

ROARK AND MANSUR LAW, PLLC
978-256-4167
ESTATE PLANNING FACT SHEET

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: _____
E-Mail Address: _____ Work Phone: _____
Cell Phone: _____ Home Phone: _____
Military Status/Veteran: _____

Home Address _____
City/Town Zip _____
County _____

Do you have existing estate planning documents Yes No

Dated _____?

If so, what type of documents _____

Divorced? If so, any outstanding obligations pursuant to Divorce Decree or Separation Agreement?

Widowed? If so, is spouse's estate still open? Release of lien obtained for real estate?

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. 1

BUSINESS INTEREST:

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

PERSONAL PROPERTY:

Item	Value
1. _____	
2. _____	
3. _____	

EXPECTED INHERITANCES:

ARE YOU THE BENEFICIARY OF A TRUST?

Party No. 1 _____

SAFE DEPOSIT BOX:

Location	Box#	Parties with access
_____	_____	_____

INCOME:

Salary	Investment	Other	Total
Party No. 1			

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 _____			