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 *this* 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 #** |
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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 |  |
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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 |  |  |  |  |
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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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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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 |
|  |  |  |  |
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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. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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CASH, BANK ACCOUNTS, CDs, MONEY MKT. ACCOUNTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution / Company | Owner | Type of Account  Chk, Sav, CD, MMkt | Account  Number | Balance on  / / |
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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  \_\_\_\_/ /\_\_\_ |
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MUTUAL FUNDS

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