

PRELIMINARY ESTATE PLANNING INFORMATION[®]
The National Association of Financial and Estate Planning

Planner/Rep Info		NAFEP Acct no.
Name: _____	PH: (____) _____	FAX: (____) _____

Date _____ Estate Owner's Home Phone (____) _____

Estate Owner #1 _____ Owner #2 _____

Owner 1 Birth Date _____ Owner 2 Birth Date _____

Is Owner 1 a U.S. citizen? Yes No Is Owner 2 a U.S. citizen? Yes No

Street Address _____

City, State, Zip _____ County _____

Rate the Importance of the Following in Your Estate Plan. Check Only One "Importance" Column for Each Item:

	Extremely Important	Important	Not Very Important	No Importance
1. Probate avoidance				
2. Estate/gift tax avoidance				
3. Financial privacy				
4. Asset protection				
5. Prevention of a future spouse of my/our present marriage mate from receiving or inheriting my/our present property				
6. Transferring my/our estate to my/our heirs with the timing and manner that I can plan for now				
7. Organization of financial affairs				
8. Professional estate management in my/our latter years				

If you checked asset protection above "Extremely Important" or "Important", provide a list of the potential problems you wish to protect your estate from:

- Vehicular accidents
 Proprietorship business ownership
 Malpractice liabilities
 Ex-spouses
 Divorce
 Rental property liabilities
 Joint tenancy ownership
 Environmental hazards
 Future spouses
 Any of Business: customers, employees, competitors, regulatory agencies, sub-contractors, creditors
 Any of Positions In/On: partnerships, corporate officer or director, advisory board, leadership in civic organizations
 Other: _____

If there is either an existing or potential judgment, lien, attachment, divorce or garnishment action that is of significant danger to your assets, please describe it briefly, and circle whether it is: EXISTING or POTENTIAL (and be aware that it may be illegal or impossible to avoid existing problems).

Describe any special estate planning goals or concerns you may have. For example, you may want certain property to go to specific heirs, or certain handicapped heirs to have special care and/or oversight of their finances, or you may feel that you have an especially large estate or gift tax problem, grandchildren to take care of, each spouse has their own separate heirs, etc. Use the extra space on the back if you need more room.



Estimate Your Equity and the Fair Market Value (Current Selling Value) in Any of the Following Which You Own:

	EQUITY	FAIR MARKET VALUE
Main Residence	_____	_____
2nd Or Vacation Home	_____	_____
Non-Income Real Estate	_____	_____
Income Real Estate	_____	_____
Life Insurance Cash Values	_____	_____
Notes Receivables/Trust Deeds, Etc.	_____	_____
Securities <small>(Marketable securities, such as stocks, bonds, mutual funds, etc.)</small>	_____	_____
Business Interests and/or Assets <small>(Partnership, corp., LLC or proprietorship interests not included in Securities, above)</small>	_____	_____
Cash Assets <small>(Checking & savings accounts, money market funds, CDs, etc.)</small>	_____	_____
Pension Plan Assets <small>(Employer/company plans, IRAs, Keoughs, non-qualified, etc.)</small>	_____	_____
Corporate Employer Stock Options <small>(Qualified or non-qualified company sponsored stock option plans)</small>	_____	_____
Collectibles <small>(Coins, bullion, stamps, art, antiques, classic automobiles, etc.)</small>	_____	_____
Personal Property <small>(Vehicles, Boats, furniture, electronics, or anything of significant value not already listed).</small>	_____	_____
Totals	_____	_____

Of the above total Equity amount, estimate below the amount which belongs separately to each Owner/spouse:

Owner No. 1 \$ _____ Owner No. 2 \$ _____ Jointly Held \$ _____

If either Owner expects to receive a gift or inheritance that will substantially add to their estate's value, estimate the amount.

Owner No. 1 \$ _____ Owner No. 2 \$ _____

If either Owner owns one or more life insurance policies, list the total amount of death benefits that each expects to keep in force until death:

Owner No. 1 \$ _____ Owner No. 2 \$ _____

Check any entity which you own a controlling interest in: C Corp [] S Corp [] LLC [] Partnership [] Proprietorship []

Do you presently have a general, family estate trust, whether funded or un-funded? Yes [] No []

Do you have a pre or post-nuptial agreement? Yes [] No []

How many children do you have? _____ What are their age ranges? From age _____ to age _____

How many grandchildren do you have? _____ What are their age ranges? From age _____ to age _____

I/We wish to have the above information reviewed by a Member of The National Association of Financial and Estate Planning for a no cost, educational explanation of an estate plan which would likely be best suited for my/our estate planning needs.

Owner 1 Signature

Owner 2 Signature