

CONFIDENTIAL ESTATE PLANNING INFORMATION SHEET

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.

Today's Date _____

1. Client Married Single

Full Legal Name (Client 1) _____

U.S. Citizen? Yes No

Street Address _____ Apt _____ P.O. Box _____

City _____ State _____ Zip _____ County _____

Spouse's Full Legal Name (Client 2) _____

U.S. Citizen? Yes No

Date and Place of Marriage _____

Phone No. (Client 1) _____ Phone No. (Client 2) _____

Second Phone No. (Client 1) _____ Second Phone No. (Client 2) _____

Email Address (Client 1) _____ Email Address (Client 2) _____

2. Marriage

a. Have you and your spouse signed a premarital agreement? Yes No

If so, please provide a copy.

Have you or your spouse been previously married? Yes No

If so, to whom and how was the marriage terminated?

b. Current Estate Plan:

What documents are included in your existing estate plan, if any? (provide copies)

- | | | |
|--|--|---|
| <input type="checkbox"/> Health Care Directive | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Will |
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Irrevocable Trust | <input type="checkbox"/> Charitable Trust |
| <input type="checkbox"/> Other _____ | | |

3. Children

Please list ALL your children, including deceased children, children born outside of marriage, and children you wish to omit from your estate plan.

Name of Child	Date of Birth	Address City/State/Zip	Child of:

- a. Are any of the children under a disability?
- b. Are you storing, or may store, frozen eggs, sperm or embryos?
- c. 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 (formerly “executor” of your estate)

Name: _____

Address: _____

Alternate Personal Representative: _____

Address: _____

5. Trusts

If a trust is appropriate to include in your estate plan, who should be the trustee?

Name: _____

Address: _____

Alternate Trustee: _____

Address: _____

6. Financial Inventory

Use approximate values under each person showing ownership of each asset. Instead of completing the Financial Inventory, you may wish to provide a financial statement, balance sheet, or other documentation showing your assets and their values.

ASSETS	CLIENT 1	CLIENT 2	JOINT
Home			
Other Real Estate			
Checking Account(s)			
Savings Account(s)			
Automobile(s)			
Personal Property			
Investment Account(s)			
Closely Held Business Interest(s)			
Life Insurance			
On Client 1's life			
On Client 2's life			
Retirement Accounts:			
IRA			
Pension			
Profit Sharing/401(k)			
Other Assets:			
TOTAL			

7. Financial Advisors

Financial Advisor: _____

Address: _____

Telephone: _____