

Cipparone & Zaccaro, PC

Estate Planning

Date Form Completed: _____

CLIENT # 1 INFORMATION

Name: _____ Nickname: _____

Address: _____ Soc. Sec. #: _____

Birth Date: _____

U. S. Citizen? Yes _____ No _____

Home Phone: _____ State of Domicile? _____

Home Email: _____

Work Phone: _____

EMPLOYMENT INFORMATION

Work Email: _____

Cell Phone: _____ Title: _____

Fax Number: _____ Employer: _____

Employer Address: _____

Marital Status: Divorced _____

Married _____

Single _____

Widowed _____

Other _____

NOTES _____

CLIENT # 2 INFORMATION

Name: _____ Nickname: _____

Address: _____ Soc. Sec. #: _____

_____ Birth Date: _____

U. S. Citizen? Yes _____ No _____

Home Phone: _____ State of Domicile? _____

Home Email: _____

Work Phone: _____

EMPLOYMENT INFORMATION

Work Email: _____

Cell Phone: _____ Title: _____

Fax Number: _____ Employer: _____

Employer Address: _____

Marital Status: Divorced _____

 Married _____

 Single _____

 Widowed _____

 Other _____

NOTES _____

CHILDREN'S INFORMATION

CHILD #1:

Name: _____ Nickname: _____

Address: _____ Soc. Sec. #: _____

Birth Date: _____

Spouse: _____ U. S. Citizen? Yes _____ No _____

Home Phone: _____ State of Domicile? _____

Work Phone: _____

E-mail Address: _____ Employment Information: _____

Child of Both? Yes _____ No _____ Title: _____

If not, child of: _____ Employer: _____

CHILDREN (including ages):

NOTES (other relevant information)

_____	_____
_____	_____
_____	_____
_____	_____

CHILD #2:

Name: _____ Nickname: _____

Address: _____ Soc. Sec. #: _____

Birth Date: _____

Spouse: _____ U. S. Citizen? Yes _____ No _____

Home Phone: _____ State of Domicile? _____

Work Phone: _____

E-mail Address: _____ Employment Information: _____

Child of Both? Yes _____ No _____ Title: _____

If not, child of: _____ Employer: _____

CHILDREN (including ages):

NOTES (other relevant information)

_____	_____
_____	_____
_____	_____
_____	_____

CHILDREN'S INFORMATION

CHILD #3:

Name: _____ Nickname: _____

Address: _____ Soc. Sec. #: _____

Birth Date: _____

Spouse: _____ U. S. Citizen? Yes _____ No _____

Home Phone: _____ State of Domicile? _____

Work Phone: _____

E-mail Address: _____ Employment Information:

Child of Both? Yes _____ No _____ Title: _____

If not, child of: _____ Employer: _____

CHILDREN (including ages):

NOTES (other relevant information)

_____	_____
_____	_____
_____	_____
_____	_____

CHILD #4:

Name: _____ Nickname: _____

Address: _____ Soc. Sec. #: _____

Birth Date: _____

Spouse: _____ U. S. Citizen? Yes _____ No _____

Home Phone: _____ State of Domicile? _____

Work Phone: _____

E-mail Address: _____ Employment Information:

Child of Both? Yes _____ No _____ Title: _____

If not, child of: _____ Employer: _____

CHILDREN (including ages):

NOTES (other relevant information)

_____	_____
_____	_____
_____	_____
_____	_____

PETS

Pets currently owned:

Name	Microchip No./ Identifying Marks	Type/Breed	Age	Gender

Special Medication / Dietary /Care Instructions:

Name	Medication / Dietary / Care Instructions

Proposed Custodians:

Pet Name	Custodian	Relationship to You	Address	Phone/ e-mail

Veterinarians:

Pet Name	Veterinarian's name	Address	Phone/ e-mail	Website

PROFESSIONAL ADVISORS' INFORMATION

Name: _____ Nickname: _____
Title: _____
Employer: _____ Work Phone: _____
Address: _____ Work Email: _____
_____ Cell Phone: _____
_____ Fax Number: _____

NOTES (other relevant information)

Advisor Type: Accountant
Banker/Trust Officer
Financial Planner
Insurance Agent
Other: _____

Name: _____ Nickname: _____
Title: _____
Employer: _____ Work Phone: _____
Address: _____ Work Email: _____
_____ Cell Phone: _____
_____ Fax Number: _____

NOTES (other relevant information)

Advisor Type: Accountant
Banker/Trust Officer
Financial Planner
Insurance Agent
Other: _____

Name: _____ Nickname: _____
Title: _____
Employer: _____ Work Phone: _____
Address: _____ Work Email: _____
_____ Cell Phone: _____
_____ Fax Number: _____

NOTES (other relevant information)

Advisor Type: Accountant
Banker/Trust Officer
Financial Planner
Insurance Agent
Other: _____

CLIENT # 1 ASSETS

LIFE INSURANCE:

1. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

2. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

3. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

ANNUITY: Company: _____ Contract #: _____

Value	Beneficiary	Contingent Bene.	Terms/Conditions

RETIREMENT PLANS:

	Value	Institution	Beneficiary	Contingent Bene.
IRAs				
Qualified Plan				

NON-RETIREMENT BROKERAGE ACCOUNTS:

Account Name	Value	Institution	Beneficiary	Contingent Bene.

REAL ESTATE:

	Value	Address	Mortgage	Cost Basis
Personal Residence				
Vacation/2 nd Residence				
Commercial				
Other Parcels				

CLOSELY HELD BUSINESS INTEREST(S):

Name	Value	% Owned	Sub-S (Y/N)	Classes	Buy/Sell (Y/N)	Child in Bus.

Bank Accounts (institution, value): _____

CLIENT # 2 ASSETS

LIFE INSURANCE:

1. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

2. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

3. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

ANNUITY: Company: _____ Contract #: _____

Value	Beneficiary	Contingent Bene.	Terms/Conditions

RETIREMENT PLANS:

	Value	Institution	Beneficiary	Contingent Bene.
IRAs				
Qualified Plan				

NON-RETIREMENT BROKERAGE ACCOUNTS:

Account Name	Value	Institution	Beneficiary	Contingent Bene.

REAL ESTATE:

	Value	Address	Mortgage	Cost Basis
Personal Residence				
Vacation/2 nd Residence				
Commercial				
Other Parcels				

CLOSELY HELD BUSINESS INTEREST(S):

Name	Value	% Owned	Sub-S (Y/N)	Classes	Buy/Sell (Y/N)	Child in Bus.

Bank Accounts (institution, value): _____

JOINT ASSETS

LIFE INSURANCE:

1. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

2. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

3. Company: _____ Policy #: _____

Death Benefit	Premium	Owner	Beneficiary	Contingent Bene.	Cash Value

ANNUITY: Company: _____ Contract #: _____

Value	Beneficiary	Contingent Bene.	Terms/Conditions

NON-RETIREMENT BROKERAGE ACCOUNTS:

Account Name	Value	Institution	Beneficiary	Contingent Bene.

REAL ESTATE:

	Value	Address	Mortgage	Cost Basis
Personal Residence				
Vacation/2 nd Residence				
Commercial				
Other Parcels				

CLOSELY HELD BUSINESS INTEREST(S):

Name	Value	% Owned	Sub-S (Y/N)	Classes	Buy/Sell (Y/N)	Child in Bus.

BANK ACCOUNTS (institution, value): _____

GENERAL QUESTIONS

1. Do you have any miscellaneous assets or liabilities such as stock options, deferred compensation, lawsuits, guarantees, etc.? Yes _____ No _____
If yes, please describe and indicate values:

2. Do you have any continuing obligations under a divorce decree? Yes _____ No _____
If yes, please indicate the amount and provide a copy of the decree.

3. Do you have a premarital agreement? Yes _____ No _____
If yes, please provide a copy of the agreement.

4. Have you created or are you a beneficiary of any trust(s)? Yes _____ No _____
If yes, please provide a copy of each trust.

5. Have you made any taxable gifts? Yes _____ No _____
If yes, please provide a copy of all Gift Tax Returns.

6. Have you ever lived in a community property state while married? Yes _____ No _____

7. Any potential inheritances? Yes _____ No _____
If yes, please describe and indicate approximate potential value:

