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**ESTATE PLANNING DATA SHEET**

**NOTE:** PLEASE USE NAMES AS USUALLY DONE FOR BUSINESS AND AS YOU WANT THEM TO APPEAR IN YOUR ESTATE PLANNING DOCUMENTS – NOT NECESSARILY FULL NAMES.

SKIP AREAS WHICH DO NOT APPLY AND NOTE THAT APPROXIMATE VALUES ARE ADEQUATE FOR PRELIMINARY PLANNING. LIST NOTES, QUESTIONS AND COMMENTS ON A SEPARATE PAGE.

Husband: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Wife: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Husband's Driver License No. \_\_\_\_\_ Wife's Driver License No. \_\_\_\_\_

Address:(Home) \_\_\_\_\_

Address:(Business) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

FAX \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

State & County of Residence \_\_\_\_\_

Citizenship husband: U.S.A. \_\_\_\_\_ Other: \_\_\_\_\_

Citizenship wife: U.S.A. \_\_\_\_\_ Other: \_\_\_\_\_

Children of this marriage: (First, Middle, Last)

	Name/Address	Age	Name of Spouse	Age
1.	_____	_____	_____	_____
	_____			
	_____			

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any deceased children? Yes \_\_\_\_\_ (Attach details) No \_\_\_\_\_

Prior marriage of each husband and wife? Yes \_\_\_\_\_ (Attach details) No \_\_\_\_\_

If divorced, please provide copies of the decree and any related agreement.

Any marriage agreements settling property rights from a prior marriage?

Yes \_\_\_\_\_ (Attach details) No \_\_\_\_\_

Are there children of either you or your spouse from a prior marriage?

Yes \_\_\_\_\_ (Attach details) No \_\_\_\_\_

Have any children been adopted? Yes \_\_\_\_\_ (Attach details) No \_\_\_\_\_

Are there any premarital agreements with regard to property rights?

Yes \_\_\_\_\_ (Attach details) No \_\_\_\_\_

Are there any existing estate planning documents (e.g., Wills, Trusts, etc.)?

Yes \_\_\_\_\_ (Attach details) No \_\_\_\_\_

Husband: Are you a veteran?

Yes \_\_\_\_\_ (Attach discharge papers) No \_\_\_\_\_

Wife: Are you a veteran?

Yes \_\_\_\_\_ (Attach discharge papers) No \_\_\_\_\_

**PROPOSED EXECUTOR:** (Include addresses for persons other than husband or wife and their relationship to husband or wife. Please note if all persons you name are the same, you only need to enter the information one time.)

For Husband:

1st \_\_\_\_\_

2nd \_\_\_\_\_

Add: \_\_\_\_\_

For Wife:

1st \_\_\_\_\_

2nd \_\_\_\_\_

Add: \_\_\_\_\_

**PROPOSED TRUSTEE:** (Include addresses for persons other than husband or wife and their relationship to husband or wife)

For Husband:

1st \_\_\_\_\_

2nd \_\_\_\_\_

Add: \_\_\_\_\_

For Wife:

1st \_\_\_\_\_

2nd \_\_\_\_\_

Add: \_\_\_\_\_

**PROPOSED GUARDIAN OF MINOR CHILDREN:** (Include relationship to husband or wife)

1st \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

2nd \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Designation of Attorney In Fact (Agent)**

**DURABLE FINANCIAL POWERS OF ATTORNEY:** (Include relationship to husband or wife)

For Husband:

1st \_\_\_\_\_

Relationship \_\_\_\_\_

2nd \_\_\_\_\_

Relationship \_\_\_\_\_

For Wife:

1st \_\_\_\_\_

Relationship \_\_\_\_\_

2nd \_\_\_\_\_

Relationship \_\_\_\_\_

DURABLE HEALTH CARE POWERS OF ATTORNEY: (Include relationship to husband or wife)

1st \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2nd \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

LIVING WILLS: (Include relationship to husband or wife)

1st \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2nd \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

1st \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2nd \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

1st \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2nd \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

If a trust for children is desired, do you prefer distribution (i) in trust for the child's lifetime (Bloodline), (ii) all at once, or (iii) in staggered amounts (e.g., 1/3 at age 25, 1/3 at age 30, balance at age 35)? \_\_\_\_\_

Have you ever resided in a community property state? If so, which state or states, and for what periods of time? \_\_\_\_\_  
\_\_\_\_\_

Location of safe deposit box: \_\_\_\_\_

Who has access to safe deposit box? \_\_\_\_\_

Do you or your spouse expect to inherit something from parents or others? Yes: \_\_\_\_ No: \_\_\_\_\_

If yes, what type and value of property? \_\_\_\_\_  
\_\_\_\_\_

Special instructions when you are deceased: \_\_\_\_\_  
\_\_\_\_\_

Legacies of money to specific persons: \_\_\_\_\_

Legacies to charities, churches or other non-profit organizations: \_\_\_\_\_  
\_\_\_\_\_

Do any of your children have special educational, medical or financial needs?  
\_\_\_\_\_

Do you contemplate making future gifts? Yes \_\_\_\_ No \_\_\_\_

Furnish details as to the assets that may be involved: \_\_\_\_\_  
\_\_\_\_\_

If none of your issue (e.g., children or grandchildren) are living at the time of your death, where do you want your estate to go? (Example: 1/2 to husband's family, 1/2 to wife's family)  
\_\_\_\_\_

Do you wish to make a statement regarding anatomical gifts? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

We hereby verify that the information contained herein is correct to the best of our knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

**SUMMARY OF ASSETS AND LIABILITIES**  
**ASSETS**

(Please list dollar amounts for each asset)

GROSS ESTATE	HUSBAND	WIFE	JOINT
Real Estate • Primary Residence • Secondary Residence			
Stocks and bonds (Non IRA, 401(k), etc.)			
Bank accounts and notes			
Family corporations – "S" or "C" (circle one)			
Life Insurance (Payable to spouse)			
Life Insurance (Payable to others)			
Jointly owned property (with spouse)			
Jointly owned property (with others)			
Family partnerships			
Other miscellaneous property (i.e., cars, boats, etc.)			
Gifts during client's life			
Powers of appointment			
Annuities			
Retirement Plans (IRA, 401(k), etc.) (Payable to spouse)			
Retirement Plans (IRA, 401(k), etc.) (Payable to others)			
<b>TOTAL ASSETS</b>			

LIABILITIES

Unsecured debt (credit cards, etc.)			
Accounts payable/notes and operating loans			
Equipment loans			
Real estate liens (mortgages, lines of credit)			
<b>TOTAL LIABILITIES</b>			

*In the alternative, you can attach a current personal financial statement indicating the owner(s) of each asset.*

We hereby verify that the information contained herein is correct to the best of our knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_ Client

Date: \_\_\_\_\_

\_\_\_\_\_ Client