

Hall & Rheingans, P.L.L.C.
1314 East Venice Avenue, Suite E
Venice, Florida 34285
Phone (941) 412-9000
Fax (941) 480-1446

ESTATE PLAN ASSET INFORMATION

ACCURATE INFORMATION IS A CRITICAL PART OF PLANNING AND IMPLEMENTING THE BEST ESTATE PLAN. PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITY TO ASSIST US IN THIS PROCESS. WE WILL NEED COPIES OF DEEDS FOR ALL REAL ESTATE.

DATE: _____

1. PERSONAL:

HUSBAND'S NAME: _____

WIFE'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

2. REAL ESTATE: (Please provide copy of deeds)

LOCATION: _____

DATE ACQUIRED: _____

PURCHASE PRICE: _____

CURRENT VALUE: _____

HOW TITLE HELD: _____

MORTGAGE BALANCE: _____

LEASES OR OTHER
ENCUMBRANCES: _____

3. BUSINESS OWNERSHIP: YES _____ NO _____

NAME: _____

TYPE OF BUSINESS: _____

HOW TITLE HELD: CORPORATION _____

SOLE PROPRIETORSHIP _____

PARTNERSHIP _____

WHEN PURCHASED: _____ PURCHASE PRICE: _____

CURRENT VALUE: _____

4. BANK ACCOUNTS AND CERTIFICATES OF DEPOSIT (CD'S):
(attach list if more convenient)

<u>Bank or</u> <u>Savings</u> <u>& Loan</u>	<u>Type of</u> <u>Account (savings</u> <u>checking, CD)</u>	<u>Average</u> <u>Balance</u>	<u>Name(s) on</u> <u>account or CD</u>
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5. STOCKS, BONDS AND MUTUAL FUNDS: (attach list if more convenient)

<u>Shares (face</u> <u>value if bond)</u>	<u>Company</u>	<u>Current</u> <u>Owner(s)</u>	<u>Value</u>
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6. LIFE INSURANCE:

Insured Company Policy # Amount Owner Beneficiary

7. I.R.A. Yes _____ No _____

Husband _____ Wife _____

Custodian: _____

Current Value: _____

Primary Beneficiary: _____

Alternate Bene.: _____

8. PERSONAL PROPERTY:

A. AUTOMOBILES (Total net value): _____

B. HOUSEHOLD EFFECTS (VALUE): _____

C. JEWELRY (VALUE): _____

D. COLLECTIONS (VALUE): _____

E. OTHER: _____

9. PROFIT SHARING: YES _____ NO _____

NAME OF COMPANY: _____

CURRENT VALUE: _____

BENEFICIARY: _____

TERMS: _____

10. PENSION RIGHTS: YES _____ NO _____

NAME OF COMPANY: _____

CURRENT VALUE: _____

BENEFICIARY: _____

TERMS: _____

11. ASSETS OF VALUE NOT LISTED ABOVE: _____

12. LIABILITIES NOT LISTED ABOVE: _____

13. GIFTS MADE (IN EXCESS OF \$10,000 PER PERSON PER YEAR):

DATE: _____ TO WHOM: _____

AMOUNT: _____ TAXES PAID: _____

14. CURRENT APPROXIMATE ANNUAL INCOME:

SALARY: _____

INVESTMENTS: _____

PENSION: _____

OTHER: _____

TOTAL: _____

15. TOTAL HUSBAND ASSETS: _____

TOTAL WIFE ASSETS: _____

TOTAL ASSETS: _____

LESS LIABILITIES: _____

NET WORTH: _____

16. **ESTATE PLAN FAMILY INFORMATION**

NAME: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ S.S. NO.: _____

U.S. CITIZEN YES _____ NO _____ FLA. RESIDENT YES _____ NO _____

ACCOUNTANT: _____

REFERRED BY: _____

CHILDREN OR BENEFICIARIES

<u>Name</u>	<u>AGE OR DOB</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL BENEFICIARIES: Please provide the name, age (DOB if minor), relationship and address of any additional beneficiaries