



CONFIDENTIAL PLANNING WORKBOOK

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Date: _____

Client Information

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Fax: _____

Client I

Client II

Full Legal Name: _____

Also Known As: _____

Date of Birth: _____

Social Security No.: _____

Citizenship: _____

Work Phone: _____

Work Fax: _____

Cell: _____

Email: _____

Status: Single Married Domestic Partnership Civil Union Divorced Widowed

Personal Concerns

Please note specific concerns you may have and wish to discuss:

- | | |
|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Urgent/Special Circumstances | <input type="checkbox"/> Business Concerns |
| <input type="checkbox"/> Family Concerns | <input type="checkbox"/> Charitable Inclinations |
| <input type="checkbox"/> Health & Disability Concerns | <input type="checkbox"/> Taxes |
| <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Other _____ |

Checklist of Relevant Documents Needed

Please provide copies of the following documents:

- | | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Recent Financial Statements | <input type="checkbox"/> Deed(s) to any Real Estate |
| <input type="checkbox"/> Existing Wills, Trusts and Durable Powers of Attorney | <input type="checkbox"/> Divorce, Separation or other Property Agreements |
| <input type="checkbox"/> Life Insurance Policies and Recent Annual Statements | <input type="checkbox"/> Buy-Sell/other Agreements for Ownership or Succession of a Closely Held Business |

Immediate Family Members/Other Beneficiaries of Estate

Name	Address	Relationship	Date of Birth (mm/dd/yy):	Marital Status

Beneficiaries with Special Needs

The special needs of certain beneficiaries require particular attention. While it is common to establish trusts for beneficiaries who are minors, adult beneficiaries with special needs also need trusts to protect them. Special needs include dependence on governmental programs like SSI and Medicaid, developmental disabilities, cognitive impairment, over-spending or other financial issues, poor judgment, substance abuse issues, and compulsive gambling. Please indicate whether any special circumstances exist regarding a beneficiary.

Specific Bequests

Specific bequests allow you to name specific individuals or charitable institutions to receive specific amounts of cash, securities, real estate, or tangible personal property. A separate memorandum can be used to designate the recipients of your personal effects. Use the space below to list any specific bequests you may wish to make.

Fiduciaries

Your estate plan allows you to fill several important fiduciary positions and designate alternates for each. You may use the space below to list who you might want to name.

Durable Power of Attorney:

The Agent named in your Durable Power of Attorney is authorized to manage your financial and legal affairs if you are unable to do so for yourself.

Health Care Power of Attorney:

The Agent named in your Health Care Power of Attorney is authorized to make health care decisions for you if you are unable to make or communicate those decisions for yourself.

Executor:

The Executor named in your Last Will and Testament is authorized to administer and distribute your estate as you specify in your Will.

Trustee:

The Trustee of a Trust holds, invests and distributes assets for the benefit of your beneficiaries.

Legal Guardian:

The Legal Guardian is authorized to care for beneficiaries who are minors or who may be otherwise unable to care for themselves.

Advisors

If you work regularly with particular advisors such as accountants, insurance brokers or financial advisors, list their names and addresses here.

Assets

	Client I	Client II	Joint
Cash & Cash Equivalents	_____	_____	_____
Marketable Securities	_____	_____	_____
Retirement Accounts	_____	_____	_____
Annuity Contracts	_____	_____	_____
Life Insurance Death Benefit	_____	_____	_____
Primary Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
Business Interests	_____	_____	_____
Deferred Compensation	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets	_____	_____	_____

Liabilities

	Client I	Client II	Joint
Mortgage Balance	_____	_____	_____
Other Secured Debt	_____	_____	_____
Unsecured Debt	_____	_____	_____
Total Liabilities	_____	_____	_____

Net Worth

	Client I	Client II	Joint
Net Worth (Assets-Liabilities)	_____	_____	_____

Cash & Cash Equivalents

(CDs, Money Market, Savings, Checking Accounts, etc.)

Description & Name of Financial Institution	Owner	Death Payee	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total Value	_____

Marketable Securities

(Stocks, Bonds, Brokerage Accounts, Mutual Funds, etc.)

Description & Name of Financial Institution	Owner	Death Payee	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total Value	_____

Retirement Accounts

(IRA, Roth, Rollover, 401k, 403b, etc.)

Description & Name of Financial Institution	Owner	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total Value	_____

Annuity Contracts

Name of Company, Basis & Contract Number	Owner	Death Payee	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total Value	_____

Life Insurance Policies

Company, Type of Policy & Policy #	Cash Value	Insured	Beneficiary	Death Benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Value				_____

Other Real Estate

Description Including Lot and Block	Owner	% Ownership	Value
_____	_____	_____	_____
_____	_____	_____	_____
Total Value			_____

Business Interests

Description and Form of Business Entity	Owner	% Ownership	Value
_____	_____	_____	_____
_____	_____	_____	_____
Total Value			_____

Deferred Compensation & Stock Options

Description	Owner	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Value			_____

Other Assets

Description	Value	
_____	_____	
_____	_____	
Total Value		_____