

**WHEN COMPLETE RETURN TO:**

Joel B. Jay  
Attorney at Law  
290 Vincent Ave.  
P.O. Box 508  
Chappell, NE 69129  
Bus.: (308) 874-9934  
FAX: (308) 874-9973  
E-MAIL: office@jaylaw.net

DATE: \_\_\_\_\_

**ESTATE PLAN DATA SHEET**

In order to facilitate your estate plan, it would be most helpful if you could complete this questionnaire to the best of your ability and return it with any related documents prior to the time of our initial conference. Various categories may not apply to your particular situation. **Please do not spend an inordinate amount of time on this data sheet. If there are some areas that you leave blank, I will follow up on those areas with you at a later meeting.**

**1. CLIENT INFORMATION:**

Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Occupation/Employment/Business \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Military Status: N/A  Enlisted  Spouse of enlisted  Dependent of enlisted  Retired

Marital Status: Married  Single  Divorced  Widowed

If widowed, spouse's name and date of death (D.O.D): \_\_\_\_\_

**2. IF MARRIED, COMPLETE THE FOLLOWING:**

Spouse's Full Name \_\_\_\_\_ SS # \_\_\_\_\_  
First Name/Middle Initial/Last Name

Maiden Name \_\_\_\_\_

Occupation/Employment/Business \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Military Status: N/A  Enlisted  Spouse of enlisted  Dependent of enlisted  Retired



**5. CHILDREN OF DECEASED CHILDREN:**

**PARENT'S NAME**

**CHILD'S FULL NAME**

**D.O.B.**

5.1 \_\_\_\_\_  
First Name/Middle Initial/Last Name

5.2 \_\_\_\_\_  
First Name/Middle Initial/Last Name

**6. Are there prior marriages of either husband or wife? (Please show on separate sheet.)**

Yes  No  If yes, please provide copies of these documents.

**7. Are there children of any prior marriages? (Please show on separate sheet.)**

Yes  No  If yes, please provide copies of these documents.

**8. Are there any marriage agreements settling property rights?**

Yes  No  If yes, please provide copies of these documents.

**9. PROPOSED PERSONAL REPRESENTATIVE(S) OF YOUR ESTATE: (Please provide full names (including middle initial) and addresses):**

**Husband:** 1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wife:** 1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. PROPOSED TRUSTEE(S): (Please provide full names (including middle initial) and addresses):**

**Husband:** 1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wife:**

1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. PROPOSED GUARDIAN (OR CO-GUARDIANS)/CONSERVATOR OF MINOR CHILD(REN):  
(Please provide full names (including middle initial) and addresses):**

**Husband:**

1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wife:**

1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. PROPOSED GUARDIAN/CONSERVATOR(S) OF CLIENT: (Please provide full names (including middle initial) and addresses. [In the event of your incapacity during your lifetime and it became necessary and/or desirable to appoint a Guardian over your person and/or Conservator over your property.]**

**Husband:**

1<sup>st</sup> Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Wife:**

1<sup>st</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. PROPOSED AGENT(S) UNDER POWER OF ATTORNEY FOR HEALTH CARE OF CLIENT: (Please provide full names (including middle initial) and addresses). [In the event you are unable to make health care decisions for yourself, you may have an agent appointed pursuant to a Power of Attorney for Health Care.]**

**Husband:**

1<sup>st</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Wife:**

1<sup>st</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. PROPOSED AGENT(S) UNDER DURABLE POWER OF ATTORNEY OF CLIENT: (Please provide full names (including middle initial) and addresses). [In the event you are unable to make certain financial decisions for yourself, you may have an agent appointed pursuant to a Durable Power of Attorney.]**

**Husband:**

1<sup>st</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Wife:**

1<sup>st</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. **Would you like a living will (a document that would direct your preference for long-term, life sustaining, health care if you were to become incapacitated) prepared as part of your estate plan?**

**Husband**    Yes

No

**Wife**    Yes

No

16. **LIVING PARENTS:**

**Husband**

**Wife**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. **Is there any person to be specifically excluded in your estate plan?**

**Husband**    Yes

No

**Wife**    Yes

No

If yes, please describe \_\_\_\_\_

18. **What is the location of your safe-deposit box?** \_\_\_\_\_

\_\_\_\_\_

19. **Who has access to safe-deposit box?** \_\_\_\_\_

\_\_\_\_\_

20. **Where else do you keep your important papers?** \_\_\_\_\_

\_\_\_\_\_

21. Are there any special instructions regarding funeral arrangements?

Husband Yes  No  Wife Yes  No

PLACE OF BURIAL:

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Would you like to designate a particular type of service?

RELIGIOUS: Husband Yes  \_\_\_\_\_ No  Wife Yes  \_\_\_\_\_ No   
(Denomination) (Denomination)

MILITARY: Husband Yes  No  Wife Yes  No

CREMATION: Husband Yes  No  Wife Yes  No

MEDICAL OR SCIENTIFIC PURPOSES:

Husband Yes  No  Wife Yes  No

Do you wish to suggest particular aspects of the service, such as the ceremony's location, speakers, songs, specific readings, or memorials?

Husband Yes  No  Wife Yes  No

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other persons or organizations that should be notified? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Do you expect to inherit something from either of your parents or others?

Husband Yes  No  Wife Yes  No

**23. Please explain the following:**

**(A) Are there any special needs of family members because of health, disability, education, or a desire to preserve farm/ranch or business to prevent sale?**

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**(B) Are you in a partnership agreement, shareholder agreement, community property agreement, investment trust, closely held corporation, or other legal entity? (Please list the name of each such entity.)**

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**(C) Have you made any gifts in excess of the present interest annual exclusion?**

Yes  No

**If yes, please attach a copy of the gift tax return.**

**Have you made any gifts that do not qualify for the present interest annual exclusion? Yes  No**

**Please describe on the reverse side of this page any such gifts -- listing the name, date, value, and description of the gift.**

**(D) Have you created a trust, or are you the beneficiary of a trust or do you hold any powers of appointment?**

**Husband** Yes  No  **Wife** Yes  No

**If yes, please describe:**

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**(E) Are you a part of a pension or profit sharing plan, or deferred compensation plan?**

**Husband** Yes  No  **Wife** Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. How do you would you prefer your estate distributed?

|   | <u>Husband</u> | <u>Wife</u> |
|---|----------------|-------------|
| To living spouse or if spouse is deceased, then equally to children | _____          | _____       |
| To children, omitting spouse  | _____          | _____       |
| To my children only, omitting spouse and other children of spouse   | _____          | _____       |
| Other manners of distribution:                                      | _____          |             |
|   | _____          |             |

25. If any property received by your beneficiary at your death is subject to a debt, such as a mortgage or other claim, is the beneficiary receiving that property to pay for such debt from the property received?

Husband    Yes     No     Wife    Yes     No

26. Do you wish to include any special instructions regarding specific gifts?

Husband    Yes     No     Wife    Yes     No

Gifts of money to **persons**, including amounts and whether they are to lapse or other conditions:

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

Gifts of money to **charities**, including amounts and whether they are to lapse or other conditions:

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

Gifts of specific property to persons or organizations:

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**27. ADVISORS:**

Accountant: \_\_\_\_\_

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Attorney: \_\_\_\_\_

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Trust Officer: \_\_\_\_\_

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Commercial Bank: \_\_\_\_\_

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Financial Advisor: \_\_\_\_\_

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Stock Broker: \_\_\_\_\_

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Life Insurance Agent: \_\_\_\_\_

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Clergyman: \_\_\_\_\_

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Other: \_\_\_\_\_

**28. LIFE INSURANCE ANALYSIS FORM:**

**28.1** Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_

Face Value: \_\_\_\_\_

Cash Value: \_\_\_\_\_

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

**28.2** Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_

Face Value: \_\_\_\_\_

Cash Value: \_\_\_\_\_

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

**28.3** Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_

Face Value: \_\_\_\_\_

Cash Value: \_\_\_\_\_

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

**28.4** Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_

Face Value: \_\_\_\_\_

Cash Value: \_\_\_\_\_

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

**PLEASE FORWARD THE FOLLOWING DOCUMENTS FOR INSPECTION**

**THE ORIGINALS WILL BE COPIED AND RETURNED TO YOU**

1. Present Wills of husband and wife.
2. Trusts you created or Trusts of which you are a beneficiary (include documents creating a life estate or power of appointment.)
3. All gift tax returns.
4. All Business Relations Agreements; i.e., Powers of Attorney, Promissory Notes, Partnership Agreements or Buy/Sell or Stock Transfer Restriction Agreements.
5. All Family Relations Agreements (Separation or Property Settlement, Divorce Decrees, Prenuptial or Postnuptial Agreements) Private Annuities.
6. Life insurance policies on your life or owned by you on lives of others.
7. Real Estate Deeds and land contracts.
8. Copies of all documents relating to pension, profit sharing, deferred compensation, and other employee benefit plans.
9. Current financial statement or balance sheet of self or business, if available.
10. Any other documents you believe are relevant in preparation of your Estate Plan.

**OTHER COMMENTS:**

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