

Estate Planning Information



Today's Date: _____

I. Personal Information

Your Name (*First, Middle, Last*) _____

Home Address: _____

City/State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Soc. Sec. #: _____ Birth Date: _____

U.S. Citizen?: Yes No Email Address: _____

Employer: _____ Marital Status: _____

Spouse, Partner, or Significant Other (*First, Middle, Last*) _____

Home Address: _____

City/State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Soc. Sec. #: _____ Birth Date: _____

U.S. Citizen?: Yes No Email Address: _____

Employer: _____

II. Children

Name: _____ Son/Daughter of Wife/Husband/Both
(First, Middle, Last) *(Please circle)*

Home Address: _____

No. of Children: _____ Names of Child's Children: _____

City/State: _____

Zip Code: _____

Home Phone: _____

Work Phone _____ Cell Phone: _____

Soc. Sec. #: _____ Birth Date: _____

Spouse, Partner, or Significant Other (First, Middle, Last): _____

Name: _____ Son/Daughter of Wife/Husband/Both
(First, Middle, Last) *(Please circle)*

Home Address: _____

No. of Children: _____ Names of Child's Children: _____

City/State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Soc. Sec. #: _____ Birth Date: _____

Spouse, Partner, or Significant Other (First, Middle, Last): _____

Name: _____ Son/Daughter of Wife/Husband/Both
(First, Middle, Last) *(Please circle)*

Home Address: _____

No. of Children: _____ Names of Child's Children: _____

City/State: _____
Zip Code: _____
Home Phone: _____
Work Phone: _____ Cell Phone: _____
Soc. Sec. #: _____ Birth Date: _____
Spouse, Partner, or Significant Other (First, Middle, Last): _____

Name: _____ Son/Daughter of Wife/Husband/Both
(First, Middle, Last) (Please circle)

Home Address: _____

No. of Children: _____ Names of Child's Children: _____

City/State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Soc. Sec. #: _____ Birth Date: _____

Spouse, Partner, or Significant Other (First, Middle, Last): _____

Do any of your children have special needs? If so, please describe: _____

III. Deceased Children: Please provide information regarding deceased children, if any

Name: _____ Son/Daughter of Wife/Husband/Both
(First, Middle, Last) (Please Circle)

Is this person survived by children?: Yes No

Name: _____ Son/Daughter of Wife/Husband/Both

(First, Middle, Last)

(Please Circle)

Is this person survived by children?: Yes No

IV. Parents/Siblings: Please provide information regarding your parents and siblings

Name: _____ Relationship: _____

(First, Middle, Last)

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Name: _____ Relationship: _____

(First, Middle, Last)

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Name: _____ Relationship: _____

(First, Middle, Last)

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Name: _____ Relationship: _____

(First, Middle, Last)

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Name: _____ Relationship: _____

(First, Middle, Last)

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Name: _____ Relationship: _____

(First, Middle, Last)

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

V. Agents: Please list some ideas you might have of whom you might like to serve as personal representative, trustee, health care representative, guardian of minor children, etc.

Name: _____

Address: _____

Phone No.: _____

Relationship: _____

Name: _____

Address: _____

Phone No.: _____

Relationship: _____

Name: _____

Address: _____

Phone No.: _____

Relationship: _____

Name: _____

Address: _____

Phone No.: _____

Relationship: _____

VI. Assets and Liabilities

1. What is the estimated value of your estate? _____

2. Do you have a safety deposit box? If so, where is it located? _____

3. Real Estate:

Property Address: _____

Ownership (Please indicate if jointly held): _____

Mortgage Balance: _____

Purchase Price: _____

Value: _____

Property Address: _____

Ownership (Please indicate if jointly held): _____

Mortgage Balance: _____

Purchase Price: _____

Value: _____

VII. Bank Accounts

Financial Institution: _____

Account No.: _____

Type of Account: _____

Ownership (please indicate if jointly held or payable on death): _____

Value: _____

Financial Institution: _____

Account No.: _____

Type of Account: _____

Ownership (please indicate if jointly held or payable on death): _____

Value: _____

VIII. Investment Accounts (Non-Retirement)

Financial Institution: _____

Account No.: _____

Type of Account: _____

Ownership (please indicate if jointly held or payable on death): _____

Value: _____

Financial Institution: _____

Account No.: _____

Type of Account: _____

Ownership (please indicate if jointly held or payable on death): _____

Value: _____

Financial Institution: _____

Account No.: _____

Type of Account: _____

Ownership (please indicate if jointly held or payable on death): _____

Value: _____

Financial Institution: _____

Account No.: _____

Type of Account: _____

Ownership (please indicate if jointly held or payable on death): _____

Value: _____

IX. Other Securities (Non-Retirement): Please list any bonds, mutual funds, stocks, or other securities that you own and that have not already been included in the accounts listed above

Company/Issuer: _____

Quantity: _____

Ownership (Please indicate joint owner or payable on death beneficiary): _____

Value: _____

Company/Issuer: _____

Quantity: _____

Ownership (Please indicate joint owner or payable on death beneficiary): _____

Value: _____

Company/Issuer: _____

Quantity: _____

Ownership (Please indicate joint owner or payable on death beneficiary): _____

Value: _____

Company/Issuer: _____

Quantity: _____

Ownership (Please indicate joint owner or payable on death beneficiary): _____

Value: _____

X. Life Insurance/Annuities

Company: _____

Owner/Insured: _____

Beneficiary Designation: _____

Contingent Beneficiary (if any): _____

Death Benefit: _____

Company: _____

Owner/Insured: _____

Beneficiary Designation: _____

Contingent Beneficiary (if any): _____

Death Benefit: _____

XI. Retirement Accounts: Please list any annuities, IRAs, profit sharing plans, Keogh plans, Pension plans, or other deferred compensation arrangements

Retirement Account/Plan: _____

Owner: _____

Beneficiary Designation: _____

Contingent Beneficiary (if any): _____

Value: _____

Retirement Account/Plan: _____

Owner: _____

Beneficiary Designation: _____

Contingent Beneficiary (if any): _____

Value: _____

Retirement Account/Plan: _____

Owner: _____

Beneficiary Designation: _____

Contingent Beneficiary (if any): _____

Value: _____

XII. Business Interests: Please list any interest that you have in any closely-held business entity

Business Name and Type (Corp, Pship, LLP, LLC, etc.): _____

Ownership/% of ownership: _____

Basis: _____

Buy/Sell or Other Operating Agreement: _____

Value: _____

XIII. Personal Property: Please list any significant item of personal property such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc., below

Item: _____

Ownership: _____

Value: _____

Item: _____

Ownership: _____

Value: _____

Item: _____

Ownership: _____

Value: _____

How were you referred to this office: _____

Referred by:

Friend: _____

Attorney: _____

The Bee: _____

Other: _____