



YANKE FINANCIAL, LLC

An Independent Firm

ESTATE PLANNING ORGANIZER

PERSONAL PROFILE

| Family Member | Name | Social Security Number | Birth Date |
|---------------------|-------|------------------------|------------|
| Husband | _____ | _____ | _____ |
| Wife | _____ | _____ | _____ |
| Children | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Other beneficiaries | _____ | _____ | _____ |
| | _____ | _____ | _____ |

Have you provided for dependent children? Yes _____ No _____

| | |
|-----------------------|-------------------------|
| Attorney _____ | Accountant _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Phone _____ | Phone _____ |

Financial Consultant _____

Address _____

Phone _____

| Do you have: | Is it current? Dated: | Assigned Representative(s) |
|----------------------------|-----------------------|----------------------------|
| A will? | ___/___/___ | _____ |
| Durable power of attorney? | ___/___/___ | _____ |
| Health care directive? | ___/___/___ | _____ |
| Living will? | ___/___/___ | _____ |

Personal representative/executor _____

Location of tax returns _____

Location of safe deposit box (institution) _____ Address _____

Names of those authorized to open safe deposit box _____

Location of keys _____

Contents (stock certificates, EE bonds, bearer bonds, etc.) _____

Location of appraisal and inventory of personal property (including collectibles) _____

Funeral and burial arrangements _____

INCAPACITY/DISABILITY

Name of guardian/trustee in the event of your incapacity _____ (Name)

What disability policies do you own? _____

What long-term care policies do you own? _____

INVESTMENT/BANK ACCOUNTS

Bank/institution _____ Address _____

How account is titled _____

Account number _____ Type of account _____

Account number _____ Type of account _____

Bank/institution _____ Address _____

How account is titled _____

Account number _____ Type of account _____

Account number _____ Type of account _____

TRUST ACCOUNTS

Institution _____

Address _____

Type of trust _____ Tax ID number _____

Current trustee _____ Successor trustee _____

Beneficiaries _____

Institution _____

Address _____

Type of trust _____ Tax ID number _____

Current trustee _____ Successor trustee _____

Beneficiaries _____

Have you reviewed your trust(s) recently? Yes ____ No ____

GIFT INFORMATION

Are you a custodian of Uniform Gift/Transfer to Minor's Accounts? Yes ____ No ____
(If so, and you are the donor, these may be included in your estate for tax purposes.)

Have you filed any gift tax returns? Year _____ Amount of gift \$ _____

Are you taking full advantage of annual exclusion gifts? Yes ____ No ____

SECURITIES

Brokerage firm _____

Address _____

How account is titled _____

Account number _____ Type of account _____

Brokerage firm _____

Address _____

How account is titled _____

Account number _____ Type of account _____

IRAS/RETIREMENT PLANSType: ☐ Traditional IRA ☐ Roth IRA ☐ Qualified plan ☐ 403(b)

Participant _____

Name of company (i.e., brokerage firm, bank, mutual fund) _____

Address _____

Account number _____ Approximate value \$ _____ Date _____

Primary beneficiaries _____

Contingent beneficiaries _____

Type: ☐ Traditional IRA ☐ Roth IRA ☐ Qualified plan ☐ 403(b)

Participant _____

Name of company (i.e., brokerage firm, bank, mutual fund) _____

Address _____

Account number _____ Approximate value \$ _____ Date _____

Primary beneficiaries _____

Contingent beneficiaries _____

LIFE INSURANCE POLICIES

| Owned by | Type of Policy* | Issuer | Insured† | Beneficiary | Death Benefit | Annual Premium | Cash Value | Loans |
|----------|-----------------|--------|----------|-------------|---------------|----------------|------------|----------|
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

* WL = whole life; G = group term; UL = universal life; SPWL = single premium whole life; T = term; SL = survivorship life

† The owner is assumed to be the insured unless you note otherwise.

Have these policies been reviewed recently? Yes ____ No ____

Do these policies meet your current needs? Yes ____ No ____

ANNUITIES

| Owned by | Type of Contract* | Issuer | Beneficiary | Death Benefit | Cash Value |
|----------|-------------------|--------|-------------|---------------|------------|
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |

* F = fixed rate; V = variable

REAL ESTATE/PERSONAL RESIDENCE/BUSINESS ASSETS/OTHER (collectibles, jewelry, etc.)

Real estate/real estate interests owned _____

Location of property _____

Lender _____ Lender's address _____

Account number _____ Amount of loan \$ _____

Payment \$ _____ Date due _____

Interest rate _____ Maturity _____

Real estate/real estate interests owned _____

Location of property _____

Lender _____ Lender's address _____

Account number _____ Amount of loan \$ _____

Payment \$ _____ Date due _____

Interest rate _____ Maturity _____

ESTATE TAX

What is your estimated estate tax liability? \$ _____

Have you planned for it? Yes ____ No ____

INTENT

In plain English, what do you want your estate plan to do for you?