

VANDENACK WEAVER LLC

Attorneys at Law

17007 Marcy Street Suite 3, Omaha, NE 68118

Phone: (402) 504-1300; FAX: (402) 504-1935; Email: info@VWattys.com

www.VWattys.com

ESTATE PLANNING INFORMATION LIST

The accumulation of the following information will assist us in providing you with appropriate recommendations regarding your estate plan. The time you spend completing this form will greatly increase our efficiency and our ability to deliver quality cost-effective advice to you. Please note that this information is protected by the attorney-client privilege and will be held strictly confidential. It will be used only in formulating recommendations for your estate plan and will not be revealed by us to any person or entity without your specific authorization.

Prior to submitting information via this form, please review our web site terms and conditions which you can find at VWattys.com. By submitting information via this form, you acknowledge that you have read and agree to our web site terms and conditions. If you would like information about how to submit this form to us in a secure manner, please contact us at info@VWattys.com.

	Self	Spouse
Full Legal Name:		
Former Name(s):		
Date of Birth:		
Place of Birth:		
Citizenship:	<u> </u> U.S. <u> </u> Other: <u> </u>	<u> </u> U.S. <u> </u> Other: <u> </u>
Social Security Number:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email Address:		

Full home address: _____

County of residence: _____

Date and place of current marriage, if any: _____; _____

Do you have a premarital agreement regarding your current marriage? Yes No

If yes, please provide details:

Please provide information regarding previous marriages of yourself and/or your spouse, if any. Include name of former spouse and date of divorce:

 Self Spouse _____

 Self Spouse _____

 Self Spouse _____

Please indicate if you and/or your spouse have ever lived in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin while married:

Self: _____

Spouse: _____

Please provide information regarding your children:

Name	DOB	SSN	Child of Current or Previous Marriage?	Child Lives With You (Y/N)?

Do you expect to adopt or give birth to any children? ___ Yes ___ No

If yes, please provide details:

Do you have any children, grandchildren, or other related beneficiaries that are the result artificial reproductive technology? ___ Yes ___ No

If yes, please provide details:

Your employment: _____

Spouse's employment: _____

Have you and/or your spouse ever served in the U.S. Military? ___ Yes ___ No

Self: Branch _____ Discharge Date _____

Spouse: Branch _____ Discharge Date _____

Provide details of any retirement plans (e.g., pension, 401(k), profit sharing, IRA, stock options, Roth IRA):

___ Self ___ Spouse _____

___ Self ___ Spouse _____

___ Self ___ Spouse _____

___ Self ___ Spouse _____

___ Self ___ Spouse _____

___ Self ___ Spouse _____

Have you ever filed a gift tax return? (i.e., if you have made gifts greater than the annual exclusion).

Yes No

Do you and/or your spouse have a power of appointment or other interest under a will or trust of another person?

Self Spouse _____

Self Spouse _____

If you and/or your spouse have any prospective inheritances, please describe source and estimated amount and character of assets:

Self Spouse _____

Self Spouse _____

Are you and/or your spouse a beneficiary of any trust? If so, please provide details:

Self Spouse _____

Self Spouse _____

If you and/or your spouse own an interest in a sole proprietorship, partnership, limited liability company, or corporation, please provide details concerning the ownership interest. Include the type of company, whether you are actively involved, and whether there are any agreements regarding the ownership:

Self Spouse _____

Self Spouse _____

Self Spouse _____

Do you and/or your spouse have any uncollected judgments or pending lawsuits or claims?

Yes No If yes, please provide details:

Self Spouse _____

Self Spouse _____

Self Spouse _____

Have you and/or your spouse signed any estate planning documents (e.g., Last Will and Testament, Trusts (e.g., revocable, irrevocable, or charitable), Durable Power of Attorney, Power of Attorney for Health Care, Living Will)? Yes No

If yes, list all that apply and to whom:

Self: _____

Spouse: _____

Does any family member have special needs or considerations? For example, is any family member disabled or challenged by financial or similar issues? ___Yes ___No

If yes, please provide a summary:

Name: _____

Summary:

Name: _____

Summary:

Do you and/or your spouse own any pets? ___Yes ___No

If yes, please indicate whether you have made any provisions for their continued care upon your death or disability:

Please describe how you want your assets to be distributed at your death and, if applicable, at your spouse's death:

If you and/or your spouse have a safe deposit box, please provide the location of the safe deposit box and the person(s) authorized to obtain access to the box:

___Self ___Spouse _____

___Self ___Spouse _____

Please provide information regarding any guns that you and/or your spouse own:

___Self ___Spouse _____

___Self ___Spouse _____

___Self ___Spouse _____

Are you or your spouse a signatory on a foreign bank account or have you or your spouse been one in the past ten years? ___Yes ___No

If yes, please provide details:

Please provide information regarding your personal advisors:

Type	Name	Contact Info (phone or email)
Personal Representative		
Accountant/CPA		
Stockbroker		
Financial Advisor		
Other:		
Other:		

In addition, we will need **copies of your tax returns for the last 3 years** and **a detailed financial statement** indicating assets and liabilities, including the **current title** and **approximate value**. Please be sure to include information regarding life insurance and/or retirement accounts. If you would like a form to assist you in assembling this information, please let us know.