

Client's Last Name: _____

Confidential Data Form

Personal Information and Asset Summary

LAW OFFICES OF
KOTOUC & VOGEL, P.C.
ATTORNEYS AND COUNSELORS AT LAW
310 EASTDALE CIRCLE, SUITE 200
MONTGOMERY, AL 36117-2112
334-409-0088 • FAX: 888-773-0005

WEB SITE: WWW.KOTOUC.COM
E-MAIL: DOUG@KOTOUC.COM
TOM@KOTOUC.COM

PLEASE PRINT ALL INFORMATION

You:

Name (first): _____ (middle): _____ (last): _____

Nickname: _____ Signature Name: _____

Birth Date: _____ Driver's License No.: _____ State: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell: _____ E-mail: _____

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Work Phone: _____ Fax: _____ E-mail: _____

U.S. Citizen?: YES NO

Have you previously completed a will, trust, or estate planning? YES NO

If YES, what kind of planning and when? _____

On what date were you married? _____

Your Spouse (if married) or Your Trustee/Executor*:

(*The person who would handle your affairs if you became disabled or died.)

Name (first): _____ (middle): _____ (last): _____

Nickname: _____ Signature Name: _____

Birth Date: _____ Driver's License No.: _____ State: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell: _____ E-mail: _____

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Work Phone: _____ Fax: _____ E-mail: _____

U.S. Citizen?: YES NO

Have you previously completed a will, trust, or estate planning? YES NO

If YES, what kind of planning and when? _____

It would be helpful for you to bring existing wills and/or trusts to your consultation for review.

Religious affiliation

About You & Your Spouse (if Married):

1. Do you or your spouse have any health concerns? YES NO
If YES: Describe: _____
2. Have you (or your spouse) ever filed federal gift tax returns? YES NO
3. Are you currently making annual gifts to anyone? YES NO
4. Did you (and your spouse) ever sign a pre- or post-marriage agreement? YES NO
5. Have you (or your spouse) ever been divorced? YES NO
If YES: Which one & date: _____
6. Have you (or your spouse) ever been widowed? YES NO
If YES: Which one & date: _____
7. Do you want maximum protection for your spouse from creditors and predators? YES NO
8. Do you want to provide your spouse with maximum financial benefit during their lifetime? YES NO
9. If you, your spouse, and all your children (and grandchildren) were killed in a common accident, do you have any relatives (parents, niece, nephews, brothers or sisters) that you would want to care for? YES NO
If YES: Name of relatives: _____
10. Do you desire to benefit any charities in your estate plan? YES NO
If YES: Name of charities: _____
11. What percentage of your estate do you desire to give to charity? _____ %
Name of churches/charities: _____
12. Are you currently the beneficiary of anyone else's trust? YES NO
If YES: Whose trust? _____

Your Children: (H=husband's, W=wife's, B=both)

Legal Name:	Birth Date	H/W/B
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4.	_____	_____

Do you have any deceased children? YES NO
If yes, name of deceased child(ren): _____

Your Grandchildren: (H=husband's, W=wife's, B=both)

Legal Name:	Birth Date	H/W/B
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4.	_____	_____

Do you have any grandchildren that have a deceased parent? YES NO
If yes, name of grandchild(ren): _____

Your Guardians:

If any of your children are under the age of 18, who do you wish to be guardians of your children?

Legal Name	Relationship
1. _____	_____
2. _____	_____

About Your Children or Other Dependents/Beneficiaries:

- 1. Do any of your children or dependents/beneficiaries receive governmental support or benefits because of a disability or handicap? YES NO
- 2. Do you or your spouse have others who depend on either of you for all or part of their support? If YES: Legal Name: _____ YES NO
- 3. Do any of your children or beneficiaries have special educational, medical, or physical needs? YES NO
- 4. If you answered YES to either of the above questions, please describe the type of disability that your child or dependent/beneficiary has. _____
- 5. Do you have any adopted children? YES NO If YES: Name: _____
- 6. Do you want to protect your children from differences in educational and medical expenses by having them paid out of a common fund until the youngest graduates from college or becomes age 23? YES NO
- 7. If you would like to use a different age, what age would you like them to be? _____
- 8. Would you like to have maximum creditor and predator protection for your children? YES NO
- 9. Would you like to protect your children from having one-half of their assets taken by a divorcing spouse? YES NO
- 10. Would you like each of your children to serve as his or her own trustee with another child, a CPA, or a bank of their choosing? If so, at what age could each begin to serve? _____ YES NO
- 11. At what age do you think your children (and grandchildren) would be old enough to remove a trustee (other than your spouse) and appoint a new trustee? _____
- 12. Would you like to exclude any of your heirs from receiving a copy of your trust and report on assets of your trust after your death? YES NO
- 13. Would you like your children to be able to make gifts to charities of their choice from their share of the trust? YES NO
- 14. Would you like to give a percentage of your assets to grandchildren? YES NO If YES, what percentage? _____%

Financial Instructions (Trustee/Executor):

If you were unable to make financial decisions for yourself, whom would you want to make these decisions? Consider having two people or an individual and a CPA (Certified Public Accountant) or trust department make these decisions.

For You:

Legal Name	Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

For Your Spouse (if married):

Legal Name	Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Do you want your Trustee to follow a conservative investment philosophy? YES NO

Disability Panel

Whom do you want to decide when you are disabled and can no longer serve as a trustee?

- spouse your personal physician other _____

Medical Instructions:

If you were unable to make medical decisions for yourself, whom would you want to decide for you with regard to medical treatment and/or life support machines?

For You:

Legal Name & Relationship	Address & Phone No.
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

For Your Spouse (if married):

Legal Name & Relationship	Address & Phone No.
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Your Advisors:

	Name	City/State
Attorney:	_____	_____
Accountant:	_____	_____
Financial Planner/Advisor:	_____	_____
Life Insurance Agent:	_____	_____
Primary Bank:	_____	_____
Secondary Bank:	_____	_____

Concerns for You, Your Spouse and Your Family:

Please place a check mark next to those concerns that are important to you.

- Maintaining control of your assets
- Avoiding life support machines
- Protecting assets from lawsuits and predators
- Other concerns (please list any concerns): _____
- Avoiding loss of control in case of mental disability
- Avoiding probate and/or reducing estate & income taxes
- Disinheritance of a family member

Current Income & Sources:

	Yours	(Your Spouse's)	Jointly
Salary and wages	\$ _____	\$ _____	\$ _____
Investment Income and Dividends	_____	_____	_____
Social Security	_____	_____	_____
Pension or retirement plans	_____	_____	_____
Lease payments	_____	_____	_____
Other	_____	_____	_____
Total Income	\$ _____	\$ _____	\$ _____

Summary of Values:

ASSETS

	Yours	(Your Spouse's)	Jointly
Cash Accounts (bank; checking, savings, CD's):	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Mutual Funds (name and account number):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Investment Accounts (brokerage firms)	_____	_____	_____
Stocks, Bonds, etc.	_____	_____	_____
Personal Effects (vehicles, jewelry, antiques, etc.)	_____	_____	_____
Retirement Plans (pension, IRA, 401K, SEP, etc.):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Life Ins. Policies and Annuities (company, policy no. & face amount):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Mortgages, Notes, and Other Receivables	_____	_____	_____
Partnership, Sole Proprietorship,	_____	_____	_____
Business and Professional Interests	_____	_____	_____
Oil, Gas, and Mineral Interests	_____	_____	_____
Real Estate - Residence	_____	_____	_____
Real Estate - _____	_____	_____	_____
Royalty Interest, Copyright, Trademarks & Licenses	_____	_____	_____
Farm Equipment, Livestock	_____	_____	_____
Anticipated Inheritance, Gift, or Lawsuit Judgment	_____	_____	_____
Total Assets:	\$ _____	\$ _____	\$ _____

LIABILITIES

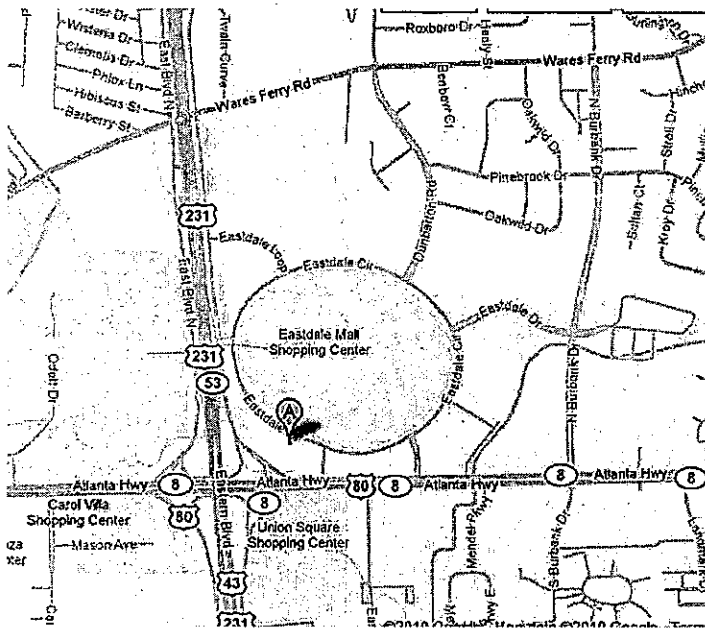
	Yours	(Your Spouse's)	Jointly
Loans payable	\$ _____	\$ _____	\$ _____
Accounts payable	_____	_____	_____
Real Estate Mortgage - Residence	_____	_____	_____
Real Estate Mortgage - Other	_____	_____	_____
Loans against life insurance	_____	_____	_____
Total Liabilities:	\$ _____	\$ _____	\$ _____
Net Estate:	\$ _____	\$ _____	\$ _____
Total Estate:			\$ _____

Consent:

I/we understand that you as our attorney will rely on information given by me/us in the planning process. If this information is incomplete or inaccurate, your recommendations are not valid. I/we consent to your sharing this information with our financial planner and CPA.

Signature

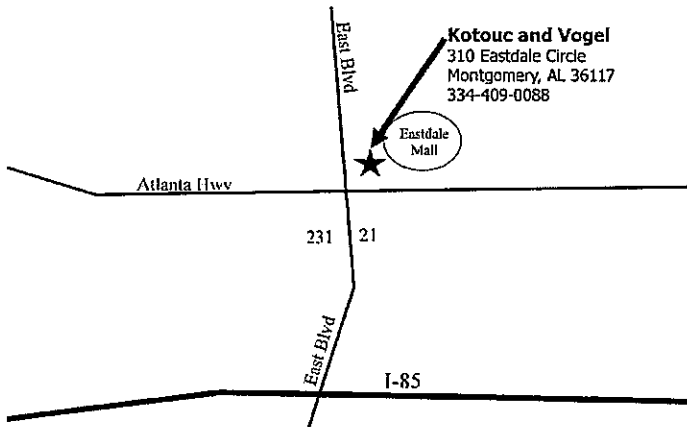
Signature



From Interstate 85:

1. Take Exit 6, 231 North, Wetumpka
2. Go approx 1 mile and exit right onto 80 East, Atlanta Hwy.
3. Turn right on the Atlanta Hwy, and get in the left lane
4. Turn left at the first light, onto Eastdale Mall Access Road
5. Turn left onto Eastdale Circle.

Our building is on the left, between the Red Lobster and Regions Bank.



From Enterprise/Troy, AL:

1. Take 231 Troy Hwy to 231 Eastern Bypass (turn right at major intersection to stay on 231).
2. Stay on 231/Eastern Bypass til you cross I-85, then follow the above directions.

Documents To Bring With You

1. Face sheet of your life insurance policies.
2. Latest account statements of your mutual fund, money market, or brokerage accounts.
3. Latest bank account statements for each account you have.
4. Latest account statements for any IRA accounts that you own.
5. Copies (or originals) of stock certificates which are not held in a brokerage account and address of corporation.
6. Copies (or originals) of deeds to any real estate that you own.
7. A copy of the face of any bonds showing in whose name(s) they are held.
8. A copy of any federal gift tax returns that you have filed.

