



CONFIDENTIAL ESTATE PLANNING INFORMATION

Full Name: _____

SS#: _____

Birth Date: _____

Spouse's Full Name: _____

SS#: _____

Birth Date: _____

Address: _____

County: _____

Home Tel: _____

Business Tel: _____

Cell: _____

Email: _____

Prior Marriage? Yes / No

Pre/Post Nuptial Agreement? Yes / No

Have you, as a married couple, ever lived in any of the following states:

Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?

Yes / No

Childrens Names and Birth Dates:

Are all children of this marriage? Yes / No

Have any children died leaving children? Yes / No

Any disabled children with special needs? Yes / No

Do you have any frozen genetic material? Yes / No

Other Dependents:

Accountants, Brokers, Safe-Deposit Box Locations:

Qualified Benefit Plans:

Type of plans:

Respective Values:

Describe your life insurance plan or provide a summary from your agent:

Company:

Type:

Face Amount:

Insured:

Owner:

Who is/are the direct and contingent beneficiary/ies

ASSET SCHEDULE

	Husband	Wife	Joint
Property Interests			
Real Estate			
Residence			
Vacation			
Other			
Marketable Securities			
Stocks & Bonds			
Mutual Funds			
Cash Items			
Checking/Savings			
CDs			
Money Market Acct			
Business Interests:			
Receivables			
Notes/Acct Receivables			
Land Contracts			
Mortgages			
Personal Items			
Furniture			
Collectibles			
Automobiles			
Other Assets:			
Other Interests:			
Life Insurance			
(Describe Policy)			
Qualified Benefit Plans			
IRA			
Other Plans			
Other:			
Stock Options			
Compensation Agreement			
Expected Inheritance			
TOTAL ASSETS:			

DEBTS:

Mortgage/Land Contract

Notes Accounts Payable

Other Major Debts/Guarantees

TOTAL DEBTS:

NET ASSETS:

Please describe any other asset listed not previously described:

Additional Information:

- 1) How much and in what manner do you desire property to pass to your surviving spouse?
- 2) If your spouse does not survive, should all property be divided equally among your surviving children?

Should the share for a deceased child be divided between his or her children?

How old should your children be before they have complete control of property?

- 3) To whom should property be given if no one in your immediate family survives?

- 4) Please indicate guardian for minor children:

Alternate:

- 5) Please indicate who should act as your personal representative:
- 6) Please note anything unusual which will be of interest in reflecting your objectives and choices:

Living Will:

1) Who would you like to serve as your Power of Attorney? This individual will have the ability to control your finances and make important decisions about your lifestyle should you become incapacitated. Please list a Primary and Secondary individual.

2) Who would you like to serve as your Health Care Power of Attorney? This individual will make health care decisions should you become incapacitated, including decisions regarding resuscitation and life support. Please list a Primary and Secondary individual.

Should this individual have the ability to determine whether you remain on life support? YES / NO

Should this individual have the ability to determine whether you are resuscitated?

YES / NO

Are there any specific powers you do or do not wish these individuals to have? If so, please list:

This is a very sensitive topic, therefore, if you have any questions please feel free to contact our office at your convenience.