

GAYLE M. WATTERWORTH, ESQ.
ESTATE PLANNING INFORMATION
MEETING GUIDE FOR SINGLE PERSON

Date: _____

Client information:

Name: _____

Birth date: ____ / ____ / ____ US Citizen? Yes / No

Primary Residence Address: _____

Phone number (Home): _____

Phone number (Cell): _____

E-mail: _____

Do you have any pets, service or support animals to be cared for? Yes / No

Name/Type/Age: _____

Name of Caretaker to be contacted: _____

Do you have a safe deposit box ? Yes / No

If Yes, name and address of institution: _____

Names of person(s) authorized to open safe deposit box: _____

Have you made any advance Funeral or burial arrangements?

If Yes, where? _____

Would you like to leave instructions for your wishes? Yes / No

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Beneficiaries:

Name: _____

Relationship: _____

Birth date: ____/____/____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

Name: _____

Relationship: _____

Birth date: ____/____/____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

Name: _____

Relationship: _____

Birth date: ____/____/____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

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Name: _____

Relationship: _____

Birth date: ____/____/____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

Name: _____

Relationship: _____

Birth date: ____/____/____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

Name: _____

Relationship: _____

Birth date: ____/____/____ US Citizen? Yes / No

Disabled or receiving public benefits? _____

Address: _____

Phone: _____ (Cell/Home/Work) E-mail: _____

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Your Professional Adviser network:

Financial Adviser Name: _____

Firm: _____

Address: _____

Phone: _____

E-mail: _____

Financial Adviser Name: _____

Firm: _____

Address: _____

Phone: _____

E-mail: _____

CPA/Accountant Name: _____

Firm: _____

Address: _____

Phone: _____

E-mail: _____

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Current Estate Planning and other legal Documents:

Do you currently have any of the following legal documents? Please check all that apply and bring copies to our meeting.

- _____ Last Will and Testament
- _____ Trust Agreements – as either Beneficiary or Grantor
- _____ Power of Attorney
- _____ Living Will/ Health Care Agent/ Health Care Directive
- _____ Divorce Decree, if any support obligations or asset transfers are owed
- _____ Prenuptial Agreement
- _____ Other: _____

Past Gifts:

Have you made any gifts in the past five years that exceed \$10,000? Yes / No. If YES, have you filed any gift tax returns? Year _____ Gift amount \$ _____

Potential Inheritances:

Do you anticipate that you or your beneficiaries might be the recipients of any gifts or inheritances? Yes/ No. If Yes, anticipated value \$ _____ from: _____

Assets:

Tangible Personal Property: Collectibles, jewelry, art, antiques, etc. (over \$500 value)

- _____
- _____
- _____

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Real Estate:

- Primary Residence

Title in the name of: _____

Approximate Market Value \$ _____ Any mortgages? _____

- Vacation/Rental property/Business:

Address _____

Title in the name of: _____

Approximate Market Value \$ _____ Any mortgages? _____

Bank accounts:

- Bank _____ Checking or Savings? _____

Name(s) on the account: _____

Approximate value \$ _____

- Bank _____ Checking or Savings? _____

Name(s) on the account: _____

Approximate value \$ _____

Non-Qualified or After-Tax Investments/Securities/Brokerage accounts:

- Institution _____

Name(s) on the account: _____

Approximate value \$ _____

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Non-Qualified or After-Tax Investments/Securities/Brokerage accounts (continued):

- Institution _____
Name(s) on the account: _____
Approximate value \$ _____

Individual Retirement Accounts:

- Institution: _____
Name(s) on the account: _____
Approximate Value \$ _____
Primary/Contingent Beneficiary(ies): _____

- Institution: _____
Name(s) on the account: _____
Approximate Value \$ _____
Primary/Contingent Beneficiary(ies): _____

401(k) Retirement Plans:

- Employer _____ Type of Plan: _____
Approximate Value \$ _____
Primary/Contingent Beneficiary(ies): _____

- Employer _____ Type of Plan: _____
Account owner: _____
Approximate Value \$ _____
Primary/Contingent Beneficiary(ies): _____

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Life insurance policies:

- Insurance Company: _____
- Insured: _____ Owner of policy: _____
- Approximate Face Value \$ _____ Cash Value: _____
- Primary/Contingent Beneficiary(ies): _____

Annuities:

- Insurance Company: _____
- Annuitant: _____ Owner of policy: _____
- Approximate Value \$ _____
- Primary/Contingent Beneficiary(ies): _____

529 college savings plan accounts/Uniform Gifts to Minors Act Accounts:

- For benefit of: _____
- Institution _____ Approximate value \$ _____

- For benefit of: _____
- Institution _____ Approximate value \$ _____

Motor Vehicles or Recreational Vehicles:

- _____
- _____
- _____

Other Assets:

- _____
- _____
- _____

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Executor- who would you designate?

Name _____

Address: _____

Phone: _____

Living Will – do you wish to provide for “no heroic measures” and pain medication in the end stages of life?

Health Care Agent – do you wish to name someone to make medical decisions for you in the event that you are not able to communicate your consent for treatment?

Name _____

Address: _____

Phone: _____

Funeral or burial - have you made any advance arrangements?

Would you like to leave instructions for your wishes? Yes / No

Power of Attorney - who would you designate?

Name _____

Address: _____

Phone: _____

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If you have minor children, who would you designate as:

Guardian _____

Name _____

Address: _____

Phone: _____

Future Needs: Do you anticipate needing skilled nursing care in the near future? Yes / No

Cyber Security and Account Access:

Do you maintain any Internet/Social Media/Online banking or credit card accounts? Yes /No

If **Yes**, it could be very important for your executor, trustee, attorney-in-fact, or a trusted family member to gain access to information from your computer, phone or online accounts. It is strongly suggested that you maintain a separate list of such accounts with your Login and Password information in a secure place, such as a safe deposit box.

Do you have any specific questions or concerns you wish to discuss when we meet?