

JAMES D. HUBBERT PLC

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ESTATE PLANNING PERSONAL INFORMATION

I. SETTLOR(S)

DATE PREPARED:

HUSBAND	WIFE
NAME:	NAME:
ADDRESS:	
EMAIL ADDR.	EMAIL ADDR.
HOME PHONE:	
CELL:	CELL:
SS#:	SS#:
DOB.	DOB.

II. CHILDREN

1. NAME	
DOB/AGE	
ADDR.	
NUMBER OF CHILDREN (IF ANY)	

2. NAME	
DOB/AGE	
ADDR.	
NUMBER OF CHILDREN (IF ANY)	

3. NAME	
DOB/AGE	
ADDR.	
NUMBER OF CHILDREN (IF ANY)	

4. NAME	
DOB/AGE	
ADDR.	
NUMBER OF CHILDREN (IF ANY)	

5. NAME	
DOB/AGE	
ADDR.	
NUMBER OF CHILDREN (IF ANY)	

III. PRIOR ESTATE PLANNING

PRIOR WILL? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE:
INFO:

PRIOR TRUST? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE:
INFO:

IV. PREVIOUS MARRIAGE

PREVIOUS MARRIAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
INFO:	
CHILDREN OF PREVIOUS MARRIAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
1. NAME	
DOB/AGE	
ADDR.	
NUMBER OF CHILDREN (IF ANY)	
2. NAME	
DOB/AGE	
ADDR.	
NUMBER OF CHILDREN (IF ANY)	

DECEASED CHILDREN? YES <input type="checkbox"/> NO <input type="checkbox"/>	
1. NAME	
DOB	
NUMBER OF CHILDREN (IF ANY)	
2. NAME	
DOB	
NUMBER OF CHILDREN (IF ANY)	

V. PROFESSIONAL ADVISORS

ACCOUNTANT? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME:
COMPANY:
ADDRESS:

INSURANCE AGENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME:
COMPANY:
ADDRESS:

STOCK BROKER/FINANCIAL PLANNER? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME:
COMPANY:
ADDRESS:

VI. ASSETS

1. BANK ACCOUNT WITH: (name of bank/financial institution)	
ACCOUNT TYPE: (savings/checking/CD/money market)	
ACCOUNT NUMBER: (last 4 digits)	
OWNERSHIP: (joint/individual/other)	
AMOUNT:	

2. BANK ACCOUNT WITH: (name of bank/financial institution)	
ACCOUNT TYPE: (savings/checking/CD/money market)	
ACCOUNT NUMBER: (last 4 digits)	
OWNERSHIP: (joint/individual/other)	
AMOUNT:	

3. BANK ACCOUNT WITH: (name of bank/financial institution)	
ACCOUNT TYPE: (savings/checking/CD/money market)	
ACCOUNT NUMBER: (last 4 digits)	
OWNERSHIP: (joint/individual/other)	
AMOUNT:	

1. REAL ESTATE: Address	
OWNERSHIP STATUS:	
COPY OF DEED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
OWNERSHIP: (joint/individual/other)	
MORTGAGE/LIENS:	

2. REAL ESTATE: Address	
OWNERSHIP STATUS:	
COPY OF DEED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
OWNERSHIP: (joint/individual/other)	
MORTGAGE/LIENS:	

3. REAL ESTATE: Address	
OWNERSHIP STATUS:	
COPY OF DEED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
OWNERSHIP: (joint/individual/other)	
MORTGAGE/LIENS:	

1. STOCKS/ BONDS/INDEX FUNDS	
DESCRIPTION:	
ACCOUNT # (last 4)	
OWNERSHIP STATUS:	
LOCATION:	
BROKERAGE FIRM: (if any)	

2. STOCKS/ BONDS/INDEX FUNDS	
DESCRIPTION:	
ACCOUNT NUMBER: (last 4 digits)	
OWNERSHIP STATUS:	
LOCATION:	
BROKERAGE FIRM: (if any)	

1. IRA/401(K)403(B)/OTHER RETIREMENT ACCT	
NAME OF ACCOUNT:	
LOCATION OF ACCOUNT:	
BENEFICIARY:	
ACCT NUMBER: (last 4 digits)	
VALUE:	

2. IRA/401(K)403(B)/OTHER RETIREMENT ACCT	
NAME OF ACCOUNT:	
LOCATION OF ACCOUNT:	
BENEFICIARY:	
ACCT NUMBER: (last 4 digits)	
VALUE:	

VII. LIABILITIES

1. DESCRIPTION: (name of entity/person owed)	
OWNERSHIP STATUS (joint/individual)	
ACCOUNT # (last 4)	
AMOUNT OWED:	

2. DESCRIPTION: (name of entity/person owed)	
OWNERSHIP STATUS (joint/individual)	
ACCOUNT # (last 4)	
AMOUNT OWED:	

3. DESCRIPTION: (name of entity/person owed)	
OWNERSHIP STATUS (joint/individual)	
ACCOUNT # (last 4)	
AMOUNT OWED:	

4. DESCRIPTION: (name of entity/person owed)	
OWNERSHIP STATUS (joint/individual)	
ACCOUNT # (last 4)	
AMOUNT OWED:	

5. DESCRIPTION: (name of entity/person owed)	
OWNERSHIP STATUS (joint/individual)	
ACCOUNT # (last 4)	
AMOUNT OWED:	

VIII. INSURANCE

1. LIFE INSURANCE	
INSURED:	
NAME OF COMPANY:	
ADDRESS:	
TYPE OF INSURANCE:	
OWNERSHIP STATUS:	
BENEFICIARY:	
FACE VALUE AMOUNT:	

2. LIFE INSURANCE	
INSURED:	
NAME OF COMPANY:	
ADDRESS:	
TYPE OF INSURANCE:	
OWNERSHIP STATUS:	
BENEFICIARY:	
FACE VALUE AMOUNT:	

IX. PERSONAL PROPERTY

DESCRIPTION	VALUE	PERSON TO RECEIVE

X. OTHER ASSETS

DESCRIPTION	VALUE	PERSON TO RECEIVE

TOTAL VALUE OF ESTATE	\$ _____
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XI. DESIGNATIONS

	NAME	ADDRESS	PHONE #
TRUSTEE			
Successor Trustee			

PERSONAL REPRESENTATIVE			
Alternative Personal Rep.			

GUARDIAN			
Alternative Guardian			

CONSERVATOR			
Alternative Conservator			

PATIENT ADVOCATE			
Alternative Patient Advocate			

POWER OF ATTORNEY			
Alternative Power of Attorney			

XII. BENEFICIARIES

NAME	ADDRESS	PORTION OF ESTATE TO RECEIVE

