

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 _____
Spouse's Name: _____ Date of Birth: _____
Spouse's Social Security No. _____ U.S. Citizen? Yes _____ No _____
Street Address: _____ Apt _____ County _____
City _____ State _____ Zip _____
State of Residence _____ Telephone Number H: _____
Cell/Client _____ Cell/Spouse _____

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

- 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: _____

Phone Number: _____

Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

Phone Number: _____

- 5. Trustee. Who should be the trustee for any trust established under your will?

Name: _____

Relationship to you: _____

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	MORTGAGE OR LIEN
Home				
Other Real Estate				
Checking Account				
Savings Account				
Money Market Account				
Automobile				
Personal Property				
Stocks & Bonds				
Closely Held Business Interest				

Retirement Accounts:				
IRA				
Pension				
Profit Sharing/401k				
Other Assets:				
TOTAL				

7. Beneficiary Designations:

a. Life Insurance & Retirement Plans:

Life Insurance Company	Face Value	Owner	Insured	Beneficiary

8. Financial Advisors

Accountant:

Address:

Telephone:

Financial Advisor:

Address:

Telephone:

9. 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 drivers license.

10. 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.
- What age should grandchildren be able to access the principal of an inheritance?
- Do you wish to include grandchildren born out of wedlock? Yes _____ No _____.
- Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.
- 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?

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

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

- g. Do you have other health care powers of attorney forms which you want to revoke? We recommend revocation to keep your wishes and desires clear.

- h. Do you have any other instructions regarding your health care, living arrangements, burial, etc.? If so, please indicate:

Durable Power of Attorney

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

- d. Have you signed any other Durable Power of Attorney forms? We recommend revocation to keep your wishes and desires clear.