

MOSER LAW, P.A.

ATTORNEY AND COUNSELOR AT LAW

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PERSONAL AND ASSET INFORMATION

This information will assist in the proper determination and implementation of your estate plan. Please complete as fully as possible. Everything disclosed will be held strictly confidential.



Tomorrow's results begin today

PERSONAL INFORMATION

Client # 1

Date _____

Legal Name (First, Middle, Last): _____

How you sign your name on legal documents (print): _____

Nickname (optional): _____ E-mail _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Date of Birth: _____ Social Security # _____

Employer: _____ Position: _____

Business Telephone: _____ Business address: _____

City: _____ State: _____ Zip: _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____

Domestic Partner / Registered: Date _____ Single

Client # 2

Legal Name (First, Middle, Last): _____

How you sign your name on legal documents (print): _____

Nickname (optional): _____ E-mail _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Date of Birth: _____ Social Security # _____

Employer: _____ Position: _____

Business Telephone: _____ Business address: _____

City: _____ State: _____ Zip: _____

ADVISORS

Telephone
Attorney: _____

Accountant: _____

Financial Advisor: _____

Primary personal bank: _____

Life Insurance Agent: _____

Stock Broker: _____

CHILDREN'S INFORMATION

CHILD # 1 joint husband parent wife parent male female

Name: First, Middle, Last _____

Nickname (optional): _____ Spouse (optional): _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Date of Birth: _____ Social Security # _____

CHILD # 2 joint husband parent wife parent male female

Name: First, Middle, Last _____

Nickname (optional): _____ Spouse (optional): _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Date of Birth: _____ Social Security # _____

CHILD # 3 joint husband parent wife parent male female

Name: First, Middle, Last _____

Nickname (optional): _____ Spouse (optional): _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Date of Birth: _____ Social Security # _____

CHILD # 4 joint husband parent wife parent male female

Name: First, Middle, Last _____

Nickname (optional): _____ Spouse (optional): _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Date of Birth: _____ Social Security # _____

Agent [Information about the people you wish to act as your **Health Care Agents** if you are unable to make medical decisions. Also, please list any successor you wish nominated.]

Name: _____ Relationship: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Agent

Name: _____ Relationship: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Agent

Name: _____ Relationship: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Agent

Name: _____ Relationship: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Family Doctor, Client # 1

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Family Doctor, Client # 2

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

PROFESSIONAL ADVISORS

Name of **CPA**: _____

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of **Financial Advisor**: _____

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Family **Attorney**: _____

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of **Stock Broker**: _____

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of **Life Insurance Agent**: _____

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of **Personal Banker**: _____

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you and your spouse United States citizens?		
If you answered “NO,” are either you or your spouse a resident or a non-resident alien?		

CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution and Branch _____	
Type _____	Account # _____
Owner _____	Amount _____
Address: _____	Phone: _____
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Institution and Branch _____	
Type _____	Account # _____
Owner _____	Amount _____
Address: _____	Phone: _____
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Institution and Branch _____	
Type _____	Account # _____
Owner _____	Amount _____
Address: _____	Phone: _____
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Institution and Branch _____	
Type _____	Account # _____
Owner _____	Amount _____
Address: _____	Phone: _____
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TOTAL \$ _____

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market "MM" ♦ Investment Account "IA" ♦ Cash Management "CM" ♦ or Other Account "OA".
(Indicate type below for all investment and street accounts.) If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Brokerage Firm _____	
Type _____	Account # _____
Owner _____	Amount: \$ _____
Address: _____	
Phone: _____	
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Brokerage Firm _____	
Type _____	Account # _____
Owner _____	Amount: \$ _____
Address: _____	
Phone: _____	
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Brokerage Firm _____	
Type _____	Account # _____
Owner _____	Amount: \$ _____
Address: _____	
Phone: _____	
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Brokerage Firm _____	
Type _____	Account # _____
Owner _____	Amount: \$ _____
Address: _____	
Phone: _____	
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts". If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock: _____		
Fair Market Value \$ _____	Number of Shares _____	Owner _____
Please provide name and address of Transfer Company		
Name: _____	Phone: _____	
Address: _____	_____	

Name of Stock: _____		
Fair Market Value \$ _____	Number of Shares _____	Owner _____
Please provide name and address of Transfer Company		
Name: _____	Phone: _____	
Address: _____	_____	

Name of Stock: _____		
Fair Market Value \$ _____	Number of Shares _____	Owner _____
Please provide name and address of Transfer Company		
Name: _____	Phone: _____	
Address: _____	_____	

TOTAL \$ _____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. (Indicate type below and give a lump sum value for miscellaneous items.)

Type	Owner	Value
_____	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____

TOTAL \$ _____

RETIREMENT & PENSION PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (*Indicate type below.*) Please provide a copy of your Retirement Plan Summary Agreement.

Company Name: _____		Phone: _____
Address: _____		
Type of Plan _____	Owner _____	Beneficiary _____
Account # _____	Value at Your Death \$ _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name: _____		Phone: _____
Address: _____		
Type of Plan _____	Owner _____	Beneficiary _____
Account # _____	Value at Your Death \$ _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name: _____		Phone: _____
Address: _____		
Type of Plan _____	Owner _____	Beneficiary _____
Account # _____	Value at Your Death \$ _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name: _____		Phone: _____
Address: _____		
Type of Plan _____	Owner _____	Beneficiary _____
Account # _____	Value at Your Death \$ _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TOTAL \$ _____

INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care *(Indicate type of policy below)*

Company Name: _____		Agent: _____	
Address: _____		Phone: _____	
_____		FAX: _____	
Insured: _____		Owner: _____	
Type of Policy	Policy #	Face Value	Current Value
_____	_____	\$ _____	\$ _____
Primary Beneficiary: _____		Secondary Beneficiary: _____	

Company Name: _____		Agent: _____	
Address: _____		Phone: _____	
_____		FAX: _____	
Insured: _____		Owner: _____	
Type of Policy	Policy #	Face Value	Current Value
_____	_____	\$ _____	\$ _____
Primary Beneficiary: _____		Secondary Beneficiary: _____	

Company Name: _____		Agent: _____	
Address: _____		Phone: _____	
_____		FAX: _____	
Insured: _____		Owner: _____	
Type of Policy	Policy #	Face Value	Current Value
_____	_____	\$ _____	\$ _____
Primary Beneficiary: _____		Secondary Beneficiary: _____	

Company Name: _____		Agent: _____	
Address: _____		Phone: _____	
_____		FAX: _____	
Insured: _____		Owner: _____	
Type of Policy	Policy #	Face Value	Current Value
_____	_____	\$ _____	\$ _____
Primary Beneficiary: _____		Secondary Beneficiary: _____	

Face Amount TOTAL \$ _____

Are any of the above referenced insurance policies pledged as collateral on any loans? Yes No

ANNUITIES

Please provide a copy of each annuity contract.

Company Name: _____	Agent: _____		
Address: _____	Phone: _____		
_____	FAX: _____		
Insured: _____	Owner: _____		
Type of Policy _____	Policy # _____	Amount _____	Value _____
			\$ _____
Primary Beneficiary: _____		Secondary Beneficiary: _____	
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain	

Company Name: _____	Agent: _____		
Address: _____	Phone: _____		
_____	FAX: _____		
Insured: _____	Owner: _____		
Type of Policy _____	Policy # _____	Amount _____	Value _____
			\$ _____
Primary Beneficiary: _____		Secondary Beneficiary: _____	
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain	

Company Name: _____	Agent: _____		
Address: _____	Phone: _____		
_____	FAX: _____		
Insured: _____	Owner: _____		
Type of Policy _____	Policy # _____	Amount _____	Value _____
			\$ _____
Primary Beneficiary: _____		Secondary Beneficiary: _____	
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain	

TOTAL \$ _____

BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*) If you are named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL \$ _____

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you
(*Please provide a copy of any promissory notes.*)

Name of Debtor _____	Date Due _____	Current Balance \$ _____
Promissory Note? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Debtor _____	Date Due _____	Current Balance \$ _____
Promissory Note? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Debtor _____	Date Due _____	Current Balance \$ _____
Promissory Note? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TOTAL \$ _____

PARTNERSHIPS & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own. *(Please provide a copy of the Partnership Agreement.)*

Name of Partnership or LLC _____

Owners: _____ Value: \$ _____

Who holds Partnership or LLC papers _____ Phone: _____

Is this a "Professional" Partnership or LLC? Yes No

Entity Type: General Partnership Limited Partnership Limited Liability Company

Name of General Partner or Managing Member _____

Name of Partnership or LLC _____

Owners: _____ Value: \$ _____

Who holds Partnership or LLC papers _____ Phone: _____

Is this a "Professional" Partnership or LLC? Yes No

Entity Type: General Partnership Limited Partnership Limited Liability Company

Name of General Partner or Managing Member _____

TOTAL \$ _____

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

Company _____ Address _____ _____	Phone: _____
Number of Shares _____ Owner: _____	% of Ownership _____ Value: \$ _____
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company _____ Address _____ _____	Phone: _____
Number of Shares _____ Owner: _____	% of Ownership _____ Value: \$ _____
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company _____ Address _____ _____	Phone: _____
Number of Shares _____ Owner: _____	% of Ownership _____ Value: \$ _____
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TOTAL \$ _____

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name of Business: _____	Owner: _____
	Value: _____
Description of Business: _____	
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Business: _____	Owner: _____
	Value: _____
Description of Business: _____	
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TOTAL \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL \$ _____

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Company Name: _____	Type: _____
Address: _____	Phone: _____
_____	FAX: _____
Owner: _____	Value: \$ _____

Company Name: _____	Type: _____
Address: _____	Phone: _____
_____	FAX: _____
Owner: _____	Value: \$ _____

Company Name: _____	Type: _____
Address: _____	Phone: _____
_____	FAX: _____
Owner: _____	Value: \$ _____

TOTAL \$ _____

OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

Description	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL \$ _____

REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE) *(Please provide a copy of the Deed or Agreement relating to each property.)*

General Description and / or Address	Ownership	Fair Market Value	Mortgage
_____ Please provide a copy of this deed.	\$ _____	\$ _____	_____
_____ Please provide a copy of this deed.	\$ _____	\$ _____	_____
_____ Please provide a copy of this deed.	\$ _____	\$ _____	_____
_____ Please provide a copy of this deed.	\$ _____	\$ _____	_____

TOTAL \$ _____

ASSETS*

CLIENT #1 CLIENT # 2
AMOUNT

Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Oil, Gas, and Mineral Interests		
Other Assets		
Real Property		
TOTAL ASSETS		

LIABILITIES

CLIENT #1 CLIENT # 2
AMOUNT

Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
ANNUAL INCOME		

** The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co-ownership with someone other than a spouse, the full value of that asset should be reported under that client's column.*

[revised 03-09]

