

ESTATE PLANNING INFORMATION FORM

CONFIDENTIAL

Date: _____

Family Data:

Full Legal Name _____
First Middle Last

Address _____
Street City State Zip

Email: _____ Cell Phone: _____

Phone: Home _____ Office: _____

Birth Date: _____ S.S. No. _____

Occupation: _____

Single Married Widow Divorced Significant Other/Partner

How did you hear about us? _____

Do you have a Will? Yes (If so, please furnish a copy) No Date of Will _____

Legal Name of Spouse/Significant Other: _____
First Middle Last

Birth Date: _____ S.S. No. _____

Occupation: _____

Children (including adopted): (If no children, give names of nearest relatives)

Full Name	Full Address & Phone Number	Birth Date

PROPERTY INFORMATION:

REAL ESTATE U=Owned by You only S/P=Owned by Spouse/Partner Only J=Owned Jointly							
Description & Location	Ownership*			Market Value	Balance of Mortgage	Net Equity	Cost Basis
	U	S/P	J				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$

INVESTMENTS (Stocks, Bonds, Loans, Mortgages, Certificates, Etc.)					
U=Owned by You Only	S/P=Owned by Spouse/Partner Only		J=Owned Jointly		
	Ownership		Net Value	Cost Basis	
	U	S/P	J		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Bank Accounts U=Owned by You Only S/P=Owned by Spouse/Partner Only J=Owned Jointly					
Institution	Ownership			Checking	Savings
	U	S/P	J		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Miscellaneous (Automobiles, Valuable Jewelry, Paintings, Coin Collections, Stamp Collections, etc.) U=Owned by You Only S/P=Owned by Spouse/Partner Only J=Owned Jointly				
Item	Ownership			Net Value
	U	S/P	J	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

LIFE INSURANCE

Company/ Agent	Type	Owner	Beneficiary	Alternate Beneficiary	Death Benefit	Policy No.
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____

RETIREMENT BENEFITS (INCLUDING IRAs)

U=Owned by You Only

S/P=Owned by Spouse/Partner Only

	Owner		Beneficiary (if any)	Present Value
	U	S/P		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

ESTATE SUMMARY

	U	S/P	Joint
Real Estate	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance (Benef.)	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

NOTES:

PERSONAL REPRESENTATIVE (Carries out terms of Will)

Name

Address

First Choice: _____

Second Choice: _____

Guardian (For minor children)

Name

Address

First Choice: _____

Second Choice: _____

TRUSTEE OR CUSTODIAN (To manage Trust Funds, if any)

Name

Address

First Choice: _____

Second Choice: _____

TRUST PROTECTOR (To oversee management of Trust)

Name

Address

First Choice: _____

Second Choice: _____

SPECIFIC BEQUESTS (Items of a personal nature)

Names of Persons or Organization

Address

Item or Amount

1) _____

2) _____

3) _____

CHARITABLE BEQUESTS

Name of Organization	Address	Item or Amount
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

RESIDUE OF ESTATE (After charitable and specific bequests)

Person(s) or Institution	Address & Phone Number	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER DOCUMENTS (Please provide copies)

- 1. Do you have an Advance Directive? (Living Will) Yes No
- 2. Does your spouse/partner have an Advance Directive? Yes No
- 3. Have you signed a Durable Power of Attorney? Yes No
- 4. Has your spouse/partner signed a Durable Power of Attorney? Yes No

OTHER INFORMATION OR COMMENTS
