

ESTATE PLANNING INFORMATION

Client 1 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Client 2 \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

PREVIOUS ESTATE PLANNING

Client 1

Client 2

(\_\_\_\_) NONE

(\_\_\_\_) NONE

(\_\_\_\_) Will

(\_\_\_\_) Will

(\_\_\_\_) Codicil or Amendment to Will

(\_\_\_\_) Codicil or Amendment to Will

(\_\_\_\_) Trust

(\_\_\_\_) Trust

(\_\_\_\_) Amendment to Trust

(\_\_\_\_) Amendment to Trust

(\_\_\_\_) Durable Power of Attorney

(\_\_\_\_) Durable Power of Attorney

(\_\_\_\_) Advance Directive for Health Care  
"Living Will"

(\_\_\_\_) Advance Directive for Health Care  
"Living Will"

(\_\_\_\_) Health Care Power of Attorney

(\_\_\_\_) Health Care Power of Attorney

(\_\_\_\_) Other

(\_\_\_\_) Other

Who prepared the estate planning documents? \_\_\_\_\_

When were the documents prepared? \_\_\_\_\_

Where are the Originals Documents? \_\_\_\_\_

Is there a pre-nuptial agreement or any other similar type of document which restricts property transfers? \_\_\_\_\_ Yes \_\_\_\_\_ No.

**PERSONAL INFORMATION**

Client 1:

U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Burial \_\_\_\_\_ Cremation

Client 2:

U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Burial \_\_\_\_\_ Cremation \_\_\_\_\_ No Preference

**FAMILY INFORMATION**

**Spouse:** (If this form not prepared for both husband and wife): \_\_\_\_\_

**Children**

Child's Name	Living?		D.O.B AGE	Residence	Married?		No. of children	Child of (If > 1 client)		
	Y	N			Y	N		H	W	B
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Are any of the children adopted? \_\_\_\_\_ If so, Please specify:

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Have there been any children placed for adoption? \_\_\_\_\_ If so, Please specify:

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**Grandchildren:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ (Child of \_\_\_\_\_)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ (Child of \_\_\_\_\_)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ (Child of \_\_\_\_\_)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ (Child of \_\_\_\_\_)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ (Child of \_\_\_\_\_)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ (Child of \_\_\_\_\_)

# ASSETS

## 1. REAL ESTATE OWNED

TYPE: Residence (Res), Income Property (Inv.), Vacant Land (Land),  
2<sup>nd</sup> Home ( 2<sup>nd</sup>) Timeshare (TS)

OWNERSHIP: Single Owner (S) Joint Tenants with Right of Survivorship (JT), Co-Tenants  
(Ten) Unknown (UNK)

TYPE	Location	Name(s) on Deed	Ownership	Value

## 2. BANKING, INVESTMENT, RETIREMENT ACCOUNTS

Type: Checking (CK), Savings (SV), Money Market (MM), Certificate of Deposit (CD),  
Brokerage (BK), Retirement such as IRA, 401k, etc.(RET) Other (O)

TYPE	OWNER	INSTITUTION	ACCT NO.	VALUE	BENEF. / POD

### 3. LIFE INSURANCE

	Policy 1	Policy 2	Policy 3
Insured Name			
Insurance Company			
Face Amount			
Term or Whole Life			
Beneficiary			
Policy Owner			
Who Pays premium			

### 4. PERSONAL PROPERTY

Describe all titled Property such as Cars, Trucks, Motorcycles, boats, RV's, airplanes and other personal property of substantial value such as collections, jewelry, antiques, artwork, etc.

Description	How Titled	Approx. Value.

5. BUSINESS INTERESTS (Partnerships, LLC, Corporations)


Do you own: Oil, Gas, or other Mineral or lease Interests \_\_\_Yes \_\_\_ No

If "Yes" Describe on back of this page

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

If so, where is it? \_\_\_\_\_

DOCUMENTS TO BE PREPARED

(To be filled out by Attorney, after consultation )

Document	Yes	No
Will	_____	_____
Trust	_____	_____
Power of Attorney	_____	_____
Health Care Power of Attorney	_____	_____
"Living Will"	_____	_____
Disposal of Body Form	_____	_____
	_____	_____
	_____	_____

## PERSONS TO BE APPOINTED

1. Will:  
Personal Representative(s) \_\_\_\_\_  
First Alternate(s) \_\_\_\_\_  
Second Alternates(s) \_\_\_\_\_
  
2. Financial Power of Attorney  
Attorney(s) in Fact \_\_\_\_\_  
First Alternate(s) \_\_\_\_\_  
Second Alternates(s) \_\_\_\_\_
  
3. Health Care Power of Attorney and Health Care Proxy:  
Attorney(s) in Fact/ HCP \_\_\_\_\_  
First Alternate(s) \_\_\_\_\_  
Second Alternates(s) \_\_\_\_\_
  
4. Guardian for Minor Children  
Guardian \_\_\_\_\_  
First Alternate(s) \_\_\_\_\_  
Second Alternates(s) \_\_\_\_\_
  
5. Guardian for Incapacitated Client  
Guardian \_\_\_\_\_  
First Alternate(s) \_\_\_\_\_  
Second Alternates(s) \_\_\_\_\_
  
6. Trust  
Initial Trustee(s) \_\_\_\_\_  
First Successor(s) \_\_\_\_\_  
Second Successor(s) \_\_\_\_\_
  
7. Agent to direct Disposal of Body: \_\_\_\_\_

## CONTACTS INFORMATION

### ACCOUNTANT

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

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

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

### FINANCIAL PLANNER

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

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

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

### LIFE INSURANCE AGENT

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

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

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

### BANK

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

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

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



DESCRIBE YOUR DESIRED DISTRIBUTION OF YOUR ASSETS AT DEATH: ( If you are married, state what distribution will be made if your spouse survives you and in the event that your spouse predeceases you. For any distribution to children, what will occur if a child predeceases you?)

A. Life Insurance:

B. Retirement Accounts

C. Specific Bequests

D. Real Estate

E. Personal Property

F. Financial accounts.