



## Estate Planning Information Form

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

### 1. Biographical Information (required)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_ U.S. Citizen?  Yes  No

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Partner's Soc. Sec. No. \_\_\_\_\_ U.S. Citizen?  Yes  No

Spouse/Partner's Cell Phone Number: \_\_\_\_\_

Spouse/Partner's Work Phone Number: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State of Residence \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Marriage

Spouse Email: \_\_\_\_\_

a. Have you and your spouse signed a Premarital Agreement?  Yes  No  
If yes, please provide a copy.

b. Have you or your spouse been divorced?  Yes  No  
If yes, please provide a copy of the Divorce Decree.

### 3. Children

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Please identify if any child is not biologically related to either you or your spouse.

Full Name of Child	Date of Birth	Full Address	Child of

If applicable, please answer the following questions regarding your children.

Have any children received an advance on their inheritance or are any children financially indebted to you?

Yes, Explain: \_\_\_\_\_  No

Is there any reason NOT to treat your children equally?

Yes, Explain: \_\_\_\_\_  No

Are any of your children disabled?

Yes  No

Do you have any special concerns or objectives regarding your children?

Yes  No

If you have minor children or grandchildren in your custody at the time of your death, who would you want to assume guardianship (physical and legal control) until your children reach age 18?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name (alternate): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

4. Personal Representative. Who should be personal representative (“executor”) of your estate? A personal representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Personal Representative: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

5. Trustee. During our initial meeting, we will discuss whether a trust fits with your estate plan.

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

6. Financial Inventory

Use approximate values under each person showing ownership of each asset. BRING SUPPORTING DATA FOR EACH ASSET, i.e., bank statements, retirement reports, stock and bond account reports, etc. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	SELF	SPOUSE/PARTNER	JOINT
<input type="checkbox"/> Home	\$	\$	\$
<input type="checkbox"/> Other Real Estate	\$	\$	\$
<input type="checkbox"/> Checking Accounts	\$	\$	\$
<input type="checkbox"/> Savings Accounts	\$	\$	\$
<input type="checkbox"/> Money Market Accounts	\$	\$	\$
<input type="checkbox"/> Automobiles	\$	\$	\$
<input type="checkbox"/> Other Personal Property	\$	\$	\$
<input type="checkbox"/> Physical Stocks and Bonds	\$	\$	\$
<input type="checkbox"/> Closely Held Business Interest	\$	\$	\$
Life Insurance (Face amount):	\$	\$	\$
<input type="checkbox"/> Life Insurance Cash Value	\$	\$	\$
<input type="checkbox"/> Annuities	\$	\$	\$
Investment Accounts:	\$	\$	\$
<input type="checkbox"/> IRAs	\$	\$	\$
<input type="checkbox"/> Pension	\$	\$	\$
<input type="checkbox"/> Profit Sharing/401k	\$	\$	\$
Other Assets:			
	\$	\$	\$
TOTAL	\$	\$	\$

LIABILITIES	SELF	SPOUSE/PARTNER	JOINT
<input type="checkbox"/> Primary Home Mortgage	\$	\$	\$
<input type="checkbox"/> Other Mortgages	\$	\$	\$
<input type="checkbox"/> Debts To Family Members	\$	\$	\$
Other Debts (describe):	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL LIABILITIES	\$	\$	\$

7. Beneficiary Designations:

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary
1.	\$			
2.	\$			
3.	\$			
4.	\$			
5.	\$			

b. Retirement Plans. Please list your retirement plans/IRAs; value of each and the beneficiary of each.

c. Does your retirement plan have a death benefit?

Yes, named beneficiary: \_\_\_\_\_  No

8. Personal Property

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

Description	Approximate Value
Personal Property	\$
Automobiles	\$
Collectibles	\$
Jewelry	\$
Boats/Airplanes	\$
Other:	\$

9. Safe Deposit Box

Do you have a safe deposit box?  Yes, Where: \_\_\_\_\_  No

Does anyone else have access to your box?  Yes, Who: \_\_\_\_\_  No

10. Future Inheritances

Do you expect any inheritance in the near future?

Yes, Explain: \_\_\_\_\_  No

11. Financial Advisors

Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Financial Advisor:: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

12. Primary Physician

Who is your primary physician?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 13. Special Requests

Indicate whether you have any special requests regarding funeral, cremation, or burial instruction, or plan to donate organs.

### 14. Discussion Issues

We will discuss the following issues at our initial meeting:

- Current Will. Do you now have a will or revocable trust?  Yes, please provide a copy  No
  - Predeceased Child. If any child should predecease parent, should his/her share pass through to his/her children?  
 Yes, grandchildren: \_\_\_\_\_  No
- Do you wish to include grandchildren born out of wedlock?  Yes  No
- Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children?  Yes  No
- Specific Gifts. Do you wish to make any specific bequests to charities or individuals?  Yes  No
- No Family Survives. How should your estate be distributed if your spouse and/or children do not survive you? (For example: family, charity, etc.)

- 
- If no Children. If you do not have children, to whom should your estate pass (beyond a spouse, if any)?

- 
- Health Care Directive. As part of your estate plan, we prepare a Health Care Directive, which allows you to appoint a trusted person to make health care decisions for you in the event of your incapacity, and allows you to document your health care preferences. Please see the next page for pertinent questions.
  - Power of Attorney. We also prepare your Power of Attorney which allows you to grant another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to act on your own behalf.
  - Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person?  
 Yes, bring details to meeting  No

## Health Care Directive

- a. Agent. The person who you want to make health care decisions if you cannot make them yourself:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

- b. Successor or Co-Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

- c. Successor or Co-Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

- d. If you have named co-agents, do you want the agents to  act jointly or  independently?

- e. Do you have a Living Will to which you want to refer in the Health Care Directive?

Yes, date of document: \_\_\_\_\_  No

- f. Do you want directions as to what you want or do not want if you are in a terminal condition (i.e., not expected to live more than 6 months)?

Yes, specific language you want or you can approve language in the document:

\_\_\_\_\_  No

- g. Do you want to donate any organs upon your death?  Yes  No

If yes, have you agreed in another document, e.g., drivers license, to make the donation?  Yes  No

- h. Please indicate how you want the disposition of your remains after you die, e.g., cremation, regular burial, etc.:

Do you have other living wills or health care powers of attorney forms which you want to revoke?  Yes  No

We recommend revocation to keep your wishes and desires clear.

- i. Do you have any other instructions regarding your health care, living arrangements, burial, etc.?

Yes \_\_\_\_\_

No