A Mom-Tastic Resource Provided to The Business of Motherhood By Guest Author Stuart H. Sorkin, P.C., Esq., www.BusinessofMotherhood.com CONFIDENTIAL PERSONAL DATA FOR ESTATE PLANNING PURPOSES ONLY

TO: STUART H. SORKIN, P.C. 5431 MOHICAN ROAD BETHESDA, MARYLAND 20816 (301) 320-1152 FAX: (301) 320-2774 E-mail: ssorkin@shspc.com FROM:

DATE:_____, 2007

THE INFORMATION CONTAINED IN THIS FORM IS CONFIDENTIAL AND IS SUBMITTED FOR PURPOSES OF ENABLING MY ATTORNEY TO ASSIST ME IN PLANNING MY ESTATE.

I. <u>FAMILY DATA</u>:

1.	<u>Name</u>	Date <u>of Birth</u>	Soc. Security No
You			
Spouse	2		
2.	Personal Data:		
a.	Home Address:	Phone	:
			Own:
b.	Length of residence in present	State:	
c.	If you own any other real prop	erty, including summer house	(s), list address(es):
d.	Business and Address:		
	You	Phone:	:
	Spouse	Phone:	:

3. <u>Living Children</u>:

1.

(Name of Child)

(Date of Birth)

(Spouse's Name)

(Address)

Grandchildren's Names and Birth Dates (if a child is of a former marriage or adopted, please note):

2. (Name of Child) (Date of Bi

(Date of Birth)

(Spouse's Name)

(Address)

Grandchildren's Names and Birth Dates (if a child is of a former marriage or adopted, please note):

3. (Name of Child) (Date of Birth) (Spouse's Name) (Address) Estate Plan Data Sheet

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Grandchildren's Names and Birth Dates (if a child is of a former marriage or adopted, please note):

4.

(Name of Child)

(Date of Birth)

(Spouse's Name)

(Address)

Grandchildren's Names and Birth Dates (if a child is of a former marriage or adopted, please note):

(NOTE: If you have more than four children living, please provide the above information as to each child and attach it to this form)

3. <u>Other Family Members/Beneficiaries</u>:

Please list other persons, such as grandchildren of a deceased child, great grandchildren, parents, siblings, or other persons you wish to include in your estate -- please indicate relationship to you:

5. <u>Miscellaneous Information</u>:

a. Have you, your spouse or any children of yours been married previously? If so, please

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identify party, former spouse, and state how the marriage was terminated, <u>i.e.</u>, death, divorce or annulment, and whether the former spouse is still living:

(If there are any children of any previous marriage not listed above, please list their names and birth dates):

b. Have you, your spouse, or any children of yours adopted one or more children? If so, identify him, her or them.

c. Does you or your spouse have a potential inheritance from any-one? If so, please furnish data, including source(s) and anticipated amount(s):

d. Who are your accountant, insurance advisor, stockbroker and financial advisor?

Accountant	Telephone Number
Insurance Advisor	Telephone Number
Stockbroker	Telephone Number
Financial Advisor	Telephone Number

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- e. Do you, your spouse or children have any unique medical or other physical or mental condition which requires special care or which should be of special concern to the estate planner? If so, describe briefly:
- f. If you feel that one or more of your spouse, children, or grandchildren should receive assistance in, or is not capable of, managing money, please note the person(s) concerned:

g. In a few words, describe your estate planning objectives, such as caring for spouse and descendants, elimination/reduction of estate and gift taxes, gifts to charitable causes, <u>etc.</u>:

- h. Do you have any items of personal property, such as jewelry, antique furniture, collections, <u>etc.</u>, which you wish to leave specifically to one or more persons? If so, identify the property and the proposed beneficiary:
- i. Do you wish to make any direct bequests of cash, securities or real property to any person(s) or organizations (churches, colleges, <u>etc.</u>)? If so, describe:

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- j. Have you made any gifts to anyone during your lifetime in excess of \$10,000 (or \$20,000 if made by you and your spouse) in any year? If so, please list the beneficiary, the date(s) of the gift(s), and the fair value of the gift at the time made:
- k. Are you or your spouse the beneficiary of any trust? If so, please identify the trust and the interest therein of yourself or your spouse and whether you or your spouse has a power of appointment over the trust's assets:

1. Has you or your spouse created any trusts, revocable or irrevocable, for the benefit of any person? If so, please identify the nature of the trust, the name(s) of the trustee(s) and the beneficiary(ies) of the trust(s):

II. ASSETS

Estimate the present value of each of the following items of property. If an item is located in a jurisdiction other than that in which you live, indicate where such item is located, and, if necessary, give details as to such assets on the back of this page or on a separate sheet. Indicate how much of each asset held in joint ownership was contributed by you and how much by your spouse. All assets are as of the date of the month ending prior to the completion of this form.

A.	Cash/Bank Accounts:	Owner: H, W, Joint		
	Bank/Location:	Owner:	Total Value	

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Notes, acct. receivable:		
<u>Debtor</u> :	Owner:	<u>Total Value</u>
Stocks and bonds:		
Security/No Shares:	Owner:	Total Value
Partnership Interests:		
Name of Partnership Percentage Interest:	<u>Owner</u> :	Total Value

-	Author Stuart w.BusinessofM		-
Life Insurance: Company, Policy No.:			Face Value:
Stock Options: Company/ No. Shares:		Option Price:	<u>Owner</u> :
Interest in retirement plan and value of benefit): Company/ Description of		e benefit (please <u>Owner</u> :	list employer, nature o <u>Benefit</u> :
	including powers	of appointment)):
Interest in trust or estates (

Business Interests:			
Name of Business:	Owner: Inte	erest:	Value:
Miscellaneous property			hts, royalties
Miscellaneous property Property:	y (patents, trademative) <u>Owner</u> :	rks, copyrig <u>Value</u> :	hts, royalties
			hts, royalties

III. LIABILITIES

If a liability encumbers specific property (i.e., home mortgage, and car loan) please indicate.

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A.	Mortgage on real estate:	Owner	Value	<u>Debt</u>
B.	Other material liabilities: Description:	<u>You</u>	<u>Spouse</u>	<u>Joint</u>

IV. INCOME

Sources and Amounts of Annual Income (including pensions, social security, and other):

Source:	Paid to:	Amount of Income:

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A. Choices for Personal Representative(s) and alternate(s):

You _____

Spouse _____

B. Choices for Trustee(s) and alternate(s):

You			

Spouse _____

C. Choices for Guardian(s) for minor children and alternate(s):

Name _____

Name_____

V. DOCUMENTS

Please supply copies of the following documents. If any such document is nonexistent or inapplicable, so indicate:

- 1. Your present Will and any Powers of Attorney including health care.
- 2. Spouse's Will and any Powers of Attorney including health care.
- 3. Instrument(s) creating any lifetime or testamentary trust in which you, your spouse, or any of your children are either grantors, trustees, or beneficiaries.
- 4. Copies of any antenuptial agreement, postnuptial agreement, separation agreement, separation and/or divorce decree, and adoption papers.
- 5. Copies of all Federal gift tax returns filed by you or your spouse.
- 6. Any explanatory material furnished to you by your employer with respect to any pension plan, profit sharing plan, stock option, or other employee benefit plan.

Are the following documents available should it become necessary to review them?

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- 1. Partnership agreements and stockholder agreements including redemption and crosspurchase agreements.
- 2. Personal Federal income tax returns for last two years.
- 3. Recent personal financial statement.
- 4. Financial statements for last two years for any closely held corporation, partnership, joint venture, or sole proprietorship.
- 5. Federal income tax returns for the last three years for any closely held corporation, partnership or joint venture in which you have an interest.
- 6. All personal, business and life insurance policies.
- 7. Deeds to Real Property

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TO: Clients

FROM: Stuart H. Sorkin, Esq.

DATE: September 25, 2007

RE: Estate Plan

This memorandum is a short summary of the key persons and decisions, which are required prior to the drafting of an estate plan.

- 1. Substitute Personal Representative administers the estate upon the death of the surviving spouse until the estate is distributed to your heirs.
- 2. Independent Trustee administers assets transferred to the trust. The trustee should not be a beneficiary or an alternate beneficiary or the grantor of the trust.
- 3. Substitute Trustee for Revocable Trust administers assets of revocable trust upon the disability or the death of the grantors of the trust. After the death of the surviving grantor, this trustee will administer assets until they are either transferred to the beneficiaries or the independent trustee. This trustee can but does not have to be a beneficiary
- 4. Trust Committee hires and fires the independent trustee after his/her initial appointment in the trust agreement.
- 5. Guardian for minor children you should name at least two alternatives in case one declines or is unable to serve.
- 6. Substitute Attorney-in-fact for Health Care Power of Attorney makes health-care decisions, if surviving spouse is unable.
- 7. Substitute Attorney-in-fact for Durable Power of Attorney makes asset management decisions, if surviving spouse is unable.
- 8. Alternate Beneficiaries are the persons who receive your respective estates if there is no surviving spouse or surviving children.
- 9. Ages for distributions to children, e.g., 30, 35 & 40

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A Mom-Tastic Resource Provided to The Business of Motherhood By Guest Author Stuart H. Sorkin, P.C., Esq., www.BusinessofMotherhood.com Decisions concerning alternatives in your living will.

10.

I want to take this opportunity to thank you for selecting me to work with you an your estate plan. I look forward to working with you.

If you have any questions on the enclosed documents, please do not hesitate to call me.

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