



## ESTATE PLANNING GUIDE (MARRIED COUPLE)

Thank you for choosing Forst Law Firm to help you arrange your estate plan. This form is intended for completion by a married couple whose estate plan includes essentially reciprocal wills. This means that the plan is the same for each, with the other party being named as the only substantial difference between them. 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

	SPOUSE #1	SPOUSE #2
Last Name		
First Name		
Middle Name		
Home Address		
City, State, ZIP		
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. It is NOT necessarily where your property is located.	
Home Phone		
Work Phone		
Cell Phone		
Email		
US Citizen	Yes___ No___	Yes___ No___
Gender		
Who may we thank for the referral?		
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 alimony/maintenance?	If so, to 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.
SPOUSE #1:	SPOUSE#2:
Do you have a will? Y ___ N___	Do you have a will? Y___ N___ Please attach copies of current will(s)
Do you have a trust? Y ___ N___	Do you 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___	Are you a party to any business agreement (partnership, employment contract, etc.) Y___ N___ Please attach copies of any such contract(s)
Are you a U.S. Citizen? Y___ N___ If not, Please state country of Citizenship: _____	Are you a U.S. Citizen? Y___ N___ If not, please state country of Citizenship _____
Have you filed for protection under the Bankruptcy Act in the past ten years? Y___ N___ If so, please provide date and place of filing: _____ _____	Have you filed for protection under the Bankruptcy Act in the past ten years? Y___ N___ If so, please provide date and place of filing: _____ _____

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 #1				



	Mother #1				
	Father #2				
	Mother#2				

**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

**IDENTIFICATION OF IMPORTANT PERSONS**

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

ATTORNEY	ACCOUNTANT	BANKER / TRUST OFFICER	INSURANCE AGENT

**LOCATION OF IMPORTANT DOCUMENTS**

Will(s)	
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 “1” for spouse #1, above, “2” for spouse #2, above, or “J” for Joint. If any property is held jointly with other than the two of you, 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 ____/____/____

MUTUAL FUNDS

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

STOCKS (If held by broker, bring most recent statement)





Company	Owner	# Shares	Date Acq.	Cost Basis	Fair Mkt Value / /	Broker / Location / or CUSIP

**BONDS (If held by broker, bring most recent statement)**

Description	Owner	# Shares	Date Acq.	Cost Basis	Face Amount	Fair Mkt Val / /	Broker / Location / or CUSIP

**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:**

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**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.

Spouse #1 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 #2 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:

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**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 \_\_\_\_\_

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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.

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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.

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**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.

SPOUSE #1	FIRST CHOICE	SECOND CHOICE
EXECUTOR		
Address		
Telephone #		
Relationship to you		
GUARDIAN		
Address		



Telephone #		
Relationship to you		
TRUSTEE		
Address:		
Telephone #		
Relationship to you		
SPOUSE #2	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\_\_\_  
 Adopted children treated as blood kin Y\_\_\_ N\_\_\_; Children born outside marriage treated 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. \_\_\_\_\_

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