

CONFIDENTIAL INFORMATION FORM

(Please Print)

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

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

Husband's Occupation: _____

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

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

Wife's Occupation: _____

Date of Marriage: _____

Home Address: _____

County: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Addresses: Husband: _____

Wife: _____

Contact Preference: Phone _____ Mail _____ Email _____

Children – 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)? _____

Describe: _____

Do you have a signed pre or post marriage contract? _____

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 either you or your spouse anticipating an inheritance within the next 5 – 10 years? If yes, please estimate the amount: _____

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

Have either you or your spouse created a trust? _____ If so, please provide a copy.

Who are your key advisors?

CPA: _____

Banker: _____

Financial Advisor: _____

Insurance Agent: _____

ASSETS

Joint

Husband

Wife

Real Property Address:

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

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:

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total Assets:

\$ _____	\$ _____	\$ _____
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Insurance Company/Policy Number	Insured	Policy Owner	Beneficiary	Death Benefit
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Profit Sharing/401(k) Plans:	Owner	Beneficiary		Value
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
IRA's	Owner	Beneficiary		Value
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
_____	_____	_____		\$ _____
Other Assets	Joint	Husband	Wife	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
Total:	\$ _____	\$ _____	\$ _____	\$ _____

LIABILITIES

	Joint	Husband	Wife	
Home Mortgage	\$ _____	\$ _____	\$ _____	
Notes	\$ _____	\$ _____	\$ _____	
Loans on Life Insurance	\$ _____	\$ _____	\$ _____	
Other Obligations	\$ _____	\$ _____	\$ _____	
Total Liabilities:	\$ _____	\$ _____	\$ _____	
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_____

Signature_____ Date_____