

CONFIDENTIAL ESTATE PLANNING DATA SHEET AND CHECK LIST

I. FAMILY INFORMATION

| A. Personal | <u>Client</u> | <u>Spouse</u> |
|--|---------------|---------------|
| 1. Full name | _____ | _____ |
| 2. Nickname | _____ | _____ |
| 3. Home Address | _____ | _____ |
| (send mail to) | _____ | _____ |
| 4. Home Phone | _____ | _____ |
| 5. Employer or firm | _____ | _____ |
| 6. Present occupation | _____ | _____ |
| 7. Business address | _____ | _____ |
| | _____ | _____ |
| 8. Business phone | _____ | _____ |
| 9. Date of birth | _____ | _____ |
| 10. Place of birth | _____ | _____ |
| 11. Citizenship | _____ | _____ |
| 12. Present domicile [i f different from state of residence] | _____ | _____ |
| 13. Social security number | _____ | _____ |
| 14. Date and place of marriage | _____ | _____ |
| 15. Pre- or post- nuptial agree- ments (i f any) | _____ | _____ |
| 16. Pri or marri age(s), i f any | | |
| a. Former spouse | _____ | _____ |
| b. Present address | _____ | _____ |
| c. When and where married | _____ | _____ |
| d. How, when and where terminated | _____ | _____ |
| e. Divorce obli - gations to or from former spouse | _____ | _____ |
| i. Child support | _____ | _____ |
| ii. Alimony | _____ | _____ |

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B. Children and deceased children [indicate if adopted (A), or if child only of client (C) or spouse (S)]

| | CHILD #1 | CHILD #2 |
|--|----------|----------|
| 1. Full name | _____ | _____ |
| | _____ | _____ |
| 2. Nickname | _____ | _____ |
| | _____ | _____ |
| 3. Date and place of birth (or adoption) | _____ | _____ |
| | _____ | _____ |
| 4. Address | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| 5. Present occupation | _____ | _____ |
| 6. Educational goals (e.g., college, post-graduate school) | _____ | _____ |
| 7. Name of spouse, if any | _____ | _____ |
| 8. Date of marriage | _____ | _____ |
| 9. Spouse's present occupation | _____ | _____ |
| 10. Is relationship good | | |
| a. with child? | _____ | _____ |
| b. with child's spouse? | _____ | _____ |
| 11. Descendants (names and ages) | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

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B. Children and deceased children [indicate if adopted (A), or if child only of client (C) or spouse (S)]

| | CHILD #3 | CHILD #4 |
|--|----------|----------|
| 1. Full name | _____ | _____ |
| | _____ | _____ |
| 2. Nickname | _____ | _____ |
| | _____ | _____ |
| 3. Date and place of birth (or adoption) | _____ | _____ |
| | _____ | _____ |
| 5. Address | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| 5. Present occupation | _____ | _____ |
| 6. Educational goals (e.g., college, post-graduate school) | _____ | _____ |
| 7. Name of spouse, if any | _____ | _____ |
| 8. Date of marriage | _____ | _____ |
| 9. Spouse's present occupation | _____ | _____ |
| 10. Is relationship good | | |
| a. with child? | _____ | _____ |
| b. with child's spouse? | _____ | _____ |
| 12. Descendants (names and ages) | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

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C. Parents, Brothers and Sisters (Client)

Client

1. Parents Names
Father: _____
Mother: _____

2. Address(es)
Father: _____

Mother: _____

3. Ages (or dates of death)
Father: _____
Mother: _____

4. Brothers and Sisters

Name(s) Sibling (1) _____
Sibling (2) _____
Sibling (3) _____

Address(es) (1) _____
(2) _____
(3) _____

Age (or date of death) (1) _____
(2) _____
(3) _____

Spouse (1) _____
(2) _____
(3) _____

Children (names and ages) (1) _____
(2) _____
(3) _____

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D. Parents, Brothers and Sisters (Spouse)

1. Parents
Names

Father: _____

Mother: _____

2. Address(es) Father:

Mother: _____

3. Ages (or
dates of
death)

Father: _____

Mother: _____

4. Brothers and Sisters

Name(s) Si bl i ng (1) _____

Si bl i ng (2) _____

Si bl i ng (3) _____

Address(es) (1) _____

(2) _____

(3) _____

Age (or
date of
death)

(1) _____

(2) _____

(3) _____

Spouse

(1) _____

(2) _____

(3) _____

Chi l dren
(names and
ages)

(1) _____

(2) _____

(3) _____

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E. Other persons who are or who may become wholly or partially dependent upon you or Spouse for support

| <u>Full Name</u> | <u>Age</u> | <u>Address</u> | <u>Relationship</u> |
|------------------|------------|----------------|---------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |

F. Any potential inheritance from a parent or other person (if so, state source, potential beneficiary and estimated amount)

G. Any especially important estate planning objectives or problems which you wish to discuss?

II. PERSONAL INFORMATION

A. Name, Address and telephone number of advisor(s), if applicable

1. Stockbroker _____

2. Life Insurance Advisor _____

3. Banker or Trust Officer _____

4. Investment Advisor _____

5. Other Attorney _____

6. Accountant _____

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B. Gift Data:

1. Trusts created by Client, if any (grantor, beneficiaries, powers and rights retained, value of gift, trustees, term, reversion, present value)

2. Trusts created by Spouse, if any

3. Existing custodial accounts created by either Client or Spouse (donor, date, custodian, minor, value of gift, present value, state law applicable)

4. Gift tax returns filed _____

5. Regular charitable gifts _____

6. Foundations created (name, state, purpose, motive for creating)

C. Other Information:

1. Safe Deposit Box (location, number)

2. Cemetery Lot (location, deed, care arrangements)

3. Do you currently have a will? _____
Does your spouse have a will? _____
If yes, location of originals? _____

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III. ASSET INVENTORY

[Insert brief description as appropriate]

Estimated Current Value

| <u>In the name of</u> | <u>Client</u> | <u>Spouse</u> | <u>Joint Prop. (Joint tenants with rights of survivorship or tenants by the entities</u> |
|-----------------------------------|---------------|---------------|--|
| A. Cash on hand | \$ _____ | \$ _____ | \$ _____ |
| B. Checking accounts | \$ _____ | \$ _____ | \$ _____ |
| C. Savings accounts | \$ _____ | \$ _____ | \$ _____ |
| D. Marketable securities | \$ _____ | \$ _____ | \$ _____ |
| 1. Listed Common Stocks | \$ _____ | \$ _____ | \$ _____ |
| 2. Unlisted Common Stocks | \$ _____ | \$ _____ | \$ _____ |
| 3. Listed Preferred Stocks | \$ _____ | \$ _____ | \$ _____ |
| 4. Unlisted Preferred Stocks | \$ _____ | \$ _____ | \$ _____ |
| 5. U. S. Bonds | \$ _____ | \$ _____ | \$ _____ |
| 6. Municipal Bonds | \$ _____ | \$ _____ | \$ _____ |
| 7. Listed Corporate Bonds | \$ _____ | \$ _____ | \$ _____ |
| 8. Unlisted Corporate Bonds | \$ _____ | \$ _____ | \$ _____ |
| 9. Other Bonds | \$ _____ | \$ _____ | \$ _____ |
| 10. Mutual Fund Shares | \$ _____ | \$ _____ | \$ _____ |
| E. Employee Benefits | <u>Client</u> | <u>Spouse</u> | |
| 1. Deferred compensation | _____ | _____ | |
| 2. Group Life insurance | _____ | _____ | |
| 3. Post-death salary continuation | _____ | _____ | |
| 4. Stock options | _____ | _____ | |
| 5. Restricted stock | _____ | _____ | |

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- | | | |
|--------------------------------|-------|-------|
| 6. Pension plan account | _____ | _____ |
| 7. Profit-sharing plan account | _____ | _____ |
| 8. Savings plan account | _____ | _____ |
| 9. H.R. 10 plan value | _____ | _____ |
| 10. Other benefit plans | _____ | _____ |

Estimated Current Value

| <u>In the name of</u> | <u>Client</u> | <u>Spouse</u> | <u>Jt. Prop. (Joint tenants with rights of survivorship or tenants by the entities)</u> |
|---|-----------------|-----------------|---|
| F. Tangible Personal Property | | | |
| 1. Cars, trailers and other motor vehicles | \$ _____ | \$ _____ | \$ _____ |
| 2. Boats and aircraft | \$ _____ | \$ _____ | \$ _____ |
| 3. Personal effects, jewelry, furs | \$ _____ | \$ _____ | \$ _____ |
| 4. Collections, works of art | \$ _____ | \$ _____ | \$ _____ |
| 5. Household effects | \$ _____ | \$ _____ | \$ _____ |
| G. Interests in trusts and estates | \$ _____ | \$ _____ | \$ _____ |
| H. Powers of appointment | \$ _____ | \$ _____ | \$ _____ |
| I. Mortgages owned | \$ _____ | \$ _____ | \$ _____ |
| J. Other notes and accounts receivable | \$ _____ | \$ _____ | \$ _____ |
| K. Other assets (describe) | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTALS | <u>\$ _____</u> | <u>\$ _____</u> | <u>\$ _____</u> |

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IV. LIABILITIES

| A. Fixed Liabilities | <u>Client</u> | <u>Spouse</u> | <u>JOINT</u> |
|---|---------------|---------------|--------------|
| 1. Taxes accrued | \$ _____ | \$ _____ | \$ _____ |
| 2. Margin accounts | \$ _____ | \$ _____ | \$ _____ |
| 3. Bank loans | \$ _____ | \$ _____ | \$ _____ |
| 4. Installment contracts | \$ _____ | \$ _____ | \$ _____ |
| 5. Other secured (indicate desired source of payment of insurance loans) | \$ _____ | \$ _____ | \$ _____ |
| 6. Accounts payable | \$ _____ | \$ _____ | \$ _____ |
| 7. Other unsecured | \$ _____ | \$ _____ | \$ _____ |
| 8. Leases | \$ _____ | \$ _____ | \$ _____ |
| 9. Charitable pledges | \$ _____ | \$ _____ | \$ _____ |
| 10. Notes endorsed | \$ _____ | \$ _____ | \$ _____ |
| 11. Lawsuits | \$ _____ | \$ _____ | \$ _____ |
| 12. Guarantees | \$ _____ | \$ _____ | \$ _____ |
| 13. Judgments against | \$ _____ | \$ _____ | \$ _____ |
| Total Liabilities | \$ _____ | \$ _____ | \$ _____ |
| B. Contingent Liabilities | \$ _____ | \$ _____ | \$ _____ |
| C. Present fiduciary positions which may impose liability or accountability | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |

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VI. LIFE INSURANCE

(Including business insurance, group term insurance, accidental death and dismemberment insurance and any other form of insurance on Client's life, Spouse's life or the lives of your children)

| <u>Approximate</u> <u>Amount of</u> <u>Insurance</u> | <u>Company</u> | <u>Policy</u> <u>Number</u> | <u>Insured</u> | <u>Owner</u> <u>of</u> <u>Policy</u> | <u>Beneficiary</u> <u>Primary/</u> <u>Contingent</u> | <u>Face</u> <u>Amount</u> | <u>Cash</u> <u>Value</u> <u>before</u> <u>any Loan</u> | <u>Any</u> <u>Policy</u> <u>or Bank</u> <u>Loan</u> |
|--|----------------|--------------------------------|----------------|--|--|------------------------------|---|--|
|--|----------------|--------------------------------|----------------|--|--|------------------------------|---|--|

\$ _____

\$ _____ \$ _____

Total \$ _____

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VII. BUSINESS INTERESTS

A. Sole Proprietorships

Trade Name and Address _____ Nature of Business _____ Estimated Current Value

Total \$ _____

B. Partnerships and Joint Ventures

| <u>Trade Name and Address</u> | <u>Nature of Business</u> | <u>Client's Interest</u> _____% | <u>Spouse's Interest</u> _____% | <u>Estimated current value</u> |
|-------------------------------|---------------------------|------------------------------------|------------------------------------|--------------------------------|
|-------------------------------|---------------------------|------------------------------------|------------------------------------|--------------------------------|

Total \$ _____

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VIII. INFORMATION RELATED TO FIDUCIARIES (Client)

A. Who do you want to be the Executor (Administrator) of your estate? Name: _____
Address: _____

Relation: _____

B. If that person is unavailable, who would you choose as an alternate? Name: _____
Address: _____

Relation: _____

C. If your children are under 18 years old at your death, who do you want to be their guardian? Name: _____
Address: _____

Relation: _____

D. If that person is unavailable, who do you want to serve as an Alternate Guardian? Name: _____
Address: _____

Relation: _____

E. Who do you want to have your personal assets? (furniture, car, cash?) Name: _____
Address: _____

Alternate? Name: _____

Address: _____

F. What about your real property (home, land)? Name: _____
Address: _____

Alternate? Name: _____

Address: _____

G. If you plan on having a revocable (living) trust, who do you want to serve as trustee? Name: _____
Address: _____
Relation: _____

Alternate? Name: _____

Address: _____

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H. Who do you want to be the beneficiaries of the trust? Name: _____
Address: _____
Relation: _____

Alternate? Name: _____
Address: _____
Relation: _____

I. Who do you want to appoint as your Power of Attorney (agent) during your life? Name: _____
Address: _____

Alternate? Name: _____
Address: _____

J. Do you desire a living will? Yes No

(This document constitutes the so-called "advanced directive" to let you inform the doctor, the hospital, and your family just what your wishes are if you are unable to communicate and if you are determined by two physicians to be in a terminal condition or in a permanently unconscious state.)

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IX. INFORMATION RELATED TO FIDUCIARIES (Spouse)

A. Who do you want to be the Executor (Administrator) of your estate? Name: _____
Address: _____

Relation: _____

B. If that person is unavailable, who would you choose as an alternate? Name: _____
Address: _____

Relation: _____

C. If your children are under 18 years old at your death, who do you want to be their guardian? Name: _____
Address: _____

Relation: _____

D. If that person is unavailable, who do you want to serve as an Alternate Guardian? Name: _____
Address: _____

Relation: _____

E. Who do you want to have your personal assets? (furniture, car, cash?) Name: _____
Address: _____

Alternate? Name: _____

Address: _____

F. What about your real property (home, land)? Name: _____
Address: _____

Alternate? Name: _____

Address: _____

G. If you plan on having a revocable (living) trust, who do you want to serve as trustee? Name: _____
Address: _____

Relation: _____

Alternate? Name: _____

Address: _____

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H. Who do you want to be the beneficiaries of the trust? Name: _____
Address: _____

Relation: _____

Alternate?

Name: _____

Address: _____

Relation: _____

I. Who do you want to appoint as your Power of Attorney (agent) during your life? Name: _____
Address: _____

Alternate?

Name: _____

Address: _____

J. Do you desire a living will? Yes No

(This document constitutes the so-called "advanced directive" to let you inform the doctor, the hospital, and your family just what your wishes are if you are unable to communicate and if you are determined by two physicians to be in a terminal condition or in a permanently unconscious state.)