



ELVILLE
AND ASSOCIATES

Planning for Life, Planning for Legacies

ESTATE PLANNING QUESTIONNAIRE

CLIENT #1

Date Completed: _____

Full Legal Name: _____ Pronoun _____

Date of Birth: _____ Social Security No.: _____

Home address: _____

City/State/Zip: _____ Cell Phone: _____

Email(s): _____ Home Phone: _____

Employer: _____ Position: _____

Business address: _____

City/State/Zip: _____ Bus Phone: _____

Married: _____ Divorced: _____ Widowed: _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

CLIENT #2

Full Legal Name: _____ Pronoun _____

Date of Birth: _____ Social Security No.: _____

Home address: _____

City/State/Zip: _____ Cell Phone: _____

Email(s): _____ Home Phone: _____

Employer: _____ Position: _____

Business address: _____

City/State/Zip: _____ Bus Phone: _____

Married: _____ Divorced: _____ Widowed: _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI



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Child # 1

Full Legal Name: _____ Pronoun _____

Date of Birth: _____ Social Security No.: _____

Home address: _____

City/State/Zip: _____ Cell Phone: _____

Email(s): _____ Home Phone: _____

Employer: _____ Position: _____

Business address: _____

(or education if not employed) _____

Parent: Client #1 Client #2 Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>

Child # 2

Full Legal Name: _____ Pronoun _____

Date of Birth: _____ Social Security No.: _____

Home address: _____

City/State/Zip: _____ Cell Phone: _____

Email(s): _____ Home Phone: _____

Employer: _____ Position: _____

Business address: _____

(or education if not employed) _____

Parent: Client #1 Client #2 Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>



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Child #3

Full Legal Name: _____ Pronoun _____

Date of Birth: _____ Social Security No.: _____

Home address: _____

City/State/Zip: _____ Cell Phone: _____

Email(s): _____ Home Phone: _____

Employer: _____ Position: _____

Business address: _____

(or education if not employed) _____

Parent: Client #1 Client #2 Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>

Child #4

Full Legal Name: _____ Pronoun _____

Date of Birth: _____ Social Security No.: _____

Home address: _____

City/State/Zip: _____ Cell Phone: _____

Email(s): _____ Home Phone: _____

Employer: _____ Position: _____

Business address: _____

(or education if not employed) _____

Parent: Client #1 Client #2 Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>
_____ Pronoun _____	_____	_____	<input type="checkbox"/>



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Dependent #1

Full Legal Name: _____ Pronoun _____

Relationship: _____

Date of Birth: _____ Social Security No.: _____

Home address: _____

City/State/Zip: _____ Cell Phone: _____

Email(s): _____ Home Phone: _____

Employer: _____ Position: _____

Business address: _____

(or education if not employed) _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Dependent #2

Full Legal Name: _____ Pronoun _____

Relationship: _____

Date of Birth: _____ Social Security No.: _____

Home address: _____

City/State/Zip: _____ Cell Phone: _____

Email(s): _____ Home Phone: _____

Employer: _____ Position: _____

Business address: _____

(or education if not employed) _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____



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PROFESSIONAL ADVISORS

CPA:

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

FINANCIAL ADVISER:

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

STOCK BROKER:

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

LIFE INSURANCE AGENT:

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____



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IMPORTANT FAMILY AND HEALTH QUESTIONS

Please Check "Yes" or "No" for Your Answer and Explain	Client #1	Client #2
Does anyone in your family have a learning disability? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your family receive governmental support or benefits? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any adopted children? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your family have special education, medical, or physical needs? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your family institutionalized? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your spouse receiving social security, disability, or other governmental benefits? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide primary or other major financial support to adult children? *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.) *If so, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? *If yes, please list the dates and please furnish executed copies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse completed previous wills, trusts, or estate planning? *If yes, please furnish executed copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you and your spouse United States citizens? **If you answered "NO," are either you or your spouse a resident or a non-resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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HEALTH CARE AGENT INFORMATION - CLIENT #1

If you are unable to make decisions with regard to your HEALTH CARE DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____

SECOND

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____

THIRD

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____



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HEALTH CARE AGENT INFORMATION - CLIENT #2

If you are unable to make decisions with regard to your HEALTH CARE DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____

SECOND

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____

THIRD

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____



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FINANCIAL AGENT INFORMATION - CLIENT #1

If you are unable to make decisions with regard to your FINANCIAL DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____

SECOND

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____

THIRD

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____



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FINANCIAL AGENT INFORMATION - CLIENT #2

If you are unable to make decisions with regard to your FINANCIAL DECISIONS, please list, in the order of priority, the individuals you would want to make these decisions for you:

FIRST

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____

SECOND

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____

THIRD

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #s: _____
Email: _____



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CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD".

(Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution: _____
Address: _____
Phone Number: _____ Account Number: _____
Type of Account: _____ Account Owner: _____
Current Value: _____ Beneficiary: _____
Are Funds Electronically Withdrawn or Deposited to this account Yes No

Name of Institution: _____
Address: _____
Phone Number: _____ Account Number: _____
Type of Account: _____ Account Owner: _____
Current Value: _____ Beneficiary: _____
Are Funds Electronically Withdrawn or Deposited to this account Yes No

Name of Institution: _____
Address: _____
Phone Number: _____ Account Number: _____
Type of Account: _____ Account Owner: _____
Current Value: _____ Beneficiary: _____
Are Funds Electronically Withdrawn or Deposited to this account Yes No



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CASH ACCOUNTS (Continued)

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD".

(Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution: _____
Address: _____
Phone Number: _____ Account Number: _____
Type of Account: _____ Account Owner: _____
Current Value: _____ Beneficiary: _____
Are Funds Electronically Withdrawn or Deposited to this account Yes No

Name of Institution: _____
Address: _____
Phone Number: _____ Account Number: _____
Type of Account: _____ Account Owner: _____
Current Value: _____ Beneficiary: _____
Are Funds Electronically Withdrawn or Deposited to this account Yes No

Name of Institution: _____
Address: _____
Phone Number: _____ Account Number: _____
Type of Account: _____ Account Owner: _____
Current Value: _____ Beneficiary: _____
Are Funds Electronically Withdrawn or Deposited to this account Yes No



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INVESTMENT ACCOUNTS

• DO NOT LIST IRAS/401KS OR ANY OTHER TYPE OF RETIREMENT ACCOUNTS HERE •

TYPE: Money Market "MM" ♦ Investment Account "IA" ♦ Cash Management "CM" ♦ or Other Account "OA".

(Indicate type below for all investment and street accounts.) If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution: _____

Address: _____

Phone Number: _____ Account Number: _____

Type of Account: _____ Account Owner: _____

Current Value: _____ Beneficiary: _____

Are funds electronically deposited or withdrawn from this account? Yes No

Is this Account pledged as collateral on any loans? Yes No

Name of Institution: _____

Address: _____

Phone Number: _____ Account Number: _____

Type of Account: _____ Account Owner: _____

Current Value: _____ Beneficiary: _____

Are funds electronically deposited or withdrawn from this account? Yes No

Is this Account pledged as collateral on any loans? Yes No

Name of Institution: _____

Address: _____

Phone Number: _____ Account Number: _____

Type of Account: _____ Account Owner: _____

Current Value: _____ Beneficiary: _____

Are funds electronically deposited or withdrawn from this account? Yes No

Is this Account pledged as collateral on any loans? Yes No



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INVESTMENT ACCOUNTS

• DO NOT LIST IRAS/401KS OR ANY OTHER TYPE OF RETIREMENT ACCOUNTS HERE •

TYPE: Money Market "MM" ♦ Investment Account "IA" ♦ Cash Management "CM" ♦ or Other Account "OA".

(Indicate type below for all investment and street accounts.) If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution: _____

Address: _____

Phone Number: _____ Account Number: _____

Type of Account: _____ Account Owner: _____

Current Value: _____ Beneficiary: _____

Are funds electronically deposited or withdrawn from this account? Yes No

Is this Account pledged as collateral on any loans? Yes No

Name of Institution: _____

Address: _____

Phone Number: _____ Account Number: _____

Type of Account: _____ Account Owner: _____

Current Value: _____ Beneficiary: _____

Are funds electronically deposited or withdrawn from this account? Yes No

Is this Account pledged as collateral on any loans? Yes No

Name of Institution: _____

Address: _____

Phone Number: _____ Account Number: _____

Type of Account: _____ Account Owner: _____

Current Value: _____ Beneficiary: _____

Are funds electronically deposited or withdrawn from this account? Yes No

Is this Account pledged as collateral on any loans? Yes No



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STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts". If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock Company _____
Address: _____
Phone Number: _____ Account Number: _____
Number of Shares: _____ Account Owner: _____
Fair Market Value: _____
Is this Stock pledged as collateral on any loans? Yes No

Name of Stock Company _____
Address: _____
Phone Number: _____ Account Number: _____
Number of Shares: _____ Account Owner: _____
Fair Market Value: _____
Is this Stock pledged as collateral on any loans? Yes No

Name of Stock Company _____
Address: _____
Phone Number: _____ Account Number: _____
Number of Shares: _____ Account Owner: _____
Fair Market Value: _____
Is this Stock pledged as collateral on any loans? Yes No



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STOCKS (Continued)

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts". If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock Company _____

Address: _____

Phone Number: _____ Account Number: _____

Number of Shares: _____ Account Owner: _____

Fair Market Value: _____

Is this Stock pledged as collateral on any loans? Yes No

Name of Stock Company _____

Address: _____

Phone Number: _____ Account Number: _____

Number of Shares: _____ Account Owner: _____

Fair Market Value: _____

Is this Stock pledged as collateral on any loans? Yes No

Name of Stock Company _____

Address: _____

Phone Number: _____ Account Number: _____

Number of Shares: _____ Account Owner: _____

Fair Market Value: _____

Is this Stock pledged as collateral on any loans? Yes No



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BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*)

If you are named as a co-owner on any bonds owned by or with someone else
(i.e. parents, siblings, children, grandchildren, etc.) Please indicate the name of the co-owner

TYPE	OWNER	SOCIAL SECURITY NO.	FACE VALUE ON BOND
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you

(Please provide a copy of any promissory notes.)

NAME OF DEBTOR	DATE DUE & OWED TO	CURRENT BALANCE	PROMISSORY NOTE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



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PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.
(Please provide a copy of the Partnership Agreement.)

Name of Entity: _____
General Partner/Managing Member: _____
Owner: _____
Value: _____ Who holds the papers: _____
Professional Partnership or LLC? Yes No
Entity Type: General Partnership Limited Partnership Limited Liability **Company**

Name of Entity: _____
General Partner/Managing Member: _____
Owner: _____
Value: _____ Who holds the papers: _____
Professional Partnership or LLC? Yes No
Entity Type: General Partnership Limited Partnership Limited Liability **Company**

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.
(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

Name of Entity: _____
Address: _____
Phone: _____
Owner Name: _____ Percentage of ownership: _____
Number of Shares: _____ Value: _____
Professional Corporation? Yes No
"S" Corporation? Yes No
Is there a Buy/Sell Agreement: Yes No

Name of Entity: _____
Address: _____
Phone: _____
Owner Name: _____ Percentage of ownership: _____
Number of Shares: _____ Value: _____
Professional Corporation? Yes No
"S" Corporation? Yes No
Is there a Buy/Sell Agreement: Yes No



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SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name: _____
 Description: _____
 Owner: _____
 Value: _____ Professional Corporation? Yes No
 Business Insurance Agent Name: _____
 Address: _____
 Telephone: _____

Name: _____
 Description: _____
 Owner: _____
 Value: _____ Professional Corporation? Yes No
 Business Insurance Agent Name: _____
 Address: _____
 Telephone: _____

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest
 ♦ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Name: _____
 Address: _____
 Owner: _____
 Type: _____ Value: _____

Name: _____
 Address: _____
 Owner: _____
 Type: _____ Value: _____



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PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property.

(Indicate type below and give a lump sum value for miscellaneous items.)

TYPE	OWNER (for vehicles list primary driver as well)	CURRENT VALUE	LIEN AGAINST ASSET?
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Car Insurance Company: _____

Agent: _____

Address: _____

Telephone / Facsimile: _____

Policy No.: _____



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REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares.

TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS)

♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE)

(Please provide a copy of the Deed or Agreement and Title Insurance Policy relating to each property)

Residence Address: _____

County: _____

Year House Purchased: _____ Owner: Client #1, Client #1, Joint
Initial Mortgage: _____ Current Mortgage: _____
Fair Market Value: _____ Mortgage Co.: _____
Loan No.: _____

Other Address: _____

County: _____

Year House Purchased: _____ Owner: Client #1, Client #1, Joint
Initial Mortgage: _____ Current Mortgage: _____
Fair Market Value: _____ Mortgage Co.: _____
Loan No.: _____

Other Address: _____

County: _____

Year House Purchased: _____ Owner: Client #1, Client #1, Joint
Initial Mortgage: _____ Current Mortgage: _____
Fair Market Value: _____ Mortgage Co.: _____
Loan No.: _____



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INSURANCE POLICIES

**TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability
♦ Long Term Care**

(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company Name: _____

Address: _____

Policy Number: _____

Face Amount: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Cash Value: _____

Company Name: _____

Address: _____

Policy Number: _____

Face Amount: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Cash Value: _____



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INSURANCE POLICIES (continued)

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability
♦ Long Term Care

(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company Name: _____

Address: _____

Policy Number: _____

Face Amount: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Cash Value: _____

Company Name: _____

Address: _____

Policy Number: _____

Face Amount: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Cash Value: _____



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RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (Indicate type below.)

Please provide a copy of your Retirement Plan Summary Agreement.

Company Name: _____
Address: _____

Type of Account: _____ Account Owner: _____
Account Number: _____ Beneficiary: _____
Current Value: _____
Are you currently receiving benefits from this plan? YES NO

Company Name: _____
Address: _____

Type of Account: _____ Account Owner: _____
Account Number: _____ Beneficiary: _____
Current Value: _____
Are you currently receiving benefits from this plan? YES NO

Company Name: _____
Address: _____

Type of Account: _____ Account Owner: _____
Account Number: _____ Beneficiary: _____
Current Value: _____
Are you currently receiving benefits from this plan? YES NO

Company Name: _____
Address: _____

Type of Account: _____ Account Owner: _____
Account Number: _____ Beneficiary: _____
Current Value: _____
Are you currently receiving benefits from this plan? YES NO



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RETIREMENT PLANS (Continued)

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (Indicate type below.)

Please provide a copy of your Retirement Plan Summary Agreement.

Company Name: _____

Address: _____

Type of Account: _____

Account Owner: _____

Account Number: _____

Beneficiary: _____

Current Value: _____

Are you currently receiving benefits from this plan? YES NO

Company Name: _____

Address: _____

Type of Account: _____

Account Owner: _____

Account Number: _____

Beneficiary: _____

Current Value: _____

Are you currently receiving benefits from this plan? YES NO

Company Name: _____

Address: _____

Type of Account: _____

Account Owner: _____

Account Number: _____

Beneficiary: _____

Current Value: _____

Are you currently receiving benefits from this plan? YES NO

Company Name: _____

Address: _____

Type of Account: _____

Account Owner: _____

Account Number: _____

Beneficiary: _____

Current Value: _____

Are you currently receiving benefits from this plan? YES NO



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PENSION PLANS

Company Name: _____

Address: _____

Type of Account: _____

Account Owner: _____

Account Number: _____

Beneficiary: _____

Current Value: _____

Are you currently receiving benefits from this plan? YES NO

Company Name: _____

Address: _____

Type of Account: _____

Account Owner: _____

Account Number: _____

Beneficiary: _____

Current Value: _____

Are you currently receiving benefits from this plan? YES NO

Company Name: _____

Address: _____

Type of Account: _____

Account Owner: _____

Account Number: _____

Beneficiary: _____

Current Value: _____

Are you currently receiving benefits from this plan? YES NO

Company Name: _____

Address: _____

Type of Account: _____

Account Owner: _____

Account Number: _____

Beneficiary: _____

Current Value: _____

Are you currently receiving benefits from this plan? YES NO



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ANNUITIES

Please provide a copy of each annuity contract

Company Name: _____

Address: _____

Account Owner: _____

Annuitant: _____

Account Number: _____

Current Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Are you receiving any regular distributions from this annuity contract? YES NO

If yes, do the distributions have "survivorship" or "period certain" provisions? YES NO

Survivorship Period Certain

Company Name: _____

Address: _____

Account Owner: _____

Annuitant: _____

Account Number: _____

Current Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Are you receiving any regular distributions from this annuity contract? YES NO

If yes, do the distributions have "survivorship" or "period certain" provisions? YES NO

Survivorship Period Certain

Company Name: _____

Address: _____

Account Owner: _____

Annuitant: _____

Account Number: _____

Current Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Are you receiving any regular distributions from this annuity contract? YES NO

If yes, do the distributions have "survivorship" or "period certain" provisions? YES NO

Survivorship Period Certain



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Planning for Life, Planning for Legacies

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Type: Gifts or inheritances that you expect to receive at some point in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

DESCRIPTION	VALUE
	\$ _____
	\$ _____

OTHER ASSETS

Type: Any property you own that does not fit into any other listed category.

DESCRIPTION	OWNER	CURRENT VALUE
		\$ _____
		\$ _____
		\$ _____
		\$ _____



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Planning for Life, Planning for Legacies

ASSETS*	CLIENT #1	CLIENT #2
	AMOUNT	
Cash Accounts	_____	_____
Investment Accounts	_____	_____
Stocks	_____	_____
Personal Effects	_____	_____
Retirement Accounts	_____	_____
Pension Plans	_____	_____
Life Insurance Policies	_____	_____
Annuities	_____	_____
Bonds	_____	_____
Monies Owed to You	_____	_____
Partnership & LLC Interests	_____	_____
Corporate Business Interests	_____	_____
Sole Proprietorship Interests	_____	_____
Anticipated Inheritance, Gift or Judgment	_____	_____
Oil, Gas & Mineral Interests	_____	_____
Other Assets	_____	_____
Real Property	_____	_____
TOTAL ASSETS	_____	_____
LIABILITIES	CLIENT #1	CLIENT #2
	AMOUNT	
Loans Payable	_____	_____
Accounts Payable	_____	_____
Real Estate Mortgages Payable	_____	_____
Unpaid Taxes	_____	_____
Other Obligations	_____	_____
TOTAL LIABILITIES	_____	_____
NET ESTATE	_____	_____
ANNUAL INCOME	_____	_____

** The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co-ownership with someone other than a spouse, the full value of that asset should be reported under that client's column.*