

CONFIDENTIAL INFORMATION FORM

(Please Print)

Full Legal Name: _____
Full Legal Name (incl. middle name) Birth Date Age

Signature Name: _____
(The way you sign legal documents) Social Security Number

Occupation: _____

Home Address: _____

County: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Addresses: _____

Contact Preference: Phone _____ Mail _____ Email _____

Current Marital Status: M S D W (please circle)

Children or other beneficiaries (Full Names and Addresses) DOB Marital Status No. Children

Are all of the above persons U.S. Citizens? Yes ___ Not the following : _____

Do any of your children or grandchildren have special needs (educational, mental, physical)? If so, describe: _____

Do you have health problems or concerns that should be taken into consideration in drafting your estate planning documents? If so, describe: _____

If married, do you have a signed pre or post marriage contract? _____ If so, please provide a copy.

Are there any persons other than minor children who are dependent upon you? _____

Do you want durable powers of attorney or healthcare powers of attorney? _____

If yes, who will be Agent for financial matters? _____

Successor Agent? _____

If yes, who will be Agent for health care matters? _____

Successor Agent? _____

Who will be your Trustee? _____

Successor Trustee? _____

Who will be your Executor? _____

Successor Executor? _____

Who will be Guardian for your children? _____

Successor Guardian? _____

Have you ever filed a Federal or Tennessee Gift Tax Return? _____

Are you anticipating an inheritance within the next 5 – 10 years? If yes, please estimate the amount:

Are you the beneficiary of a trust? _____ If so, please provide a copy.

Have you created a trust? _____ If so, please provide a copy.

Who are your key advisors?

CPA: _____

Banker: _____

Financial Advisor: _____

Insurance Agent: _____

ASSETS

Real Property Address: (for all assets, indicate if owned jointly with someone else) Approx Value

\$ _____

Automobiles – Year and Make:

\$ _____

Savings and Checking Accounts:

\$ _____

\$ _____

Certificates of Deposit:

\$ _____

\$ _____

Mutual Funds/Money Market Accounts:

\$ _____

\$ _____

Stocks and/or Bonds:

\$ _____

\$ _____

Valuable Personal Property:

\$ _____

Other Miscellaneous Property:

\$ _____

| Life Insurance Co./Policy Number | Insured | Policy Owner | Beneficiary | Death Benefit |
|----------------------------------|---------|--------------|-------------|---------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |

| | | | | |
|---|-------|-------------|-------|----------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| Profit Sharing/401(k) Plans: | Owner | Beneficiary | | Value |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| IRAs | Owner | Beneficiary | | Value |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| Total Gross Estate Value: Assets + Life Ins. proceeds + Retirement Plans | | | | \$ _____ |

LIABILITIES

| | |
|---------------------------------|--------------|
| Home Mortgage | \$ _____ |
| Notes | \$ _____ |
| Loans on Life Insurance | \$ _____ |
| Other Obligations | \$ _____ |
| Total Liabilities: | \$ _____ |
| Estimated Net Estate | \$ _____ |

Confirmation of accuracy:

The information I have supplied on this information form is true and complete to the best of my knowledge. I understand that my attorney will rely on this information in preparing my estate planning documents and that incomplete or inaccurate information could result in inappropriate planning, unnecessary taxes or other costs to my estate.

Signature _____ Date _____