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REAL
ESTATE
BUSINESS
ESTATE
PLANNING

Our estate planning recommendations are based on your present asset and family information. Therefore, we would appreciate you providing us with the enclosed confidential information. Furthermore, in the event of a significant change should occur after your estate plan has been prepared, you should contact this office for a review of the impact of any change to your existing estate plan.

FAMILY DATA

1. Basic Information

Client 1: _____ D.O.B. _____

Social Security Number: _____ U.S. Citizen? Yes No

Client 2: _____ D.O.B. _____

Social Security Number: _____ U.S. Citizen? Yes No

Home Address: _____

County: _____

City, State, Zip: _____ Home Phone: (____) _____

Client 1's Employer: _____ Business Phone: (____) _____

Client 2's Employer: _____ Business Phone: (____) _____

Email Address: (1) _____ (2) _____

Date of Marriage: _____

Has Client 1 ever been married to someone else? Yes No

Has Client 2 ever been married to someone else? Yes No

Children: (attach an additional sheet for additional children)

1. Name: _____ S.S.N.: _____ D. O. B. _____

Address: _____ Phone: (____) _____

Marital Status: _____ # of Children _____ Spouse's First Name _____

Who is parent of this child? Client 1 Client 2 Both

2. Name: _____ S.S.N.: _____ D. O. B. _____
Address: _____ Phone:(____) _____

Marital Status: _____ # of Children _____ Spouse's First Name _____

Who is parent of this child? Client 1 Client 2 Both

3. Name: _____ S.S.N.: _____ D. O. B. _____
Address: _____ Phone:(____) _____

Marital Status: _____ # of Children _____ Spouse's First Name _____

Who is parent of this child? Client 1 Client 2 Both

Do any members of your family have any special physical or mental challenges? Yes No

If you now support your parents or other relatives, or wish to make provisions for them in your estate plan, please provide their names, addresses and phone numbers:

1. Personal Representative of Will and Trustees (of any trust) and Attorney-in-Fact for Durable Power of Attorney

(Names and Addresses)

For Client 1:

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

For Client 2:

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

2. Proposed Guardian of Any Minor Children (Names and Addresses)

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

4. Patient Advocate For Patient Advocate Designation

For Client 1:

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

(Patient Advocate For Patient Advocate Designation Continued)

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

For Client 2:

First Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Second Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Third Choice:

Name _____

Address _____

Telephone No. (H) _____ (O) _____

Please list the name and address of those who are to be the primary beneficiaries of your estate.

Please provide the name, address and relationship of those to whom you would leave your estate (final takers) and the percentages for each in case all of your primary beneficiaries predecease you or perish with you.

If you wish to make any charitable or other special gifts, please indicate the charity and the amount you wish to donate.

Summary of Assets & Liabilities

1. Assets	Client 1	Client 2	Joint
A. Tangible Personal Property	_____	_____	_____
B. Non-Retirement Securities, Mutual Funds, Cash Related Accounts and similar Intangible Property	_____	_____	_____
C. Real Estate	_____	_____	_____
D. Retirement Benefits - IRA's & 401k's	_____	_____	_____
E. Insurance			
[Face Value on the Life of:	_____	_____	_____
[Named Beneficiary:	_____	_____	_____
F. Monies owed you	_____	_____	_____
G. Government Bonds			
H. Additional Assets (personal effects, collections, patents, trademarks, etc.)	_____	_____	_____
Total	=====	=====	=====
 2. Liabilities			
A. Real Estate Mortgages	_____	_____	_____
B. Notes to Financial Institutions	_____	_____	_____
C. Loans on Insurance Policies	_____	_____	_____
D. Other Obligations	_____	_____	_____
E. Charitable Pledges	_____	_____	_____
F. Tax Liabilities	_____	_____	_____
 Total	=====	=====	=====
 3. Net Worth	=====	=====	=====
 4. Potential Inheritance	=====	=====	=====
 5. Do you have long term care insurance?	Yes _____	No _____	

Checklist of Documents & Family Advisors

1. **Safe Deposit Box** - Location: _____
2. **Present Documents (if any)**
 - A. Will: dated _____
 - B. Trusts:
 - i) created by client _____
 - ii) created for client by others _____
 - C. Gift Tax Returns filed? _____ location? _____
3. **Advisors (Names and Addresses)**

Accountant _____

Trust Officer _____

Commercial Banker _____

Investment Advisor _____

Stockbroker _____

Life Insurance Agent _____

Casualty Insurance Agent _____

DOCUMENTATION FOR ESTATE PLAN ANALYSIS

1. Copies of Last Wills and Testaments, Revocable Trust Agreements, Durable Powers of Attorney for Health Care and General Durable Powers of Attorneys for Finances and/or any additional estate planning documentation which may currently be in effect.
2. Copies of deeds for all real estate holdings wherever situated.
3. Copies of Partnership Agreements and Operating Agreements for any partnerships, limited liability companies or other entities in which the client is a member or other participant.
4. Current personal balance sheet, if available.
5. Copies of life insurance policies and current statements regarding the same.