

ESTATE PLANNING INFORMATION FORM

CONFIDENTIAL

Date: _____

Family Data:

☐ Single ☐ Married ☐ Widow ☐ Divorced ☐ Significant Other/Partner

Full Legal Name:	<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>	<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>
Birth Date:		
Last 4 of S.S. No.:		
Email:		
Occupation:		
Cell Phone:		
Office:		

Address _____
Street City State Zip

Primary Phone: _____

How did you hear about us? _____

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

Do you have a Prenuptial Agreement? ☐ Yes (If so, please furnish a copy)

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

Full Name	Address & Phone Number	Birth Date	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary

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

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"/>	\$	\$	\$	\$
	<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 U S/P J			Checking	Savings
	<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 U S/P J			Net Value
	<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: