

Estate Planning  
Information Form

Full Legal Name \_\_\_\_\_  
Name you prefer to use in your documents \_\_\_\_\_  
Date of Birth (H) \_\_\_\_\_ (W) \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number (Home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation, if retired, your former occupation:(H) \_\_\_\_\_  
(W) \_\_\_\_\_  
Sources of Income: \_\_\_\_\_ Total Income: \_\_\_\_\_  
 Married  Single  Divorced  Widowed      Number of previous marriages: \_\_\_\_\_  
Parent's names: \_\_\_\_\_ Deceased or Living: \_\_\_\_\_  
Are you or your spouse a veteran or still serving in the U.S. military? \_\_\_\_\_  
Describe your health: \_\_\_\_\_ Describe any conditions you have:  
\_\_\_\_\_  
\_\_\_\_\_  
Who is your doctor: \_\_\_\_\_

Potential Beneficiaries

Please list the names and birth date of all the children and/or grandchildren. Include names of deceased children. If you do not have children or grandchildren, please list your siblings or next of kin. If you do not have enough room, please continue on the next page. Under the law, these people may be considered to be your beneficiaries, and should be noted in your estate planning.

<i>Full legal name of Children of Beneficiary:</i>	<i>D.O.B/Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Is there a possibility of any other children? \_\_\_\_\_

Are any of your beneficiaries handicapped or have special needs? \_\_\_\_\_

Are there pets that need to be included in your planning? \_\_\_\_\_

Did you or your spouse ever sign a pre or post marriage contract? \_\_\_\_\_

Does any family member receive social security or other benefits? \_\_\_\_\_

To your knowledge are any of your beneficiaries receiving government benefits such as medical, supplemental needs income, Veterans pensions, etc.? \_\_\_\_\_

### Key Advisors/ Contact Information

Emergency Contact: \_\_\_\_\_

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

Personal Bank & Banker: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

Long Term Care Insurance Agent: \_\_\_\_\_

### Naming of Fiduciaries

Please provide us with the name of the individual you wish to serve as your fiduciary. Fiduciaries are persons whom you would trust to make decisions as you would. Please provide us with the name of a second person who may serve if your first choice is unable to serve. You may prefer to have two people serve as co-fiduciaries. Finally, you should have a third person in mind to take over if neither of these people are able or willing to serve as your fiduciary. Please note that the legal name of the fiduciary described is in parenthesis after each new question group.

**Will** (*Personal Representative serves upon your death and carries out the terms of your Will*):

First Choice for Will: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Second Choice for Will: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Do you want these people to serve together as co-personal representatives? **Yes No**

If yes, do you want the remaining fiduciary to serve alone if the other can not serve? **Yes No**

**Durable Power of Attorney** (*Agent/Attorney-in-fact makes financial and personal decisions for you if you are unable to*):

First Choice for Durable Power of Attorney \_\_\_\_\_

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

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

Second Choice for Durable Power of Attorney: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Do you want these people to serve together as co-agents? **Yes No**

If yes, do you want the remaining fiduciary to serve alone if the other can not serve? **Yes No**

**Healthcare Power of Attorney/Advance Directive** (*Agent makes health care decisions for you if you are unable to do so*):

First choice for Healthcare decisions: \_\_\_\_\_

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

Second Choice for Healthcare decisions: \_\_\_\_\_

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

*We do not recommend that these agents serve together. However, if you wish to have two persons serve together, we can provide for your wishes.*

**Revocable Trust/Trust Provisions** (*Trustee holds title to assets in trust and carries out the terms of your trust*):

First choice for Trustee: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

Second choice for Trustee: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

Do you want these people to serve together as co-agents? **Yes No**

If yes, do you want the remaining fiduciary to serve alone if the other can not serve? **Yes No**

**Guardian for minor Children** (*the person(s) who would care for minor children of both parents are deceased*):

Proposed Guardian of Minor Children: \_\_\_\_\_

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

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

Alternate Guardian of Minor Children: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Do you want these people to serve together as co-agents? **Yes No**

If yes, do you want the remaining fiduciary to serve alone if the other can not serve? **Yes No**

Do you want these people to serve as the guardian for the person and the property of the child(ren)? **Yes No**

**Income/Asset/Liability Information**

For the assets and liabilities, please describe, estimate the approximate value give the location, and the account number for each asset requested. Please indicate if you own the asset requested. Please indicate if you own the asset with some other person. If you own a piece of real estate with someone, your deed will indicate how you own the property. Please indicate how you own this property. If you do not have enough room, please continue on the back.

**Real Estate**

Real Property	How owned	Approx. Value	Mortgage	Reverse

**\* Please provide the office with a copy of your most recent property tax bill and deed.**

**Bank, Savings & CD Account**

*If you prefer, you can wait until after our meeting to supply account numbers*

Name of Institution	Type	Balance	How owned	POD Beneficiary

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**Retirement Benefits/Other**

**401(k)/Pension/Profit Sharing:**

<u>Description/Company:</u>	<u>Value</u>	<u>Beneficiary</u>
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**IRA's :**

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**Stocks/Bonds/Securities/ Mutual Funds**

*If you prefer, you can wait until after the meeting to supply account number*

Name/Broker	Account No.	Type	Value	Beneficiary
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<hr/>				
<hr/>				
<hr/>				

**Life Insurance**

Life Insurance Co. /Type	Policy Owner/No.	Amount Payable	Beneficiary
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<hr/>			
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Do you have health insurance? **Yes No**

Do you have long term care insurance? **Yes No**

Do you have accidental death insurance? **Yes No**

Do you have mortgage payoff insurance? **Yes No**

**\* Please bring copies of your policies.**

**Annuity Accounts**

Provider-Institution	Type	Value	How owned	Beneficiary
_____				
_____				
_____				
_____				

**Automobiles/Boats/Airplanes**

Description:	How owned:	Value:	Debt:
_____			
_____			
_____			
_____			

**Personal Property**

*(List separately major personal effects such as jewelry, furs, art collections & antiques)*

Description:	Value:	How Owned:	Beneficiary:
_____			
_____			
_____			
_____			

Have these items been appraised? **Yes No**

Are any of these items insured separately under its own policy (apart from general homeowners or renters insurance coverage)? **Yes No**

**Business Interests**

Do you have an interest in a business? Yes No

Give Information on these business interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Money Owed To You**

*(Mortgages or promissory notes payable to you, or other monies owed to you.)*

Name of debtor:      Date of Note:      Maturity Date:      Owed to:      Current Balance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

*Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit. Describe in detail.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List of Liabilities**

**Description                      Name/Company                      Total Amount Owed                      Monthly Obligation**

Home Mortgage: \_\_\_\_\_

Other Mortgages: \_\_\_\_\_

Consumer Debt: \_\_\_\_\_

Other Obligations: \_\_\_\_\_

\_\_\_\_\_

**Total Amount of liabilities:** \_\_\_\_\_



### Document Checklist

Please bring with you the following items if you can locate them:

- |  |   |
|--|---|
| <input type="checkbox"/> Deed(s)                           | <input type="checkbox"/> Recent Bank or Credit Union Statements(s)  |
| <input type="checkbox"/> Recent Tax Bills                  | <input type="checkbox"/> Pension and employee benefits statement(s) |
| <input type="checkbox"/> Life Insurance                    | <input type="checkbox"/> Brokerage statement(s)                     |
| <input type="checkbox"/> Long term care insurance policies | <input type="checkbox"/> Other _____                                |

### **Summary of Assets & Liabilities**

<u>Asset</u>	<u>Approximate Value</u>
Real Estate	_____
Bank, Savings & CD Accounts	_____
Retirement Benefits/Other	_____
Stocks/Bonds/Securities/Mutual Funds	_____
Life Insurance	_____
Annuities	_____
Automobiles/ Boats/ Airplanes	_____
Other Personal Property	_____
Business	_____
Money Owed to you	_____
Other	_____
	_____
	_____
<b>TOTAL</b>	_____

## Plan of Giving

Some people wish to give “treasured items” to specific members of their family. You may also think about whether or not you wish to leave money or property to a charitable organization. If you have specific items you wish to go to certain people, please list them below. (Cash amounts may be listed as well)

### Description:

#### Specific Items/ Amounts:

_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____

#### All other Tangible Personal Property:

_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____

#### Home/Real Estate:

_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____

#### Everything Else:

_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____
_____	Beneficiary:_____	Alternate:_____

### **Specific Instructions**

1. Some people have specific instructions about their wishes in terms of burial and funeral arrangements. Do you have any directions concerning your funeral, burial, cremation, or the costs? **Yes No**

If you do, please give your directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you an Organ Donor? **Yes No**      Do you wish to be an Organ Donor? **Yes No**

3. Have you pre-paid your funeral or burial expenses? **Yes No**

### **Your Notes and Questions:**