



ESTATE PLANNING GUIDE (INDIVIDUAL)

Thank you for choosing Forst Law Firm to help you arrange your estate plan. This form is intended for completion by an unmarried person, or a married person whose estate plan may not be mutual with his or her spouse's estate plan (for example, it's a second marriage for one or both, a prenuptial agreement controls your estate plan, etc.). So that we may provide you with the most complete and efficient service, please furnish all of the information requested that applies to you, including locating requested documents. If an item does not apply to you, please enter "N/A" in the box.

PERSONAL & FAMILY INFORMATION

	CLIENT	SPOUSE
Last Name		
First Name		
Middle Name		
Soc. Sec. #		
Date of Birth		
State Residency	Your residency is determined by a number of factors, but generally, it is where you live and intend to stay. It's where you vote, where your vehicle is registered, and where you spend more than half your time.	
Home Phone		
Work Phone		
Cell Phone		
Email		
US Citizen	Yes ___ No ___	Yes ___ No ___
Gender		
Who may we thank for the referral?		

IF YOU ARE MARRIED, PLEASE COMPLETE THE FOLLOWING SECTION:

Date of Marriage _____	Names & Birth Dates of children of <i>this</i> marriage: (attach additional page if necessary)
Place of Marriage _____	
Married before? Yes ___ No ___	
Number of prior marriages: _____	



Do you pay or receive alimony/maintenance?	If so, to or from whom?
Do you have any other obligations to a former spouse? Yes ___ No ___ Please attach a copy of your Marital Separation/Settlement Agreement and Divorce Judgment(s)	If so, name and address (if known) of former spouse:
Do you have a Prenuptial Agreement with your current spouse? Y___ N___ If so, please attach a copy of your prenuptial agreement.	
Do you have a will? Y ___ N___	Does your spouse have a will? Y___ N___ Please attach copies of current will(s)
Do you have a trust? Y ___ N___	Does your spouse have a trust? Y___ N___ Please attach copies of current trust(s)
Are you a party to any business agreement (partnership, employment contract, etc.) Y___ N___	Please attach copies of any such contracts.

Please list all children from prior marriages/relationships (If deceased, please write "D" and date of decease under "Birthdate.")

NAME	Soc. Sec. #	Birthdate	Spouse Name	Address & Phone #

Is anyone else dependent on you for support?

NAME	Soc. Sec. #	Birthdate	Spouse Name	Address & Phone #



Please list ALL grandchildren (use an additional sheet if necessary)

Grandchild Name	Soc. Sec. #	Parent	Birthdate	Address & Phone	

IMMEDIATE FAMILY: (List parents, brothers, and sisters) If deceased, write “D” followed by date of decease under “Birthdate.”

NAME	Relation	Birthdate	Spouse Name	# of Children	Address
	Father				
	Mother				

OTHER RELATIVES AND UNRELATED PERSONS: List relatives that you wish to include as beneficiaries (e.g., nieces, nephews, great grandchildren). Next to “Name,” please indicate whether the person is related to you or your spouse. If you wish to name any unrelated persons as beneficiaries, please enter their name under “OTHER RELATIVES” and in the “Relation” column, write “unrelated.”

NAME	Relation	Birth date	PROPOSED GIFT	ADDRESS	PHONE NUMBER



CHARITABLE and EDUCATIONAL INSTITUTIONS that you wish to name as beneficiary.

INSTITUTION	ADDRESS	AMOUNT

ADDITIONAL PERSONAL INFORMATION

Have you ever lived in any of the following community property states:

AZ ___ CA ___ ID ___ LA ___ NV ___
 NM ___ TX ___ WA ___ WI ___

IDENTIFICATION OF IMPORTANT PERSONS

(List name, address, and phone # for each)

ATTORNEY	ACCOUNTANT	BANKER / TRUST OFFICER	INSURANCE AGENT

LOCATION OF IMPORTANT DOCUMENTS

Will	
Letter to Executor	
Living Will (Advance Directives)	
Health Care Power of Attorney	
Trust Documents	
Financial Power of Attorney	
Lock Box (Safe Deposit Box)	
Lock Box Key or combination	



Bank Books	
Bonds, Stock/Brokerage Certificates	
Deeds	
List of Specific (personal property) bequests	
Insurance Policies	
Notes/Mortgages owed to you	
Tax returns	
Employer Benefit Information	
Military Documents	
Birth Certificates	
Adoption papers	
Marriage Certificate	
Prenuptial Agreement	
Divorce Papers	
Cemetery Plot	
Funeral Directions	
List of Passwords for Social Media/online banking etc.	
Other	



LIST OF ASSETS

Under the “Owner” column, indicate “C” for client, “S” for spouse, or “J” for Joint. If any property is held jointly with other than your spouse, then list the name of the joint owner, the amount of contribution of each joint owner.

REAL ESTATE: Please note “H” next to Homestead. Please bring copies of all deeds, if available.

Description / Address	Owner	Date Acq.	Value when you acquired	Fair Mkt Value now	Mortgage Bal.

CASH, BANK ACCOUNTS, CDs, MONEY MKT. ACCOUNTS

Institution / Company	Owner	Type of Account Chk, Sav, CD, MMkt	Account Number	Balance on / /



IRAs, ROTH IRAs, 401(a) Plans, 401(k) Plans, 403(b) Plans, other Tax Sheltered /
Deferred Annuities

Institution / Company	Owner	Type of Account: IRA, Roth IRA, etc.	Account Number	Fair Mkt Value On <u> / / </u>

MUTUAL FUNDS

Description	Owner	Cost Basis	Fair Mkt Value <u> / / </u>	Comments (Bring most recent statement)



TANGIBLE PERSONAL PROPERTY (List valuable items, such as jewelry, antiques, auto, boat, paintings, stamp / coin collections)

Description	Owner	Date Acquired.	Cost Basis	Location	Fair Mkt Value / /	Outstanding Loan Balance

INSURANCE:

List employer provided insurance policies under “Employment Benefits” on page 8. Please bring copies of policies, if available. Most insurance policies are either Whole Life, Universal Life, or Term insurance purchased from insurance companies. However, many persons have other types of insurance. Remember to include accidental death policies that may be included with credit cards, any credit life policies associated with loans, and any insurance benefits with Credit Unions.

Company	Policy Type	Policy #	Whose Life	Owner	Face Amount	Cash value	Loan Bal.	Beneficiary

COMMENTS:



OTHER ASSETS:

(Sec 529 Plans, Annuities, Limited Partnerships, Notes / Mortgages Receivable, Patents, Copyrights, Royalties, etc.)

Description	Owner	Date Acq.	Cost basis	Fair Mkt Value / /	Comments

EMPLOYMENT BENEFITS

Employment benefits included in your estate generally are various pension plans (such as 401k plans, ESOPs, Profit Sharing plans, Money Purchase plans, Defined Benefit plans, CSRS, FERS, Govt TSP, etc.), stock options, and life insurance benefits. Please bring a copy of your employer’s current benefits statement to our meeting. Please list current benefits for all employers (past and present); total value of each account, policy, etc. whether or not vested; and benefits currently being paid.

Client’s occupation _____
 Current Employer _____
 Address _____ City _____
 State _____ Zip _____
 Annual Salary _____ Expected Salary three years from now _____

Employer	Type of Benefit	Fair Mkt Value / /	How Payable (Annuity / Lump sum)	Beneficiary



Spouse's occupation _____
 Current Employer _____
 Address _____ City _____
 State _____ Zip _____
 Annual Salary _____ Expected Salary three years from now _____

Employer	Type of Benefit	Fair Mkt Value / /	How Payable (Annuity / Lump sum)	Beneficiary

COMMENTS:

LIST of UNSECURED DEBTS or SECURED DEBTS not listed elsewhere

Creditor	Balance due	Monthly Payment	Date of Final Payment	Int. Rate	Collateral



FUTURE EXPECTATIONS / OTHER (use separate pages to explain, if necessary)

Do you expect to receive substantial gifts or inheritances in the near future? Yes No
If yes, please furnish specific information. _____

Do you have a proprietary interest in any small business (including partnerships and corporations)? Yes No If yes, please furnish specific information, including fair market value of each interest.

Are you the beneficiary of any trusts? Yes No If yes, please furnish copies of trust documents and attach a list of assets of each trust.

Do you have a power of appointment over any assets? Generally, a power of appointment is the right to select the new owner of property. Yes No If yes, please furnish copies of documents granting the power and list of assets subject to the power.



EXECUTOR, GUARDIAN, TRUSTEE (called Fiduciaries)

EXECUTOR: generally responsible for (i) probating your Estate, (ii) identifying and collecting your assets, (iii) paying existing debts, funeral expenses, administration costs of your Estate, taxes, etc., (iv) filing tax returns, and (v) distributing your net probate estate to your beneficiaries.

GUARDIAN: generally responsible for raising your children under age 18 and may be responsible for (i) the investment and distribution of assets inherited by your children, or (ii) paying the expenses of your children from funds made available to the Guardian by your Executor or Trustee.

TRUSTEE: generally responsible for investment and distribution of all assets placed in Trust (i) during your lifetime, (ii) at your death pursuant to your Will or as a named contract beneficiary (e.g., a life insurance policy or IRA), or (iii) from any other source (e.g., a parent’s Will) for the beneficiaries named in the Trust (e.g., your spouse, children, or others).

These persons (or institutions) are referred to as your FIDUCIARIES. The same person or institution can serve as your Executor, Guardian, or Trustee, if you desire. A fiduciary must be an individual or qualifying corporation (e.g., a bank, or registered brokerage), and generally should be a resident in the state where you reside. There are certain exceptions to this rule and conditions. The Guardian you select should be the person you believe best able to raise your children, regardless of residency.

	FIRST CHOICE	SECOND CHOICE
EXECUTOR		
Address		
Telephone #		
Relationship to you		
Guardian		
Address		
Telephone #		
Relationship to you		
TRUSTEE		



Address:		
Telephone #		
Relationship to you		

Trusts (To be completed at interview)

Revocable Living Trust Y__ N__
 Life Insurance Trust Y__ N__
 Special Needs Trust Y__ N__

Other Documents (To be completed at interview)

Declaration (Living Will) Y__ N__ Designee _____
 Health Care Power of Attorney Y__ N__ Appointee _____
 General Durable Power of Attorney Y__ N__ Appointee _____
 Specific Power of Attorney Y__ N__ Appointee _____

General Information / Options (To be completed at interview)

Cremation Y__ N__ ; Monument/Marker Y__ N__ ; Taxes paid by Will ____ Trust ____ Other ____
 Mandatory Tangible Personal Property List Y__ N__ ; Equality w/ List Y__ N__ ;
 Specific Bequests Y__ N__ ; Tangible P/P beyond children Y__ N__
 Adopteds as blood kin Y__ N__ ; Illegitimates as blood kin Y__ N__ Silent _____.

COMMENTS (add additional sheets, if necessary)

We'll identify your beneficiary(ies) at our conference and discuss "how and when" the beneficiary(ies) will receive your estate in great detail.