WILL APPLICATION - ADDENDUM A

(THIS ADDENDUM MUST BE COMPLETED IN CONJUNCTION WITH THE BASIC WILL APPLICATION PRIOR TO YOUR APPOINTMENT)

CLIENT & SPOUSE FINANCIAL DATA

CLIENTS OWNING PROPERTY THAT EXCEEDS $1,500,000 SHOULD COMPLETE THIS SECTION *JOINTLY* BEFORE SEEING COUNSEL.

1. **Asset Valuation Summary**. To accurately determine the estate and gift tax consequences, if any, resulting from the distribution of your property, please provide the information requested below. You need only provide approximate figures. If you prefer, you can provide us with a recent financial statement that accurately reflects the current value of your joint and individual assets and liabilities. For all property, real or personal, to include intangible property, please bring copies of deeds or other documents indicating ownership.

	Joint	*Client*	*Spouse*	*Total*
Checking accounts				
Savings accounts				
Residence(s) equity				
Other real estate equity				
Investments (excluding retirement benefits)				
Closely-held business(es)				
Life insurance death benefits				
Vehicles				
Other personal property (e.g., furniture, jewelry, etc.)				
Other assets (list)				
Other assets (list)				
Other assets (list)				
Total				

Have you ever filed an IRS Form 709 "U.S. Gift (and Generation-Skipping Transfer) Tax Return?"

_____ yes _____ no (If so, please provide a copy.)

2. **Residence Information.**

A. **Primary Residence:** (address): ______________________________________

____

Estimated Value	Amount of Mortgages	Equity	Monthly Mortgage Payment	Owned By (client, spouse, jointly)

(So that we can properly plan for its disposition, please providc us a copy of the deed and mortgages for this primary residence.)

Original Purchase Price: $_______________ Cost of Additional Improvements: $_______________

How long do you plan on retaining this as a primary residence? What are your plans for this property?

____

____

B. Secondary Residence: (address): ____

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Estimated Value	Amount of Mortgages	Equity	Monthly Mortgage Payment	Owned By (client, spouse, jointly)

(So we can properly plan for its disposition, please provide us a copy of the deed and mortgages for this secondary residence.)

Original Purchase Price: $_______________ Cost of Additional Improvements: $_______________

How long do you plan on retaining this as a primary residence? What are your plans for this property?

____

____

Do you rent out this secondary residence?

____

3. <u>Other Real Estate Information (other than residences)</u>.

A. Other jointly owned real estate (i.e., in both client's and spouse's names).

Location	Estimated Value	Amount of Deeds of Trust	Equity	Other Co-Owners?

Total				

B. Other real estate owned by client only.

Location	Estimated Value	Amount of Deeds of Trust	Equity	Other Co-Owners?
Total				

C. Other real estate owned by spouse only.

Location	Estimated Value	Amount of Deeds of Trust	Equity	Other Co-Owners?
Total				

4. <u>Investment Account Information (other than retirement accounts)</u>.

A. Jointly owned investment accounts, mutual funds, etc. (i.e., in both client's and spouse's names).

Location	Estimated Value	Amount of Margin Loans	Net Value	Other Co-Owners?

Total				

B. Investment accounts owned by client only.

Location	Estimated Value	Amount of Margin Loans	Net Value	Other Co-Owners?
Total				

C. Investment accounts owned by spouse only.

Location	Estimated Value	Amount of Margin Loans	Net Value	Other Co-Owners?
Total				

5. <u>Retirement Benefits</u>.

A. Client's retirement benefits.

Description	Current Value	Beneficiary
Total		

B. Spouse's retirement benefits.

Description	Current Value	Beneficiary

Total		

C. **Please provide below any other information regarding retirement accounts and other deferred compensation arrangements:**

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6. Liability Information.

A. Joint liabilities (i.e., those liabilities for which both client and spouse are responsible), other than those listed previously.

Creditor	Liability Amount	Payment Amount	Payment Frequency	Secured?
Total				

B. Client's liabilities, other than those listed previously.

Creditor	Liability Amount	Payment Amount	Payment Frequency	Secured?

Total				

C. **Spouse's liabilities, other than those listed previously.**

Creditor	Liability Amount	Payment Amount	Payment Frequency	Secured?
Total				

7. Life Insurance Information.

A. **Joint life insurance policies (i.e., life insurance insuring both client's life and spouse's life).** (Please indicate those policies not owned by client or spouse with "*".)

Company	Type	Face Amount (Death Benefit)	Cash Surrender Value	Beneficiary
Total				

B. **Client's life insurance policies; i.e., life insurance insuring client's life.** (Please indicate those policies not owned by client with "*".)

Company	Type	Face Amount (Death Benefit)	Cash Surrender Value	Beneficiary

Total				

C. Spouse's life insurance policies (i.e., life insurance insuring spouse's life). (Please indicate those policies not <u>owned</u> by spouse with "*".)

Company	**Type**	**Face Amount (Death Benefit)**	**Cash Surrender Value**	**Beneficiary**
Total				

D. Please provide any other information concerning the above life insurance policies that may be helpful (i.e., outstanding policy loans, whether pledged as collateral, whether owned by a trust, whether financed under a "split dollar" arrangement, etc.).

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8. <u>Miscellaneous Information</u>. Please provide below any other information relating to your assets or liabilities which may have an impact on your estate planning.

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