

ESTATE PLANNING INFORMATION FORM

CONFIDENTIAL

Date: _____

Family Data:

Single Married Widow Divorced Significant Other/Partner

Full Legal Name:	First	Middle	Last	First	Middle	Last
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:

INVESTMENTS (Stocks, Bonds, Loans, Mortgages, Certificates, Etc.)

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
		□ □ □ \$	□ □ □ \$
		□ □ □ \$	□ □ □ \$
		□ □ □ \$	□ □ □ \$

**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
		□ □ □ \$
		□ □ □ \$
		□ □ □ \$
		□ □ □ \$
		□ □ □ \$
		□ □ □ \$

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: