



**NIKKI A. URI
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CONFIDENTIAL ESTATE PLANNING INFORMATION FORM

Date: _____

Full Legal Name: _____
First Middle Last Nickname

Address: _____
Street

City State County Zip

Home Phone: _____ Cell Phone: _____

Date of birth: _____ Social Security No: _____

Single Married on _____ Widowed Divorced

Legal Name of Spouse: _____
First Middle Last Nickname

Date of birth: _____ Social Security No: _____

Email address: _____ Phone: _____

CHILDREN

Please list your children below. If no children, please give names of nearest relatives. Under "Parent", please indicate "H" if the husband is the parent, "W" if the Wife is the parent, "S" if you are a single parent, or "Both" if both spouses are the parents. Please include birth dates if your children are minors.

FULL NAME ADDRESS PHONE PARENT

ADVISORS

Name Telephone

Attorney		
Accountant		
Financial Advisor		
Primary Personal Bank		
Life Insurance Agent		
Stock Broker		
Referred to our firm by:		

PROPERTY AND ASSET INFORMATION

Real Estate:

Description/Location	Ownership	Market Value	Mortgage Balance	Net Equity
	H W JT Trust			
	H W JT Trust			
	H W JT Trust			
	H W JT Trust			
	H W JT Trust			
	H W JT Trust			

Have any parcels been deeded off? Yes ___ No ___

Property/Casualty Insurer: (Agent's name, address and policy number)

Cash Accounts:

Institution	Ownership	checking	savings	money market	CD's
	H W JT Trust				
	H W JT Trust				
	H W JT Trust				
	H W JT Trust				
	H W JT Trust				
	H W JT Trust				

Do you have a safe deposit box? Yes ___ No ___

Investments: (stocks, bonds, etc., if held with Broker, list the Brokerage Account)

	Ownership	Value
	H W JT Trust	
	H W JT Trust	
	H W JT Trust	
	H W JT Trust	
	H W JT Trust	
	H W JT Trust	

Business Interests:

Name of Business	Ownership	Type	%Interest	Value
	H W JT Trust	C S P LLC SP		
	H W JT Trust	C S P LLC SP		
	H W JT Trust	C S P LLC SP		
	H W JT Trust	C S P LLC SP		
	H W JT Trust	C S P LLC SP		
	H W JT Trust	C S P LLC SP		

Notes and other obligations (owed to you by others):

Description	Ownership	Date of Note	Original Amount	Balance Due
	H W JT Trust			
	H W JT Trust			
	H W JT Trust			
	H W JT Trust			
	H W JT Trust			
	H W JT Trust			

Miscellaneous: (List only major personal effects such as automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc..)

Item	Ownership	Net Value

Life Insurance:

For "type" use: **T** for Term, **WL** for Whole Life, **U** for Universal, **V** for Variable. Designate **N/A** under *Beneficiary* or *Alternate Beneficiary* if no beneficiary is named.

Company	Type	Owner	Insured	Death Benefits	Policy Loans	Cash Value
Beneficiary				Alternate Beneficiary		

Company	Type	Owner	Insured	Death Benefits	Policy Loans	Cash Value
Beneficiary				Alternate Beneficiary		

Company	Type	Owner	Insured	Death Benefits	Policy Loans	Cash Value
Beneficiary				Alternate Beneficiary		

Retirement Benefits (Including IRA's) (designate N/A if no beneficiary is named.)

Description	Owner	Primary Beneficiary	Alternate	Current Value

Estate Summary:

	Husband	Wife	Joint	Trust
Real Estate	\$	\$	\$	\$
Cash Accounts				
Investments				
Business Interests				
Receivables				
Life Insurance				
Retirement Benefits				
Miscellaneous				
Other				
Totals	\$	\$	\$	\$

FIDUCIARY SELECTIONS:

We will discuss how to select Personal Representatives, Guardians and Trustees during our meeting. Please note your tentative choices below:

Personal Representative: This is the person that is responsible for carrying out the terms of your Will. Please provide a name, address and phone number for each below:

FirstChoice: _____

Second Choice: _____

Guardian: (Responsible for minor children)

Please provide name, address and phone number for each.

First Choice: _____

Second Choice: _____

Trustee: (Manages funds for minor children, if any, or manages funds after death of spouse).

Please provide name, address and phone number for each.

First Choice: _____

Second Choice: _____

DISTRIBUTION PROVISIONS:

Specific Bequests:

Please list specific bequests below if you desire to make any:

Persons/Organization	Address	Item or Amount
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1. _____

2. _____

3. _____

4. _____

Charitable Bequests:

Please list charitable bequests below if you desire to make any.

Organization	Address	Item or Amount
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1. _____

2. _____

3. _____

4. _____

Residue of Estate:

List who is to receive your estate after charitable and specific bequests are made:

Persons/Organization	Address	Item or Amount
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1. _____

2. _____

3. _____

4. _____

Healthcare Surrogate

Who would you like to appoint as a your healthcare surrogate?

In the event that your chosen healthcare surrogate cannot fulfill the obligations for whatever reason, who would you like to appoint as an alternate healthcare surrogate?

Burial or cremation requests:

IMPORTANT FAMILY QUESTIONS

	Yes	No
Do you have a child with a learning disability?		
Do any of your family receive government support or benefits?		
Do you have adopted children?		
Do any of your children have special education, medical or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other financial support to adult children?		

Have either of you been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement?		
Have you and your spouse ever signed a pre-marriage or post-marriage contract? If so, please furnish a copy.		
Have you or your spouse been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you lived in other states or countries while married to your current spouse? If yes, during what periods of time did you reside there?		
Are both you and your spouse United States citizens? If no, please provide information as to whether the noncitizen is a resident or a resident alien.		