

**Eichelberger Law Office PC**  
PO Box 1186  
736 Lake Park Boulevard, Muscatine, Iowa 52761

**ESTATE PLANNING FACT SHEET**

(Please Print)

Completed By: \_\_\_\_\_  
(Name of interviewer, or client's own name if completed directly by client)

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

**I. PERSONAL AND FAMILY INFORMATION**  
(Give full names, no initials)

Client's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Primary Occupation: \_\_\_\_\_

Address (Include County): \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Birthdate: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Country \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Primary Occupation: \_\_\_\_\_

Address (Include County): \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Birthdate: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Country \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Place \_\_\_\_\_

**CHILDREN**  
(indicate if adopted)

(If any child listed is not a child of your present marriage, please place an asterisk beside that child's name, and furnish additional information on the reverse side of this sheet)

	1 <sup>st</sup> Child	2 <sup>nd</sup> Child
Name:	<hr/>	<hr/>
Soc. Sec.:	<hr/>	<hr/>
Address:	<hr/>	<hr/>
Phone:	<hr/>	<hr/>
Birthdate:	<hr/>	<hr/>
Spouse:	<hr/>	<hr/>
Children:	<hr/>	<hr/>
Names & Birthdates:	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

OTHER DEPENDENTS

	1 <sup>st</sup>	2 <sup>nd</sup>
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Birthdate:	_____	_____
Relationship:	_____	_____

	3 <sup>rd</sup>	4 <sup>th</sup>
Name:	_____	_____
Soc. Sec.:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Birthdate:	_____	_____
Relationship:	_____	_____

II. PROFESSIONAL ADVISORS

	<u>Accountant</u>	<u>Insurance Agent</u>
Name:	_____	_____
Firm:	_____	_____
Address:	_____	_____
Phone:	(    )	(    )
Fax:	(    )	(    )

**Stock Broker**

**Regular Physician**

Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(    ) \_\_\_\_\_  
(    ) \_\_\_\_\_

**Financial Planner**

**Bank Officer**

Name: \_\_\_\_\_  
Soc. Sec.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(    ) \_\_\_\_\_  
(    ) \_\_\_\_\_

**PERSON RESPONSIBLE FOR EMPLOYMENT BENEFITS AT EMPLOYER'S OFFICE**

**Client**

**Spouse**

Name: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_

\_\_\_\_\_  
(    ) \_\_\_\_\_  
(    ) \_\_\_\_\_

III. NOMINATIONS

A. EXECUTOR(S) (if co-executors, indicate with an asterisk (\*). Indicate successor(s) by number)

**Client's Will**

**Spouse's Will**

Name: \_\_\_\_\_  
Soc. Sec.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(    ) \_\_\_\_\_  
\_\_\_\_\_

Name:

Soc. Sec.:

Address:

Phone:

( )

( )

Relationship:

Name:

Soc. Sec.:

Address:

Phone:

( )

( )

Relationship:

B. TRUSTEES (if different from Executor)

Name:

Soc. Sec.:

Address:

Phone:

( )

( )

Relationship:

Name:

Soc. Sec.:

Address:

Phone:

( )

( )

Relationship:

Name:

Soc. Sec.:

Address:

Phone:

( )

( )

Relationship:

C. ATTORNEY(S)-IN-FACT (if different from Executor)

Name: \_\_\_\_\_  
Soc. Sec.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Soc. Sec.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Soc. Sec.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

D. GUARDIAN(S) OF MINOR CHILDREN (if different from Executor)

Name: \_\_\_\_\_  
Soc. Sec.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Soc. Sec.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

E. COMPENSATION (for individuals)

1. Executor      Yes \_\_\_\_\_      No \_\_\_\_\_  
If Yes, conditions: \_\_\_\_\_
2. Trustee      Yes \_\_\_\_\_      No \_\_\_\_\_  
If Yes, conditions: \_\_\_\_\_

**ESTIMATED INCOME FOR CURRENT YEAR**

	CLIENT	SPOUSE
BASE SALARY	_____	_____
BONUS AND OTHER COMPENSATION	_____	_____
TAXABLE DIVIDENDS AND INTEREST	_____	_____
TAX-EXEMPT INCOME	_____	_____
CAPITAL GAINS/LOSSES	_____	_____
OTHER INCOME(SPECIFY)	_____	_____
TOTAL	_____	_____

**V. OTHER INFORMATION**

A. What are your estate planning objectives? (Help children, avoid taxes, avoid probate, make charitable gifts, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

B. In general, to whom do each of you want your estates to be distributed?

Your Will:

Your Spouse's Will:

C. Is there any reason to treat children (or grandchildren) other than equally?

D. History of gifts: (1) List all gifts made in excess of \$10,000 (or in excess of \$3,000 if gift was made before 1982); and (2) list all gifts of life insurance:

<u>Date of Gift</u>	<u>Donor</u>	<u>Recipient</u>	<u>Value</u>
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E. Have you or your spouse ever filed a gift tax return? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list years, and attach copies of all returns.

F. Do you have any expected inheritances from your parents or other relatives?

Person Who May Leave You Something	Relationship	Age	Estimated Value of Your Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Describe any other contingent asset you are entitled to receive, i.e., negligence recovery, contract rights.

\_\_\_\_\_

\_\_\_\_\_

H. Is this a second marriage for either of you? \_\_\_\_\_



Is there a pre-marital agreement? \_\_\_\_\_

Is there a post-marital agreement? \_\_\_\_\_

If you have ever been divorced, do you have any payment obligations either to your former spouse or to children of the prior marriage embodied in any court decree or written agreement? If so, please provide copies of the documents.

- I. Did you acquire any of your property while a resident of any other state other than Iowa? (List by state and property.)
  
  
  
  
  
  
  
  
  
  
- J. Do you own any real estate located outside of Iowa/Illinois? (List by state and property.)
  
  
  
  
  
  
  
  
  
  
- K. Do you have any special requests regarding donation of body organs (eyes, kidneys, etc.)?

Do you have any special requests regarding sustaining life by artificial support systems?

Have you made provisions for managing your estate during disability (i.e., durable power of attorney)? If so, please provide the date of signing and attach a copy.