

# ESTATE PLANNING PROFILE

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



## YOUR INFORMATION

\_\_\_\_\_  
Your legal name                      Nickname                      Date of birth                      Age

\_\_\_\_\_  
Residence street address                      City, State & ZIP

\_\_\_\_\_  
Home phone #                      Cell phone #                      Home Email address

\_\_\_\_\_  
County of residence                      Work phone #                      Work Email address

## CHILDREN

\_\_\_\_\_  
Legal name                      City & State                      Birthdate                      # of children

\_\_\_\_\_  
Legal name                      City & State                      Birthdate                      # of children

\_\_\_\_\_  
Legal name                      City & State                      Birthdate                      # of children

\_\_\_\_\_  
Legal name                      City & State                      Birthdate                      # of children

## OCCUPATION

\_\_\_\_\_  
Your occupation                      Work phone number                      Work email

### INTERNAL USE ONLY

LWT - simple, minor, disclaim, CST, QTIP, GPOA, SNT  
RLT - simple, minor, disclaim, CST, QTIP, GPOA, SNT  
POAs, ILIT, LLC, prenup, life QTIP, b/s agmt  
acct, busown, corpexec, farm, dr, finadv , 1 3 5 7 9

Estimate: \_\_\_\_\_

Deadline: \_\_\_\_\_

**OBJECTIVES**

Select or generally state your estate planning objectives. (e.g. what happens upon your death?)

- \_\_\_ All to children, outright, in equal shares.
- \_\_\_ All to children, in trust, in equal shares.
- \_\_\_ All to a specific individual or group (e.g. my nieces and nephews)

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\_\_\_ Specific bequests (e.g. \$1,000 to each living grandchild) \_\_\_\_\_

\_\_\_ Charitable bequests (e.g. \$1,000 to your church) \_\_\_\_\_

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

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**CURRENT DOCUMENTS**

Yes or No or Uncertain

Do you have durable powers of attorney? \_\_\_\_\_

Do you have a Last Will & Testament? \_\_\_\_\_

Do you have a revocable living trust? \_\_\_\_\_

    If so, is your revocable living trust fully funded? \_\_\_\_\_

Do you have an irrevocable life insurance trust? \_\_\_\_\_

Are you the beneficiary of any trust? \_\_\_\_\_

Are you the holder of any powers of appointment? \_\_\_\_\_

Have you filed federal gift tax returns in the past? \_\_\_\_\_

Are you a citizen of the U.S.A.? \_\_\_\_\_

**SPECIAL ISSUES**

Yes or No or Uncertain

Do any beneficiaries have special needs to plan for? \_\_\_\_\_

Are any beneficiaries irresponsible with money (spendthrifts)? \_\_\_\_\_

Do you own real estate outside of Iowa? \_\_\_\_\_

Do you own real estate outside of the U.S.? \_\_\_\_\_

Do you wish to benefit any charities? \_\_\_\_\_

Do you have any concerns about asset protection? \_\_\_\_\_

**FIDUCIARIES**

Guardians

\_\_\_\_\_  
 1st nominee City & State

\_\_\_\_\_  
 Alternate nominee City & State

Trustee & Executor

\_\_\_\_\_  
 1st nominee City & State

\_\_\_\_\_  
 Alternate nominee City & State

**YOUR ADVANCED DIRECTIVES**

Financial decisions

\_\_\_\_\_  
 1st nominee City & State

\_\_\_\_\_  
 Alternate nominee City & State

Health care decisions

\_\_\_\_\_  
 1st nominee City & State

\_\_\_\_\_  
 Alternate nominee City & State

**ADVISORS (optional)**

\_\_\_\_\_  
 Financial advisor Advisory firm City & State

\_\_\_\_\_  
 Accountant Accounting firm City & State

\_\_\_\_\_  
 Insurance agent Insurance agency City & State

## FINANCIAL ASSETS

Please provide a **copy of your most recent net worth statement**. If you don't have a current statement, please provide estimates for each of the following, if applicable.

### ASSETS:

Bank accounts (checking, savings, money market)  
Certificates of deposit  
Brokerage accounts  
Real estate  
Retirement plans (401k, 403b, TSA, IRA, Roth IRA)  
Annuities  
Stock options  
Deferred compensation arrangements  
Promissory Notes payable to you  
Life insurance policies  
Farm equipment, stored crop, livestock  
Other

### LIABILITIES:

Real estate mortgages  
Home equity line of credit (HELOC)  
Automobile loans  
Commercial lines of credit (LOC)  
Subordinated debt  
Personal pledges  
Promissory Notes payable by you to another party  
Other

NET WORTH

**BUSINESS INTERESTS**

If you own or have an ownership interest in more than one business, please photocopy this page and provide the following information for each business interest.

What the legal name of your business? \_\_\_\_\_

Is the business a  sole proprietor,  general pship,  limited pship,  LLC,  S corp,  C corp?

Are there other shareholders?  Yes  No

Is there a buy/sell agreement in place  Yes  No  Uncertain

Is the buy/sell agreement “funded”?  Yes  No  Uncertain

Where is the corporate minute book kept? \_\_\_\_\_

Do you intend to sell the business in the near term?  Yes  No  Uncertain

Do you intend to sell the business in the long term?  Yes  No  Uncertain

What do you want to happen to this business upon your departure (death/disability/retirement)?

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

Is this business transferable?  Yes  No  Uncertain

Who are the key employees for this business? \_\_\_\_\_

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

Who would you like to succeed as owner(s) of this business? \_\_\_\_\_

If the business were to be sold, have you identified any potential buyers? \_\_\_\_\_

\_\_\_\_\_

Identify if any of the following exit strategies have been utilized:

Employee Stock Ownership Plan (ESOP)  Yes  No  Uncertain

Private Annuity  Yes  No  Uncertain

Self Canceling Installment Note (SCIN)  Yes  No  Uncertain

Grantor Retained Annuity Trust (GRAT)  Yes  No  Uncertain

Installment sales to defective grantor trusts  Yes  No  Uncertain