

PARKWAY LAW, LLC

302-449-0400

ESTATE PLANNING INFORMATION FORM

Date: _____ Referred by: _____

1. Your Information:

Full Name _____ Preferred Greeting Name _____

Home Address _____

Date of Birth _____ Preferred Phone Number _____

Employer _____

Employer Address _____

Work Telephone _____ Years residing in DE? _____ U.S. Citizen? Yes No

Social Security No. _____ Email _____

Prior Wills? Yes No (if yes, please provide copies) Prior Marriages? _____

2. Spouse's Information:

Full Name _____ Preferred Greeting Name _____

Home Address _____

Date of Birth _____ Preferred Phone Number _____

Employer _____

Employer Address _____

Work Telephone _____ Years residing in DE? _____ U.S. Citizen? Yes No

Social Security No. _____ Email _____

Prior Wills? Yes No (if yes, please provide copies) Prior Marriages? _____

3. Professional's Information:

Accountant/CPA _____ Telephone _____
Financial Planner _____ Telephone _____
Insurance Agent _____ Telephone _____

4. Children Information:

Full Name	Address	Birthdate	Marital Status	Spouses Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Other Beneficiaries Information (other than children):

Full Name	Address	Birthdate	Marital Status	Spouses Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does any potential beneficiary qualify for government assistance due to a disability? If YES, Please provide name and relation to you: _____

Are you a party to any marital agreements? Yes No (If yes, please provide copies)

6. Asset Information:

a. Real Estate (complete for each parcel)

Address	Approximate Value	Solely Owned	Jointly Held (specify with Whom)
(Sample) 22 Limestone Road, Wilmington, DE	\$410,000	N/A	Spouse
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTALS</u>	_____	_____	_____

b. Bank Accounts and Certificates of Deposit

	Approximate Value	Solely Owned	Jointly Held (specify with Whom)
(Sample) Wilmington Trust Co. - Checking	\$8,000	John	N/A
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTALS</u>	_____	_____	_____

c. Securities/Stocks (Not in IRA or Qualified Plans)

	Approximate Value	Solely Owned	Jointly Held (specify with Whom)
(Sample) Dean Witter Brokerage	\$25,000	Sally	N/A
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTALS

d. Tangible Personal Property (furniture, artwork. cars. etc.)

	Approximate Value	Solely Owned	Jointly Held (specify with Whom)
(Sample) Household Goods & Furnishings	\$40,000	N/A	Spouse
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTALS</u>	_____	_____	_____

e. Life Insurance - (Term = T; Whole Life = WL)

Company	Face Amount	Insured	Owner	Beneficiary
(Sample) New York Life	\$100,000 (WL)	Self	Self	Sister
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<u>TOTAL</u>	_____	_____	_____	_____

f. Qualified Retirement Plans/IRAs

	Value	Owner	Beneficiary
(Sample) Savings and Investment Plan	\$100,000	Self	Sister
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTAL</u>	_____	_____	_____

g. Closely Held Businesses (Partnership and limited liability company interests, stock in closely held corporations; please list any stock redemption plans, buy-sell agreements, etc.)

Description	Value	Owner	Type of Agreement in Place
(Sample) 49 percent owner MD, LLC	\$200,000	Self	Buy-Sell
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTAL</u>		_____	_____

h. Miscellaneous (Interests in trusts, powers of appointment, expectations of inheritance, notes payable to you, etc.)

Description	Value	Beneficiary/Owner
(Sample) Grandfather's Trust	\$200,000	Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- i. Do you have an interest in an S corporation? ___ Yes ___ No
- j. Have you made prior taxable gifts? ___ Yes ___ No

7. MORTGAGES AND DEBTS (other than recurring expenses)

Type of Debt	Sole or Jointly Titled (and with who?)	Amount

Total Debt: _____

8. Any other assets/liabilities:

9. Any special considerations:

10. Intention for Remains? (Buried, Cremated, Etc.):

11. Fiduciaries - List the names, address, and relation to you for each named person

LAST WILL & TESTAMENT

	You	Spouse
Executor: (The person responsible for probating the will, filing the estate tax return, and distributing assets to the beneficiaries)		
First Alternate Executor:		
Second Alternate Executor:		
Guardian of Minor Children: (This person will take physical care of your minor children should both parents pass)		
First Alternate Guardian:		
Second Alternate Guardian:		

Are you interested in a Children’s Beneficiary Protection Testamentary Trust? YES or NO

- If YES, please indicate who you would elect as a trustee (the person to manage the funds in accordance with the trust language)

Are you interested in a Special Needs Testamentary Trust? YES or NO

- **If YES**, please indicate who you would elect as a trustee (the person to manage the funds in accordance with the trust language)
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Are you interested in a Substance Abuse/Psychological Issue Trust? YES or NO

- **If YES**, please indicate who you would elect as a trustee (the person to manage the funds in accordance with the trust language)
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ADVANCED HEALTHCARE DIRECTIVE

You

Spouse

<p>Health Care Agent: (This person will make medical decisions for you if you become incapacitated)</p> <p>Address:</p> <p>Telephone Number:</p>		
<p>First Alternate Health Care Agent Name:</p> <p>Address:</p> <p>Telephone Number:</p>		
<p>Second Alternate Health Care Agent Name:</p> <p>Address:</p> <p>Telephone Number:</p>		
<p>Name and Address of Primary Physician:</p>		
<p>Anatomical Gifts at Death (do you wish to give your <u>body or organs</u> to a <u>hospital or doctor</u> for <u>research, transplant, education, or any reason</u> permitted under law? Please specify your</p>		

selections above, if any)		
<p>If you have a terminal condition (any disease, illness or condition for which there is no reasonable medical expectation of recovery and which, as a medical probability, will result in the death of such human being), do you wish to have the following used:</p> <p><i>Please circle the procedures you wish to have, please cross out the procedure you do NOT wish to have</i></p>	1. Artificial nutrition through conduit 2. Hydration through a conduit 3. Cardiopulmonary resuscitation (CPR) 4. Assisted ventilation 5. Renal dialysis 6. Blood transfusion	1. Artificial nutrition through conduit 2. Hydration through a conduit 3. Cardiopulmonary resuscitation (CPR) 4. Assisted ventilation 5. Renal dialysis 6. Blood transfusion
<p>If you are permanently unconscious (medical condition that has existed for at least 4 weeks and that has been diagnosed with reasonable medical certainty as total and irreversible loss of consciousness and capacity for interaction with the environment. The term includes a persistent vegetative state or irreversible coma), do you wish to have the following used:</p> <p><i>Please circle the procedures you wish to have, please cross out the procedure you do NOT wish to have</i></p>	1. Artificial nutrition through conduit 2. Hydration through a conduit 3. Cardiopulmonary resuscitation (CPR) 4. Assisted ventilation 5. Renal dialysis 6. Blood transfusion	1. Artificial nutrition through conduit 2. Hydration through a conduit 3. Cardiopulmonary resuscitation (CPR) 4. Assisted ventilation 5. Renal dialysis 6. Blood transfusion
<p>Except as outlined above for a terminal condition or becoming permanently unconscious, do you agree to have your life to be prolonged as long as possible within the limits of generally accepted health-care standards?</p>	<p>YES or NO</p>	<p>YES or NO</p>
<p>RELIEF FROM PAIN: Do you agree to direct treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death?</p>	<p>YES or NO</p>	<p>YES or NO</p>

POWER OF ATTORNEY

You

Spouse

<p>Power of Attorney: (This person will handle your financial affairs if you become incapacitated)</p> <p>Address:</p> <p>Telephone Number:</p>		
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First Alternate: Address: Telephone Number:		
Second Alternate: Address: Telephone Number:		
Would you like the power to be: 1. Springing – Power will only be given if you are incapacitated 2. Immediate – Power will be given immediately		
Would you like your POA to act successively (one after the other) or dependently (make all decisions together)?		