



JARRETT | HOYT

— ESTATE AND ELDER LAW —

1795 Williston Road, Suite 125 South Burlington, VT 05403
(802) 864-5951 | Office@vtelaw.com

ESTATE PLANNING INFORMATION

PERSONAL INFORMATION

DATE: _____

Legal Name:	US Citizen:	Yes	No
Date of Birth:	Veteran:	Yes	No
Marital Status:	First Marriage:	Yes	No
Date of Marriage:	Occupation:		
Home Phone:	Other Phone:		
Cell Phone:	Email:		

Spouse's Name:	US Citizen:	Yes	No
Date of Birth:	Veteran:	Yes	No
Marital Status:	First Marriage:	Yes	No
Date of Marriage:	Occupation:		
Home Phone:	Other Phone:		
Cell Phone:	Email:		

Residential Address: _____

Mailing Address (if different): _____

Preferred Method of Communication? _____

How did you hear about Jarrett|Hoyt? _____

FAMILY INFORMATION : *List all children (biological, adopted, or step); if no children then list parents and/or siblings use the legal names of all relations*

Legal Name:	US Citizen:	Yes	No
Relationship to you:	First Marriage:	Yes	No
Spouse:	Home Phone:		
Address:	Email:		
Cell Phone:	Date of Death:		
Date of Birth:	Is this person named as fiduciary on current estate planning documents?	Yes	No
Names & Ages of Children:	For Atty Use:		
	Primary ___ Alt ___ Agent for:		
	POA	AHCD	Executor Trust

Person #2:

Legal Name:	US Citizen: Yes No
Relationship to you:	First Marriage: Yes No
Spouse:	Home Phone:
Address:	Email:
Cell Phone:	Date of Death:
Date of Birth:	Is this person named as fiduciary on current estate planning documents? Yes No
Names & Ages of Children:	<i>For Atty Use:</i> Primary ___ Alt ___ Agent for: POA AHCD Executor Trust

Person #3

Legal Name:	US Citizen: Yes No
Relationship to you:	First Marriage: Yes No
Spouse:	Home Phone:
Address:	Email:
Cell Phone:	Date of Death:
Date of Birth:	Is this person named as fiduciary on current estate planning documents? Yes No
Names & Ages of Children:	<i>For Atty Use:</i> Primary ___ Alt ___ Agent for: POA AHCD Executor Trust

Person #4

Legal Name:	US Citizen: Yes No
Relationship to you:	First Marriage: Yes No
Spouse:	Home Phone:
Address:	Email:
Cell Phone:	Date of Death:
Date of Birth:	Is this person named as fiduciary on current estate planning documents? Yes No
Names & Ages of Children:	<i>For Atty Use:</i> Primary ___ Alt ___ Agent for: POA AHCD Executor Trust

ASSET INFORMATION: *Please list each asset you own whether individually, jointly with another or held in trust or otherwise*

REAL ESTATE:

Property Address:	
Owners:	
How Titled:	Do you rent the property: Yes No
Purchase Price:	Current Value:
Year Purchased:	Mortgage Balance:
Since Purchase have you subdivided, added parcels or adjusted boundaries? <i>(please provide all recorded documents relating to such alternations)</i>	Explain:

Property Address:	
Owners:	
How Titled:	Do you rent the property: Yes No
Purchase Price:	Current Value:
Year Purchased:	Mortgage Balance:
Since Purchase have you subdivided, added parcels or adjusted boundaries? <i>(please provide all recorded documents relating to such alternations)</i>	Explain:

Property Address:	
Owners:	
How Titled:	Do you rent the property: Yes No
Purchase Price:	Current Value:
Year Purchased:	Mortgage Balance:
Since Purchase have you subdivided, added parcels or adjusted boundaries? <i>(please provide all recorded documents relating to such alternations)</i>	Explain:

Bank Accounts

Name of Bank	Owner of Acct	Type of Acct	Balance	Beneficiary?
			\$	
			\$	
			\$	
			\$	
			\$	

Retirement Accounts (IRA, 401k, 403(b), SEP - do not include pension income)

Name of Financial Institution	Owner of Acct	Type of Acct	Current Value	Primary /Secondary Beneficiary
			\$	
			\$	
			\$	
			\$	
			\$	

Brokerage Accounts (Stocks, bonds, and other non-qualified investments)

Financial Inst.	Owner of Acct	Type of Investment	Current Value	Beneficiary?
			\$	
			\$	
			\$	
			\$	
			\$	

Life Insurance/Deferred Annuities

Financial Inst.	Insured/Annuitant	Beneficiaries (primary/contingent)	Face/Cash Value	Death benefit
			\$	\$
			\$	\$
			\$	\$

Vehicles (cars, motor homes, boats, etc.)

Owner	Make/model/Year	Loan Balance	Current Value
		\$	\$
		\$	\$
		\$	\$

Other Assets (businesses -LLCs or partnerships, promissory notes, collections/ antiques/art, crypto-currency, NFTs, etc.)

Owner	Description	Current Value
		\$
		\$
		\$
		\$

Safe Deposit Box

Name of Owners/Leaseholders: _____

Box #: _____ Bank/Location: _____

Special Circumstances:

Family Members with Disabilities Pending Divorce Child Support or spousal obligations	
Information Regarding Expected Inheritances	
Other issues of concern	

List of Advisors

CPA/Accountant: _____ Contact: _____

Financial Advisor: _____ Contact: _____

Other: _____ Contact: _____

May we contact your advisors to discuss your estate plan? YES: No:

If a person you intend to nominate as a primary/successor agent, executor, trustee contacts our office, may we discuss your estate plan with them:

YES: No:

**Authorization to speak will continue unless you notify us in writing that we no longer have permission to discuss matters with your agent.*

I/We acknowledge that the information provided by in this document will form the basis for the estate planning recommendations made by Jarrett|Hoyt and that the information contained herein is complete and accurate to the best of my/our knowledge.

Date

Signature

Date

Signature

ADDITIONAL INFORMATION FOR LONG TERM CARE CONSULTATIONS ONLY

Nursing or Residential Care Facility: _____

Daily/Monthly Costs of Care: _____

Long Term Care Insurance Benefit: _____

Housing Expenses

Rent/Mortgage (monthly): \$	Real Estate Taxes (annual): \$
Homeowner's Ins. (annual): \$	Condo/HOA fees: \$

Health Insurance

Type	Name of Provider	Premium/Month
Primary		\$
Supplemental		\$
Prescription		\$
Other		\$

Income Information- Monthly

Type	Client	Spouse/partner
Wages (gross)	\$	\$
Social Security (gross before Medicare)	\$	\$
Pension (gross)	\$	\$
Other:	\$	\$
Other:	\$	\$

List Any Significant Gifts or Reduced Value Sales of Assets Made Within Last 5 Years:
