



ESTATE PLANNING CLIENT INFORMATION SHEET

COUZENS, LANSKY, FEALK, ELLIS, ROEDER & LAZAR, P.C.

Country Club Office Centre
39395 West Twelve Mile Road, Suite 200
Farmington Hills, Michigan 48331

248-489-8600

www.couzens.com
info@couzens.com

Date: _____

Personal Data:

Client 1: _____ Citizenship: _____ Date of Birth: _____

E-mail Address: _____ Home Phone: _____ Cell Phone: _____

Client 2: _____ Citizenship: _____ Date of Birth: _____

E-mail Address: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____

Client 1 Employer: _____ Business Phone: _____

Client 2 Employer: _____ Business Phone: _____

Have either of you ever been married to someone else? Yes [] No []

Children: (attach an additional sheet for additional children)

1. Name: _____ Date of Birth: _____

Parents: _____

Address: _____ Phones: _____

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

2. Name: _____ Date of Birth: _____

Parents: _____

Address: _____ Phones: _____

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

3. Name: _____ Date of Birth: _____

Parents: _____

Address: _____ Phones: _____

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

Special Challenges:

Do any members of your family have any special financial, 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.

Assets: On the attached form, list all of your assets with the estimated value of each, including for example, real estate, cash, bank accounts, money market accounts, stocks, bonds, partnerships, business interests, IRA and retirement benefits, automobiles, face amount of life insurance, annuities, collections and inheritances expected soon.

Guardians: If you have minor children, please provide the name, address, phone number and relationship of your first and second choices for guardian.

Representatives: Please provide the name, address, phone number and relationship of your first and second choice for the Personal Representative for your estate, Trustee for any Living Trust and agent under any financial Power of Attorney.

Please provide the name, address, phone number and relationship of your first and second choice for the person who should make medical decisions for you if you are unable to do so (Patient Advocate Designation).

Beneficiaries:

Consider who should receive your estate at your death and with what restrictions.

If all of your primary beneficiaries predecease you or perish with you, to whom would you leave your estate (final takers).

List any charities you wish to receive a portion of your estate at your death.

Advisors - Name, Address, Phone:

CPA: _____

Insurance Professional: _____

Financial Planner: _____

Other: _____



ASSET LIST

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| Assets (List Approximate Fair Market Value) | Owned Jointly | Owned by Client 1 Only | Owned by Client 2 Only |
|--|----------------------|-------------------------------|-------------------------------|
| Real Estate | | | |
| | | | |
| Non-Retirement Investments | | | |
| | | | |
| | | | |
| Retirement Benefits - IRAs, 401(k)s | | | |
| | | | |
| | | | |
| Life Insurance - Face Amount | | | |
| | | | |
| | | | |
| Money Owed to You | | | |
| | | | |
| Government Bonds | | | |
| | | | |
| Bank Assets | | | |
| | | | |
| | | | |
| Potential Inheritance | | | |
| | | | |
| Other | | | |
| | | | |
| | | | |
| Liabilities | | | |
| | | | |
| | | | |