

**SCOLARO, FETTER, GRIZANTI, McGOUGH & KING, P.C.**  
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CONFIDENTIAL INFORMATION

OF

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FOR

ESTATE PLANNING PURPOSES

SHORT FORM

Dated: \_\_\_\_\_

**PERSONAL INFORMATION:**

Client(s) Name	Telephone #	Date of Birth	Address	Social Security
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			(if different)	
			_____	

Children (if any):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parents:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Clients' Marital Status (check proper one):

Married     
  Single     
  Widowed     
  Divorced     
  Separated

Occupation:	Position	Employer
Name: _____	_____	_____
Name: _____	_____	_____

Existing Wills	Date	Location
Name: _____	_____	_____
Name: _____	_____	_____

(Send in a copy of each will)

**ASSETS**

Insert your estimate of the approximate current value. List each type of asset individually and jointly owned, and if jointly owned, insert name and relationship of that person. Do not itemize bank accounts or listed securities individually. Merely insert total value of each type of asset and place the valuation in the column of the registered owner. Indicate the beneficiary, if any, for any of the security or bank account registrations below.

	Name	Joint (if any)
<b>A. REAL PROPERTY</b>	\$	\$
(Location and type, i.e. residential, business, unimproved)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>B. STOCKS AND BONDS*</b>		
Individual or Joint		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
In Trust For		
_____	_____	_____
_____	_____	_____
Custodian For		
_____	_____	_____
_____	_____	_____
Payable on Death To		
_____	_____	_____
_____	_____	_____

\* List total value of the listed stocks and the listed bonds separately and also list separately any ownership in a family or closely-owned corporation at the book value of the shares.

	Name	Joint (if any)
<b>C. BANK ACCOUNTS, MORTGAGES, MONIES OWED TO YOU</b>	\$	\$
Individual or Joint		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
In Trust For		
_____	_____	_____
_____	_____	_____
Custodian For		
_____	_____	_____
_____	_____	_____
Payable on Death To		
_____	_____	_____
_____	_____	_____

	Name	Joint (if any)
<b>D. MISCELLANEOUS ASSETS</b>	\$	\$
Automobiles		
_____	_____	_____
Furnishings		
_____	_____	_____
Antiques		
_____	_____	_____
Other Personal Belongings		
_____	_____	_____
Other Assets		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. LIFE INSURANCE\*\*

(If married, list insurance on husband, wife and children)

Name and Address of Your Agent, if any: \_\_\_\_\_

Name of Company & Policy No.	Face Amount	Name of Insured	Type of Policy	Owner Of Policy	Primary Benef.	Contingent Benef.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*\* If you have a current inventory of your policies, send it in instead of completing this block. If you are uncertain as to the information requested and have no inventory, send in the policies themselves. They will be vaulted for safe-keeping but available to you at any time. Also indicate any policy loans under the liability section below. Under "Type of Policy", we want to know if the policy is whole life, term, group, association or whatever.

F. RETIREMENT BENEFITS\*\*\*

	Corporate	Keough Plan or IRA
Plan Name	_____	_____
Annual Contribution		
By you	_____	_____
By employer	_____	_____
Death Benefit		
Insurance	_____	_____
Investment Fund	_____	_____
Beneficiaries (Primary and Contingent)	_____	_____
	_____	_____
	_____	_____
Mode of Payment	_____	_____
	_____	_____

\*\*\* If more than one plan, given same information for each. If uncertain of information, give name of person familiar with your plan and send in any booklet explaining company benefits. For mode of payment, indicate whether it is payable in lump sum form or as a type of annuity.

## G. INTERESTS IN TRUSTS

Do you or your spouse have any interests in trusts set up either by yourself or others. This could include a right to receive income payments from a trust; to receive an amount on the death of another; your right to designate who shall receive the trust property upon the happening of a future event such as your death; and/or any trust you have set up that you can or cannot revoke, whether for the benefit of yourself or another. If so, furnish the following for each trust:

Name of trust and trustee	_____
Person who created trust	_____
Date created	_____
State in which created	_____
Current value	_____

Also, if possible, furnish us with a copy of the trust instrument and your most recent statement of the assets.

## H. LIABILITIES

	Name	Joint (if any)
	\$	\$
Home Mortgage	_____	_____
Insurance Loans	_____	_____
Other Borrowings****	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\*\* List to whom owed, amount and terms, and any collateral pledged.

**GUARDIANS, EXECUTORS, and TRUSTEES**

1. Guardians for minor children. If you have minor children, you should designate in your will a guardian or guardians of the children and their estate in the event of your death and/or your spouse's.

(a) Guardian of the children.

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

(b) Alternate Guardian.

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

2. Executor. Your executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid, and then distribute your property to trustees or others you have named. It is a task of limited duration, substantial responsibility, and much work.

(a) Principal executor.

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

(b) Substitute executor.

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

3. Trustees. Your trustees have the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create in your Will.

Depending on the terms of the trust, there may be adverse tax consequences if a trustee has an interest or possible interest in the trust, although usually if the trustee's discretion is limited those adverse tax consequences are similarly limited. Trustees can be corporations (qualified to act) or individuals. You may choose to have co-trustees, one of which may or may not be a corporation. Because corporate trustees must charge fees for their services, they may decline to accept small trusts. Their fees to administer a small trust may turn out to be disproportionately large if they are to cover their costs in handling the trust.

In general, choose a trustee with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment acumen. If you wish to select co-trustees, you may want to choose them for how well their individual strengths complement one another.

(a) Principal trustees.

Names: \_\_\_\_\_  
\_\_\_\_\_

Addresses: \_\_\_\_\_  
\_\_\_\_\_

(b) Substitute trustees (to act if one or more of the principal trustees cannot or will not act).

Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY, POWER OF ATTORNEY, LIVING WILL**

**Health Care Powers of Attorney**

We will also be preparing health care powers of attorney for you. Health care powers of attorney allow you to designate who you wish to make health care related decisions on your behalf in the event you are unable to do so. Such decisions include the type of care you will receive, where you will receive the care, who will provide the care to you, etc. In order to complete a health care power of attorney, we will need to know the name and address of who you wish to designate as your agent and in the event your agent is unable to act, who you wish to designate as an alternate agent.

Have you previously signed a Health Care Power of Attorney? \_\_\_\_\_

If so, where is it located? \_\_\_\_\_

Agent:

Alternate Agent:

Name and Address:

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Living Wills**

Living wills set forth your wishes with respect to whether you wish to have life sustaining measures continued in the event you are determined to be in an irreversible coma and in a terminal condition. Generally, we provide that such a determination shall be made by two (2) physicians, one of whom shall be your attending physician. Of course, you may choose to have any determination that you wish. If you would like to have living wills prepared, please let me know.

\_\_\_\_\_ Yes I would like to have a living will.

\_\_\_\_\_ No I would not like to have a living will.

Have you previously signed a living will? \_\_\_\_\_

If so, where is it located? \_\_\_\_\_

**Powers of Attorney**

Powers of Attorney allow you to appoint someone to act on your behalf with respect to day to day and legal matters. Such matters include banking transactions, buying and selling property, making claims for insurance, military and other benefits, etc. Thus, a power of attorney is a very powerful instrument and careful consideration should be given before giving someone your power of attorney.

A power of attorney can be one of two forms: an immediate power and a springing power of attorney. The springing power of attorney states that it is effective only upon the occurrence of a future event. For example, upon your disability or death of the person to whom you have given an immediate power of attorney. Many couples give each other an immediate power and then have a springing power which is effective if the spouse is unable to serve.

In order to prepare a power of attorney, we need to know who you wish to appoint and whether you wish to have an immediate power of attorney and/or a springing power of attorney.



**Immediate Power of Attorney**

Name and Address of Attorney-in-Fact

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**Springing Power of Attorney**

Name and Address of Attorney-in-Fact

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What event will trigger the springing power of attorney (e.g. your incapacity or the death or incapacity of your primary attorney-in-fact)?

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Have you previously signed a power of attorney? \_\_\_\_\_

If so, it should be terminated and we can take care of that for you. Where is it located? \_\_\_\_\_

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When was it signed? \_\_\_\_\_