	<u>Address</u>	<u>Phone Number</u>
<u>First Choice</u>			( ) - ( ) -
<u>First Alternate</u>			( ) - ( ) -
<u>Second Alternate</u> (If desired)			( ) - ( ) -

If you do not have a spouse or any children, please list your next-of-kin (i.e. parents, siblings, nieces and nephews):

<u>Relation</u>	<u>Full Legal Name</u>	<u>Address</u>	<u>Phone Number</u>
<u>Birth Date</u> ____/____/____			( ) - ( ) -
<u>Birth Date</u> ____/____/____			( ) - ( ) -





**PLANNING INFORMATION\***

*\*We will discuss in more detail at your appointment. Feel free to call if you have questions.*

**(1) LAST WILL AND TESTAMENT:**

Who would you like to be the Executor and Alternate Executor of your Will?

<b><u>Executor</u></b>	<b><u>Full Legal Name</u></b>	<b><u>Address</u></b>	<b><u>Phone Number</u></b>
Your Executor manages your Estate through your Will in Probate Court.			( ) - ( ) -
<u>First Alternate</u>			( ) - ( ) -
<u>Second Alternate</u> (If desired)			( ) - ( ) -

**At your death to whom would you like your property to pass? If you would prefer that a percentage be passed to different people, please list the specific percentages below:**

(2) GENERAL DURABLE POWER OF ATTORNEY:

<u>Agent</u>	<u>Full Legal Name</u>	<u>Address</u>	<u>Phone Number</u>
Your agent has authority to manage your finances, so he/she must be someone you trust.			( ) - ( ) -
<u>Alternate Agent</u>			( ) - ( ) -

(3) DURABLE MEDICAL POWER OF ATTORNEY:

<u>Agent</u>	<u>Full Legal Name</u>	<u>Address</u>	<u>Phone Number</u>
Your agent will make health care decisions for you if you are unable.			( ) - ( ) -
<u>First Alternate</u>			( ) - ( ) -
<u>Second Alternate</u> (If desired)			( ) - ( ) -



(4) LIVING WILL:

<b>Contact</b>	<b>Full Legal Name</b>	<b>Address</b>	<b>Phone Number</b>
Who should be contacted in order to decide if life support should be withdrawn?			( ) - ( ) -
<u>First Alternate</u>			( ) - ( ) -
<u>Second Alternate</u> (If desired)			( ) - ( ) -

(5) REPRESENTATIVE FOR DISPOSITION OF BODILY REMAINS:

<b>Order</b>	<b>Full Legal Name</b>	<b>Address</b>	<b>Phone Number</b>
Who do you want to be in charge of your body and funeral/burial services?			( ) - ( ) -
<u>First Alternate</u>			( ) - ( ) -
<u>Second Alternate</u> (If desired)			( ) - ( ) -

**Do you want to be an organ donor?**

YES

NO

Have you or your spouse ever executed a trust? If so, please explain who created the trust, the trustee, and the trust beneficiaries:

If not, do you want a trust?                      Yes                      No

If yes, who would you like to be your trustee and alternate trustee? Who would you like to be your beneficiaries?

Have you ever made gifts in excess of \$10,000 to any person (including your spouse and children) in any one year? If so, please describe:

Do any of your family members have special needs (i.e. long term medical problems, financial irresponsibility, incompetency, etc.)? If so, please explain:

**ASSETS**

Do you have any bank accounts (i.e. checking, savings)? If so, please list:

- (1) Institution: \_\_\_\_\_  
Type: \_\_\_\_\_ Approximate Value: \_\_\_\_\_
- (2) Institution: \_\_\_\_\_  
Type: \_\_\_\_\_ Approximate Value: \_\_\_\_\_
- (3) Institution: \_\_\_\_\_  
Type: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Do you have any stocks and bonds? If so, please list:

- (1) Company: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Approximate Value: \_\_\_\_\_
- (2) Company: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Approximate Value: \_\_\_\_\_
- (3) Company: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Do you have any retirement plans, 401(k)s, pension/profit sharing plans? If yes, please list:

- (1) Type: \_\_\_\_\_ Approximate Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_
- (2) Type: \_\_\_\_\_ Approximate Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_
- (3) Type: \_\_\_\_\_ Approximate Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_
- (4) Type: \_\_\_\_\_ Approximate Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Do you have any life insurance plans? If so, please list:

(1) Company: \_\_\_\_\_ Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_

(2) Company: \_\_\_\_\_ Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_

Are you a named beneficiary in a trust, insurance policy, retirement account, or do you expect to receive any inheritance? If so, please describe:

Do you own any automobiles, boats, or other valuable personal property? If so, please list:

(1) Description: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_ Owned: Solely Jointly

(2) Description: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_ Owned: Solely Jointly

(3) Description: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_ Owned: Solely Jointly

(4) Description: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_ Owned: Solely Jointly

Do you own any real estate located in the State of Ohio? If so, please list:

(1) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: Ohio Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Owned: Solely Jointly

(2) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: Ohio Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Owned: Solely Jointly

Do you own any real estate outside of the State of Ohio? If so, please list:

(1) Out-of-State Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Owned: Solely Jointly

(2) Out-of-State Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Owned: Solely Jointly

Do you have any debts (i.e. credit card) or any other liabilities (i.e. mortgages)? If so, please describe:

