

ROARK & MANSUR LAW, PLLC

(978) 275-9977

FACT SHEET

DATE: _____

PERSONAL DATA:

Party No. 1: _____
(Last Name, First, Initial) (Date of Birth)

Social Security # xxx-xx-_____ Citizenship: _____
Prior Marriage: _____ Country of birth: _____
Employer: _____ Health Status: _____
Work Phone: _____ E-Mail Address: _____
Cell Phone: _____ Military status/ Veteran _____

Party No. 2: _____
(Last Name, First, Initial) (Date of Birth)

Social Security #xxx-xx-_____ Citizenship: _____
Prior Marriage: _____ Country of birth: _____
Employer: _____ Health Status: _____
Work Phone: _____ E-Mail Address: _____
Cell Phone: _____ Military Status/ Veteran _____

Home Address _____
City/Town Zip _____
County _____
Home Phone: _____

Do you have existing estate planning documents _____ Dated: _____
If so, what type of documents _____

CHILDREN: (Note any special needs):

1. Name _____ Address _____
Date of Birth _____ Social Security # xxx-xx- _____ Health _____ Marital
Status _____ Children _____ Phone: _____
Email: _____ Dependent? Yes/No

2. Name _____ Address _____
Date of Birth _____ Social Security # xxx-xx- _____ Health _____ Marital
Status _____ Children _____ Phone: _____
Email: _____ Dependent? Yes/No

3. Name _____ Address _____
Date of Birth _____ Social Security # xxx-xx- _____ Health _____ Marital
Status _____ Children _____ Phone: _____
Email: _____ Dependent? Yes/No

4. Name _____ Address _____
Date of Birth _____ Social Security # xxx-xx- _____ Health _____ Marital
Status _____ Children _____ Phone: _____
Email: _____ Dependent? Yes/No

OTHER DEPENDENTS:

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____

ASSETS:

REAL ESTATE:

Location	Cost	Mkt. value	Owner	Lender & Mtg. Balance
1. _____				
2. _____				
3. _____				

LIFE INSURANCE

Insured	Owner	Type	Company	Cash Value	Face Value
1. _____					
	Beneficiary _____		Policy # _____		
2. _____					
	Beneficiary _____		Policy # _____		
3. _____					
	Beneficiary _____		Policy # _____		

4. _____
Beneficiary _____ Policy # _____

Employer Group Life Insurance:

Party No. 1: _____

Party No. 2: _____

LONG TERM CARE INSURANCE:

	Daily Benefit Amount	Term	Elimination Period
Party No. 1:	_____	_____	_____

Party No. 2: _____

ANNUITIES:

	Company	Type	Value	Joint/Survivor
Party No. 1:	_____	_____	_____	_____

Party No. 2: _____

STOCKS & BONDS:

Shares/face	Company	Cost	Value	Current	Owner
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1. _____

2. _____

3. _____

4. _____

CASH DEPOSITS, CD'S AND MONEY MARKET ACCOUNTS:

Bank/Institution	Type of account	Avg. Balance	Owner
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1. _____

2. _____

3. _____

PENSION/PROFIT SHARING PLANS - 401K - 403B

Vesting %	Employee Contribution	Investment Manager	Balance	Beneficiary
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Party No. 1

Party No. 2

IRA/KEOGH ACCOUNTS:

Contributory/Rollover Administrator	Balance	Beneficiary
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Party No. 1

Party No. 2

BUSINESS INTEREST:

Company Name	% Ownership	Value	Buy/Sell Agreement?
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1. _____

2. _____

PERSONAL PROPERTY:

Item	Value	Owner
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1. _____

2. _____

3. _____

EXPECTED INHERITANCES:

Party No. 1 _____

Party No. 2 _____

ARE YOU THE BENEFICIARY OF A TRUST?

Party No. 1 _____

Party No. 2 _____

SAFE DEPOSIT BOX:

Location	Box#	Parties with access
_____	_____	_____

INCOME:

	Salary	Investment	Other	Total
Party No. 1	_____	_____	_____	_____
Party No. 2	_____	_____	_____	_____
Joint	_____	_____	_____	_____
Total	_____	_____	_____	_____

LIABILITIES:

	Lender	Outstanding Balance
1. Home Mortgage	_____	_____
2. Other Real Estate	_____	_____
3. Equity Line of Credit	_____	_____
4. Personal Loans	_____	_____

5. Insurance Policy Loans _____

6. Other Liabilities

LIST ALL GIFTS MADE:

Recipient	Date of Gift	Nature and Value	Was a Gift Tax Return Filed	Gift Made By Whom
1. _____				
2. _____				
3. _____				

PROFESSIONAL ADVISORS:

Name	Company	Address	Phone#
Accountant: _____			
Insurance Agent _____			
Banking Relationship _____			
Investment Advisor _____			