



## Estate Planning and Will 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. Testator (Person(s) making Will)

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 \_\_\_\_

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

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

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

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

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

2. Marriage

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

b. Have you or your spouse been divorced? Yes \_\_\_\_ No \_\_\_\_  
If so, 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.

| Name of Child | Date of Birth | Full Address | Child of |
|---------------|---------------|--------------|----------|
|               |               |              |          |
|               |               |              |          |
|               |               |              |          |
|               |               |              |          |

Identify any child who is not a biological or adopted child of both you and your spouse/partner.

- a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.
- b. Is there any reason NOT to treat your children equally? If so, please explain.
- c. Are any of the children under a disability?
- d. Do you have any special concerns or objectives regarding your children?
- e. Guardians. Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

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

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

Alternate Guardian: \_\_\_\_\_

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. Trusts.

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                         | HUSBAND | WIFE | JOINT |
|--------------------------------|---------|------|-------|
| Home                           |         |      |       |
| Other Real Estate              |         |      |       |
| Checking Account               |         |      |       |
| Savings Account                |         |      |       |
| Money Market Account           |         |      |       |
| Automobile                     |         |      |       |
| Personal Property              |         |      |       |
| Stocks & Bonds                 |         |      |       |
| Closely Held Business Interest |         |      |       |
| Life Insurance (Face):         |         |      |       |
| On Spouse/Partner's life       |         |      |       |
| On Spouse/Partner's life       |         |      |       |
| Retirement Accounts:           |         |      |       |
| IRA                            |         |      |       |
| Pension                        |         |      |       |
| Profit Sharing/401k            |         |      |       |
| Other Assets:                  |         |      |       |
|                                |         |      |       |
|                                |         |      |       |
|                                |         |      |       |
| TOTAL                          |         |      |       |

| LIABILITIES             | HUSBAND | WIFE | JOINT |
|-------------------------|---------|------|-------|
| Home Mortgage           |         |      |       |
| Other Mortgages         |         |      |       |
| 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 \_\_\_\_ No \_\_\_\_ . If so, who is the named beneficiary?

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 \_\_\_\_ No \_\_\_\_ If so, where? \_\_\_\_\_

Does anyone else have access to your box? \_\_\_\_\_

10. Future Inheritances

Do you expect any inheritance in the near future? If so please give details:

11. Financial Advisors

Accountant:

Address:

Telephone:

Financial Advisor:

Address:

Telephone:

12. Primary Physician

Who is your primary physician?

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

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

### 13. Special Requests

Special requests regarding funeral, cremation, or burial instructions are best handled by a Letter of Instruction or other statement (separate from your will) to your family or other responsible person. Organ donation is best handled in a Health Care Directive and noted on the person's driver's license.

### 14. Discussion Issues

We will discuss the following issues at the meeting:

- **Current Will.** Do you now have a will or revocable trust? If so, provide a copy.
- **Predeceased Child.** If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any.

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?
- **Specific Gifts.** Do you wish to make any specific bequests to charities or individuals?
- **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.** Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instructions regarding organ donation.
- **Power of Attorney.** Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?
- **Loan Guarantees.** Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.

## **Health Care Directive**

- a. Agent. Name, address and telephone number of the person who you want to make health care decisions if you cannot make them yourself:
- b. Successor or Co-Agent's name, address, and telephone number:
- c. Successor or Co-Agent's name, address, and telephone number:
- 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  No. If yes, date of instrument:
- 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  No. If you answered yes, please provide us the specific language you want or you can approve language in the document.
- 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.:
  
- i. Do you have other living wills or health care powers of attorney forms which you want to revoke? We recommend revocation to keep your wishes and desires clear.
- j. Do you have any other instructions regarding your health care, living arrangements, burial, etc.? If so, please indicate: