

SCOLARO, SHULMAN, COHEN, FETTER & BURSTEIN, P.C.
507 Plum St., Suite 300
Syracuse, New York 13204
Phone: (315) 471-8111
Fax: (315) 471-1355

CONFIDENTIAL INFORMATION

OF

FOR

ESTATE PLANNING PURPOSES

LONG FORM

- I. Listing of Assets**
- II. Listing of Liabilities**
- III. Family Information**
- Schedule A Real Estate Schedule**
- Schedule B Employee Benefits Either as Proprietary or Non-Proprietary Employee**
- Schedule C Life Insurance and Annuities**
- Schedule D Business Interest**

Dated:_____

I.

ASSETS

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
<u>REAL ESTATE - Schedule A</u>			
Residence	\$ _____	\$ _____	\$ _____
Vacation Home	\$ _____	\$ _____	\$ _____
Investment Real Estate	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

OTHER INVESTMENTS - Schedule B

Employer Benefits	\$ _____	\$ _____	\$ _____
Sideline Business	\$ _____	\$ _____	\$ _____
Mortgages	\$ _____	\$ _____	\$ _____
Notes	\$ _____	\$ _____	\$ _____
Leases	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

INSURANCE - Schedule C

Life Ins. Cash Value	\$ _____	\$ _____	\$ _____
----------------------	----------	----------	----------

**UNINCORPORATED
BUSINESS INTERESTS - Schedule D**
(if applicable)

Office	\$ _____	\$ _____	\$ _____
Business Real Estate	\$ _____	\$ _____	\$ _____
Machinery & Equipment	\$ _____	\$ _____	\$ _____
Accounts Receivable	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

FARM (if applicable)

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Machinery & Equipment	\$ _____	\$ _____	\$ _____
Cows	\$ _____	\$ _____	\$ _____
Farm Buildings	\$ _____	\$ _____	\$ _____
Land - Acres	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

CASH OR EQUIVALENT

Savings Account	\$ _____	\$ _____	\$ _____
Personal Checking Account	\$ _____	\$ _____	\$ _____
Business Checking Account	\$ _____	\$ _____	\$ _____
Account Receivable	\$ _____	\$ _____	\$ _____
Debts Owed to You	\$ _____	\$ _____	\$ _____

SECURITIES

Common Stocks	\$ _____	\$ _____	\$ _____
Preferred Stocks	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

MISCELLANEOUS

Car	\$ _____	\$ _____	\$ _____
Other Furnishings	\$ _____	\$ _____	\$ _____
Other Assets (list)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Anticipated Inheritance or Gift from:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____

II.**LIABILITIES**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Open Account Indebtedness	\$ _____	\$ _____	\$ _____
Credit Card Indebtedness	\$ _____	\$ _____	\$ _____
Bank Loans:	\$ _____	\$ _____	\$ _____
Other Loans not listed elsewhere:	\$ _____	\$ _____	\$ _____
Contingent Obligations and Guarantees:	\$ _____	\$ _____	\$ _____
Real Estate Mortgages:			
Residence:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____

III.

FAMILY INFORMATION

Husband

Wife

PERSONAL:

- | | | | |
|-----|---|---|---|
| 1. | Name | _____ | _____ |
| 2. | Known by any other name: | _____ | _____ |
| 3. | Home Address:
(send mail Y/N) | _____
_____ | _____
_____ |
| 4. | Home Phone: | _____ | _____ |
| 5. | Employer: | _____
_____ | _____
_____ |
| 6. | Present or past occupation | _____ | _____ |
| 7. | Business Address:
(send mail <u>Y/N</u>) | _____
_____ | _____
_____ |
| 8. | Business Phone: | _____ | _____ |
| 9. | Date of birth: | _____ | _____ |
| 10. | Place of birth (citizenship): | _____ | _____ |
| 11. | Social Security No.: | _____ | _____ |
| 12. | Children (names, birthdays,
addresses, Social Security Nos.) | _____

_____ | _____

_____ |

	<u>Husband</u>	<u>Wife</u>
13. Parents of Husband (names and addresses)	_____	_____
	_____	_____
	_____	_____
14. Parents of Wife (names and addresses)	_____	_____
	_____	_____
	_____	_____
15. Grandchildren (names, birthdays, and addresses) and addresses)	Parent: _____	Parent: _____
	Parent: _____	Parent: _____
	Parent: _____	Parent: _____
16. Siblings of Wife:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
17. Siblings of Husband:	_____	_____
	_____	_____
	_____	_____
	_____	_____
18. Date and place of marriage:	_____	_____
19. Domicile at marriage:	_____	_____
20. Pre or postnuptial agreements, including separation agreements (send copies)	_____	_____
21. Branch and dates of military service:	_____	_____

	<u>Husband</u>	<u>Wife</u>
22. Prior marriage (attach agreements and decrees):	_____	_____
23. Any financial responsibilities resulting from No. 22:	_____	_____
24. County of residence:	_____	_____

SCHEDULE A
REAL ESTATE

A. Real Estate Owned by Client Alone or With Someone Other than Spouse

1.	Location	
	Fair Market Value	\$ _____
	Mortgage Amount	\$ _____
	Is there Mortgage Insurance?	_____
	Net Equity	\$ _____
	Percentage of Contribution by (Client/Other)	_____ / _____

Comments:

2.	Location	
	Fair Market Value	\$ _____
	Mortgage Amount	\$ _____
	Is there Mortgage Insurance?	_____
	Net Equity	\$ _____
	Percentage of Contribution by (Client/Other)	_____ / _____

Comments:

B. Real Estate Owned by Spouse Alone or With Someone Other than Client

1.	Location	
	Fair Market Value	\$ _____
	Mortgage Amount	\$ _____
	Is there Mortgage Insurance?	_____
	Net Equity	\$ _____
	Percentage of Contribution by (Client/Other)	_____ / _____

Comments:

2. Location _____
Fair Market Value \$ _____
Mortgage Amount \$ _____
Is there Mortgage Insurance? _____
Net Equity \$ _____
Percentage of Contribution by
(Client/Other) _____ / _____

Comments:

C. Real Estate Owned Jointly With Spouse

1. Location _____
Fair Market Value \$ _____
Mortgage Amount \$ _____
Is there Mortgage Insurance? _____
Net Equity \$ _____
Percentage of Contribution by
(Client/Other) _____ / _____

Comments:

2. Location _____
Fair Market Value \$ _____
Mortgage Amount \$ _____
Is there Mortgage Insurance? _____
Net Equity \$ _____
Percentage of Contribution by
(Client/Other) _____ / _____

Comments:

SCHEDULE B**EMPLOYEE BENEFITS EITHER AS
PROPRIETARY OR NON-PROPRIETARY EMPLOYEE**

You or your spouse may be entitled to one or more of the following employee benefits. Please list only those benefits which apply to you under your column. If you are uncertain of the information, list the name of the person familiar with your company's benefits and plan and send in any booklet explaining company benefits and complete the information requested to the best of your knowledge.

	<u>Husband</u>	<u>Wife</u>
A. <u>Pension Plan:</u>		
1. Name of Plan	_____	_____
2. Trustee	_____	_____
3. Administrator	_____	_____
4. Total Amount Contributed by Employee to Date	_____	_____
5. Total Amount Contributed by Employee to Date:	_____	_____
6. Current Value of Fund	_____	_____
7. Amount Vested	_____	_____
8. Retirement Benefit:	_____	_____
9. Death Benefit:	_____	_____
10. Beneficiaries:		
a. Primary	_____	_____
b. Contingent	_____	_____
11. Mode of Payment: (lump sum, annuity, etc.)	_____	_____

	<u>Husband</u>	<u>Wife</u>
B. <u>Profit Sharing Plan</u>		
1. Name of Plan	_____	_____
2. Trustee	_____	_____
3. Administrator	_____	_____
4. Total Amount Contributed by Employee to Date	\$ _____	\$ _____
5. Total Amount Contributed by Employer to Date	\$ _____	\$ _____
6. Current Value of Fund	\$ _____	\$ _____
7. Amount Vested	\$ _____	\$ _____
8. Retirement Benefit	\$ _____	\$ _____
9. Death Benefit	\$ _____	\$ _____
10. Beneficiaries:		
a. Primary	_____	_____
b. Contingent	_____	_____
11. Mode of Payment (lump sum, annuity, etc.)	_____	_____

C. Keogh Plan (HR-10) Plan

1. Name of Plan	_____	_____
2. Trustee	_____	_____
3. Administrator	_____	_____
4. Total Amount Contributed by You to Date	\$ _____	\$ _____
5. Current Value of Fund	\$ _____	\$ _____

	<u>Husband</u>	<u>Wife</u>
6. Retirement Benefit	\$ _____	\$ _____
7. Death Benefit	\$ _____	\$ _____
8. Beneficiaries:		
a. Primary	_____	_____
b. Contingent	_____	_____
9. Mode of Payment (lump sum, annuity, etc.)	_____	_____

D. IRA

1. Name of Plan	_____	_____
2. Trustee	_____	_____
3. Administrator	_____	_____
4. Total Amount Contributed by you to Date	\$ _____	\$ _____
5. Current Value of Fund	\$ _____	\$ _____
6. Retirement Benefit	\$ _____	\$ _____
7. Death Benefit	\$ _____	\$ _____
8. Beneficiaries:		
a. Primary	_____	_____
b. Contingent	_____	_____
9. Mode of Payment (lump sum, annuity, etc.)	_____	_____

	<u>Husband</u>	<u>Wife</u>
E. <u>Deferred Compensation Salary Continuation or Severance Pay Benefits</u>	_____	_____
F. <u>Other Non-Contributory Death Benefits</u>	_____	_____
G. <u>Stock Options and/or Restricted Stock</u>	_____ _____ _____	_____ _____ _____
H. <u>Other Retirement Benefits</u>	_____ _____ _____	_____ _____ _____

SCHEDULE C
LIFE INSURANCE AND ANNUITIES

If you have a current policy, you may attach it in instead of completing the following schedule. Cash value should be the full cash value, exclusive of policy loans. Please list any loans against cash value in the space where indicated. Under type of policy, indicate whether the policy is whole life, term, group, association, etc.

With regard to all policies of insurance:

A. State any policies which have been assigned:

B. Date of assignment or transfer, and to whom:

C. Are there loans against any of these policies?

D. Were any gift tax returns filed:

A. LIFE INSURANCE ON LIFE OF HUSBAND:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

B. LIFE INSURANCE ON LIFE OF WIFE:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

C. LIFE INSURANCE ON LIFE OF CHILDREN:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

Name of Insurance Company: _____
Insured: _____
Owner: _____
Beneficiary: _____
Alt. Beneficiary: _____
Agent: _____ (include Phone No.)
Type of Policy: _____
Policy No.: _____
Cash Value: _____
Face Value: _____

Comments:

SCHEDULE D
BUSINESS INTEREST

A. Name of Business: _____

B. Address: _____

C. Type of Business: _____

D. **[CIRCLE ONE]** Sole Proprietorship, Partnership, Joint Venture, Subchapter S, Professional Corporation or Conventional Corporation.

E. Ownership and Capitalization:

	<u>Partnership, Joint Venture</u>	<u>Corporation</u>			
	<u>Percent of Interests</u>	<u>Voting Common</u>	<u>Non-Voting Common</u>	<u>Preferred</u>	<u>Debentures</u>
Husband	_____	_____	_____	_____	_____
Wife	_____	_____	_____	_____	_____
Children					
(a)	_____	_____	_____	_____	_____
(b)	_____	_____	_____	_____	_____
(c)	_____	_____	_____	_____	_____
Total Shares Issued and Outstanding:		_____	_____	_____	
Total Shares Authorized by Certificate of Incorporation:		_____	_____	_____	
Fixed Dividend (if any):		_____	_____	_____	

F. Average Earnings of Business, before taxes, for the:

last three years \$ _____

last five years \$ _____

(Please attach current balance sheet, profit and loss statement,
and last two years income tax returns).

G. Estimate of Business Fair Market Value: \$ _____

Have there been recent appraisals?) ____ Yes ____ No

H. Buy Sell Agreement*: _____

I. Stock Option Agreement*: _____

J. Deferred Compensation, Salary Continuation or Severance Pay Agreement: _____

K. Other Employee Benefit Plans*: _____

L. Key-Man Insurance:

<u>Employee</u>	<u>Face Value</u>	<u>Cash Value</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

M. Recent Sales of Stock: _____

Price: _____ Purchaser: _____

*Annual Statements, copies of Agreements relating to purchase of Business Interest, Stock Options, Deferred Compensation and other Benefit Plan required.

N. Corporate Obligations Endorsed by Stockholder: _____

O. Will the Family Retain the Stock? _____

P. Remarks: