Return to:____________________

FELD HYDE
2000 SouthBridge Parkway
Suite 500
Birmingham, AL 35209
Telephone (205) 802-7575
FAX (205) 802-7550

ESTATE PLANNING INFORMATION AS OF ___________________, ______

REFERRED BY:____

The most useful estate plan considers complete and accurate information. In order to create the estate plan that can best suit you, help us establish an organized file, reduce the time spent obtaining background information, and attempt to minimize the cost, we recommend that you complete this form. We will rely on the information provided by you. Our advice may be inappropriate if it is based on incomplete or inaccurate information.

A. GENERAL INFORMATION ABOUT YOU

1. Full Name ____

2. Preferred Greeting Name ____

3. Home Address: Street Address ____

   P. O. Box ____

   City _______________ County _______________ State _____ Zip:_____

4. Home Phone ____________________ Cell Phone ____________________

5. Date of Birth _______________ Place of Birth ______________________________________

6. Citizenship ____

7. Social Security No. ____

8. Occupation ____

9. Employer ____

10. Business Phone ____

11. E-mail address, if permissible for communicating with you ______________________________

12. Any Prior Marriages? Yes________ No_________

13. Physician ____

14. Accountant ____

15. Insurance Agent ____

16. Investment Advisor ____

17. Financial Planner ____

18. Other Advisor(s) ____

B. GENERAL INFORMATION ABOUT YOUR CHILDREN, GRANDCHILDREN AND YOUR PARENTS

Your children:

Full Name(s)	Date of Birth	Address

Do any of your children have any special needs? If so, please explain: _________________

____

____

Your Grandchildren:

Full Name(s)	Age	Child of	Address

Do any of your grandchildren have any special needs? If so, please explain:____________

____

____

____

Do any of your children/grandchildren have custodial accounts? ______________________

Your Parents:

Full Name(s)	Age	Address	Estimated Amount of Any Inheritance Expectancy

C. FINANCIAL INFORMATION

ASSETS

Cash:

Checking	$____________________
Savings	$____________________
Money Market	$____________________
CD's	$____________________

Publicly Traded Securities:

Stocks	$____________________
Bonds	$____________________
Mutual Funds	$____________________

Closely Held Businesses
(Corps, Partnerships)

Name & % Owned

1. ____________________________ __________% $__________________
2. ____________________________ __________% $__________________
3. ____________________________ __________% $__________________

Real Estate:

Personal Residence $_______________________

Other (Describe):

1. _______________________________________ $__________________
2. _______________________________________ $__________________
3. _______________________________________ $__________________

Retirement Plans

IRA $__________________ (Benef. ____________________________)

Profit Sharing $__________________ (Benef. ____________________________)

Pension $__________________ (Benef. ____________________________)

Miscellaneous Assets:

Notes/Mortgages
Payable to You $__________________

Cash Value Life
Insurance $__________________

Personal Property
(Cars, Jewelry,
Furniture, etc.) $__________________

Other (Describe)
____________________ $__________________

TOTAL ASSETS $__________________

LIABILITIES

Short Term:

Credit Cards	$__________________
Banks	$__________________
Miscellaneous	$__________________

Long-Term:
Real Estate Mortgages:

Residence	$__________________
Other Real Estate	$__________________
Other	$__________________
TOTAL LIABILITIES	$__________________

NET WORTH	**$__________________**

ANNUAL INCOME

Salary/Bonuses	$__________________
Investments/ Interest & Dividends	$__________________
Other Income	$__________________
TOTAL ANNUAL INCOME	$__________________

D. LIFE INSURANCE SUMMARY

Insurance Company	Type (Whole Life, Term, etc.)	Face Amount	Owner	Beneficiary	Cash Surrender Value	Loans Against Policy
A. __________	__________	$__________	__________	__________	$__________	$__________
B. __________	__________	$__________	__________	__________	$__________	$__________
C. __________	__________	$__________	__________	__________	$__________	$__________
D. __________	__________	$__________	__________	__________	$__________	$__________
E. __________	__________	$__________	__________	__________	$__________	$__________

E. MATTERS TO CONSIDER BEFORE INITIAL ESTATE PLANNING CONFERENCE

1. Who are the primary beneficiaries of your estate (children, other family members, charities, etc.)?

____

____

2. Who are the secondary beneficiaries of your estate (should primary beneficiaries not survive you)?

____

____

3. Who are the remote beneficiaries of your estate if neither the primary beneficiaries nor the secondary beneficiaries survive you (charities, more distant family members)?

____

____

4. Would you like to leave any assets at your death to charity? Yes ____ No____

   If yes, please name charity or charities and amounts or percentages:

____

____

5. If the other parent of your minor children (under age 19) does not survive you, who should be named as Guardian of the minor children?

   Initial Guardian:____

   Successor Guardian:____

6. At what age and in what percentages should a child receive an inheritance (i.e., all at age 30, or 1/3 increments at ages 25, 30 & 35, etc.)? Mandatory distributions occur at the selected ages. Until then, assets are managed for benefit of child and used for health, support and education.

____

____

7. Who should manage a child's inheritance (i.e., Trustee) after both parents are gone (family member, institution, other advisor)? Can be same as Guardian or different.

Initial Trustee:____

First Successor Trustee:____________________________________

Second Successor Trustee:__________________________________

8. Who should manage your estate (i.e., Executor/Personal Representative) after you are gone (family member, institution, other advisor)?

Initial Executor:_______________________________________

First Successor Executor:___________________________________

Second Successor Executor:_________________________________

9. During your lifetime, who should manage your financial affairs under a Durable Power of Attorney if you are unable to do so (i.e., Agent/Attorney-in-fact)? Can be same as Executor or different.

Initial Agent:____

First Successor Agent:_____________________________________

Second Successor Agent:___________________________________

10. During your lifetime, who should make health and medical decisions if you are unable to do so (i.e., Health Care Proxy)?

Initial Health Care Proxy:____________________________________

First Health Care Proxy:____________________________________

Second Health Care Proxy:___________________________________

11. Are you currently a defendant in a lawsuit or do you expect to be sued? If so, please elaborate.

____

____

F. ADDITIONAL INFORMATION

Please list below any information which would not fit on the preceding pages. Please reference the section to which the information relates.

____

____

____

____

____

Please list below any additional information not requested which you feel is important.

____

____

____

G. SOME OR ALL OF THE FOLLOWING DOCUMENTS MAY BE HELPFUL FOR PREPARATION OF YOUR ESTATE PLAN. IF ANY OF THE FOLLOWING ARE READILY AVAILABLE, PLEASE BRING THEM TO THE INITIAL CONFERENCE.

Present Will

Deeds to Real Property

Gift Tax Returns (Form 709)

Pre or Post-Nuptial Agreements and Divorce Decrees/Property Settlements

Trust Documents - created by you or by others for your (or your family's) benefit

Personal Income Tax Return (Form 1040)

Business Tax Returns (Partnership or Corporation)

Business Buy-Sell Agreements, Partnership Agreements, Corporate Minute Books

Employment Contracts

Split Dollar Agreements