



5. Give the full legal name of your spouse or long-time companion:

\_\_\_\_\_

6. How long together? \_\_\_\_\_

**B. Children:**

1. Do you have any children? \_\_\_\_\_

2. Have you ever been named as a parent in a court document? \_\_\_\_\_

3. Do you have any children from a prior marriage? \_\_\_\_\_

If you answered "yes" to any or all of the above 3 questions, give each child's full legal name and date of birth ("DOB") and their address if different from your's:

\_\_\_\_\_  
First, Middle, Last Name DOB

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
First, Middle, Last Name DOB

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
First, Middle, Last Name DOB

\_\_\_\_\_  
Address City State Zip

(If you have more than three (3) children, please attach an additional sheet(s) as necessary to provide the information.)

**C. Other Family Members**

1. Your parents:

**Mother:** Living or Deceased (Please circle one)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (Home, Work, Cell): \_\_\_\_\_

**Father:** Living or Deceased (Please circle one)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address (if different than Mother's): \_\_\_\_\_

\_\_\_\_\_

Phone (Home, Work, Cell): \_\_\_\_\_

2. **Your Siblings**

**Sibling 1 :** Brother or Sister (Circle one)

Living or Deceased (Circle one)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (Home, Work, Cell): \_\_\_\_\_

Spouse's Full Name(s), if married: \_\_\_\_\_

Children's Full Name(s) if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sibling 2** : Brother or Sister (Circle one)

Living of Deceased (Circle one)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (Home, Work, Cell): \_\_\_\_\_

Spouse's Full Name(s), if married: \_\_\_\_\_

Children's Full Name(s) if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sibling 3** : Brother or Sister (Circle one)

Living of Deceased (Circle one)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (Home, Work, Cell): \_\_\_\_\_

Spouse's Full Name(s), if married: \_\_\_\_\_

Children's Full Name(s) if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If you have more than three (3) siblings, please attach an additional sheet(s) as necessary to provide the information.)

## II. Property Description

In this section, please list the kinds of property that you currently own, with or without the related debt. The section inquiring about assets and debts is to assist your executor in accumulating your estate, paying your debts and then distributing it according to your wishes.

### ASSETS:

Describe all of the following investments that you own (include where applicable, description, face amounts, maturity dates, yield, present value, number of shares and dates acquired):

#### A. Real Estate you own:

1. Your residence:

Description: Home or Condo or Townhouse (Circle one)

Address, including county: \_\_\_\_\_  
\_\_\_\_\_

Owned in name(s) of: \_\_\_\_\_

How acquired (gift, purchase, etc.): \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Purchase Price/Cost: \_\_\_\_\_

Present Fair Market Value (without deducting debt): \_\_\_\_\_

2. Other Real Property:

Description: Home or Condo or Townhouse (Circle one)

Address, including county: \_\_\_\_\_  
\_\_\_\_\_

Owned in name(s) of: \_\_\_\_\_

How acquired (gift, purchase, etc.): \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Purchase Price/Cost: \_\_\_\_\_

Present Fair Market Value (without deducting debt): \_\_\_\_\_

(Use additional sheets if necessary for additional real property)

**B. BANKS**

1. Checking: \_\_\_\_\_

Acct#: \_\_\_\_\_

2. Savings: \_\_\_\_\_

Acct#: \_\_\_\_\_

C. Notes and Accounts Receivable **owed to you**: \_\_\_\_\_

D. Bond Holdings: \_\_\_\_\_

E. Stocks: \_\_\_\_\_

F. Investment Accounts: \_\_\_\_\_

G. Mineral Interests or Other Real Property Interests: \_\_\_\_\_

H. Unusual Personal Property (e.g. jewelry, art, stamp collections, patents): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Autos, Boats or Airplanes: \_\_\_\_\_

J. Other Assets, including unusually valuable household furnishings, etc.: \_\_\_\_\_

\_\_\_\_\_

**K. Non-Probate Assets:**

1. 401(k) or Retirement Accounts: \_\_\_\_\_

2. Life Insurance Owned by You: \_\_\_\_\_

3. Life Insurance owned by a company or someone else on your life or over which you  
have any incident of ownership: \_\_\_\_\_

**DEBTS | LIABILITIES:**

List below personal liabilities you owe to banks or other financial institutions. (Include, where appropriate, the name of the institution, account number and approximate size of debt):

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**III. Life Planning Documents**

1. **Medical Power of Attorney.** This document allows you to name one person as your agent, and up to two alternates, to make health care decisions for you if you are unable to make them for yourself. It also allows you to specify who may (and may not) visit you if you are hospitalized, to designate a guardian for yourself and your estate if you become incompetent, and to place limits on the powers of your agent, as well as on the duration of the document itself.

A. Provide the following information for your agent:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

B. If you wish to provide an alternate agent, provide the following information:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

C. If you wish to designate a second alternative agent, provide the following:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

D. Most clients do not want to place limits on their agents, but you have the right to do so if you wish. Do you want to limit your agent's decision-making authority?

\_\_\_\_\_ No, I do not want to place limits on my agents.

\_\_\_\_\_ Yes, I want to place the following limits on my agents:  
\_\_\_\_\_  
\_\_\_\_\_

E. Most clients do not want to end their agent's authority on a certain date, but you have the right to do so if you wish. Do you want your agent's authority to end on a certain date?

\_\_\_\_\_ No, I do not want my agent's authority to end.

\_\_\_\_\_ Yes, I want my agent's authority to end as follows:  
\_\_\_\_\_

2. **Statutory Durable Power of Attorney.** This document allows you to name one person as your agent, and up to two alternates to make decisions for you (other than for your health care) concerning your property, business and personal transactions. You may give special instructions limiting or extending the powers granted to your agent.

Check here if you wish to designate the same person(s) you named in your Medical Power of Attorney.

A. Provide the following information for your agent, IF DIFFERENT from your Medical Power of Attorney:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

- B. If you wish to provide an alternate agent, provide the following information:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

- C. If you wish to designate a second alternative agent, provide the following:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

- D. Limits and Extensions: You have the right to give special instructions limiting or extending the powers granted to your agent. Do you want to limit or expand your agent's decision making authority? YES or NO

If so, please describe: \_\_\_\_\_

- E. Date of Authority: Most clients want their agent's authority to be effective immediately and continue until the power is revoked, but you have the right to make it effective upon your disability or incapacity (this may require a court proceeding to determine your disability). Do you want your agent's authority to begin on signing?

\_\_\_\_\_ Yes, I do want my agent's authority to begin upon signing.

\_\_\_\_\_ No, I want my agent's authority to begin only upon my disability or incapacity.

3. **Declaration of Guardian.** Should the need for a guardian for you ever arise, you may name a guardian and up to two alternates, who would care for your person. You may also name a guardian to care for your estate (your property), should you become incompetent. Also, you may specifically disqualify persons from acting as your guardian.

Should the need for a guardian arise, I designate the following persons to serve in the order listed:

For myself: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

For my estate (if different than above): \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

I expressly **disqualify** the following person(s) from serving as guardian of my person:

\_\_\_\_\_

I expressly **disqualify** the following person(s) from serving as guardian of my estate:

\_\_\_\_\_

4. **Directive to Physicians, Family and Surrogates (Living Will):** The Directive to Physicians requires your health caretakers to withhold or suspend artificial life support devices, under certain circumstances, so that you can die naturally. It also allows you to name one person as your agent to make health care and treatment decisions for you, if you are not able to make them yourself.

Check here if you wish to have a Directive to Physicians.

If yes, check here if you wish to designate the same agents(s) you named in the Medical Power of Attorney.

Please give the name of the person you wish to designate as your agent if DIFFERENT from the agent named in your Medical Power of Attorney (most people name the same person named in their Medical Power of Attorney):

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

5. **Agent to Control Disposition of Remains:** This document allows you to designate an agent to control your funeral/memorial arrangements, decide whether you will be buried or cremated, and decide the location of your service, who will be invited to attend and how the service will be conducted. If you do not designate an agent, the responsibility will be handled by your "next of kin" and may exclude anyone not "related" to you. Your agent must agree to be financially responsible for arrangements made on your estate's behalf.

Check here if you wish to appoint the same person(s) named in your Medical Power of Attorney.

- A. Do you wish to appoint a DIFFERENT agent to control the disposition of your remains? If yes, complete the following:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

- B. If you wish to designate an alternate agent, please provide the following:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

#### IV. Other Estate Planning Documents

##### 1. EXISTING DOCUMENTS.

- A. Do you have an existing will or trust? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so, please provide a copy)

- B. Are you a beneficiary of any estates or trusts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

- C. Are you a trustee or guardian of a personal trust? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

- D. Are you likely to be appointed trustee, guardian or executor for someone else's estate in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

##### 2. FUNERAL MEMORIAL INSTRUCTIONS.

- A. Do you wish to be buried or cremated? (circle one)

- B. Do you prefer a funeral (with casket) or memorial (without casket) service? (circle one)

- C. Do you have any specific wishes concerning a funeral or memorial service? If so, please specify: \_\_\_\_\_

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D. Any remembrance donations should be made to: \_\_\_\_\_

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E. Do you own a pre-arranged funeral plan? If so, please give details as to the funeral home name and location, cemetery name and location, plot number, etc.

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F. I would like \_\_\_\_\_ to officiate.

G. Additional Instructions: \_\_\_\_\_

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**V. Disposition of Estate in Your Will**

**1. DISTRIBUTION OF ASSETS.**

A. In general, how do you want your property to be distributed under your will?

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B. State any provisions regarding specific property to specific persons:

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C. List any family heirlooms that you want disposed of in a specific manner:

- D. List the name and addresses of any charitable organizations that you want to distribute any portion of your estate to and the amount to be distributed.

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- E. List an alternate beneficiary in case your primary beneficiary does not survive you:

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- F. Residuary. It is best to include a section in your will that names a person, persons or organization(s) that you want to inherit your "residuary" or remaining estate. This is not for a specific property but for "anything else" you might own. It would also apply to any bequest you make to a person who does not survive you. If your primary beneficiaries are few, you may consider picking a charity of other organization or perpetual duration to be the alternate beneficiary in the remote event that everyone else that you have listed predeceases you.

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2. **FIDUCIARIES.** A fiduciary is a person who has agreed to act primarily for the benefit of another. In this section, you will be asked to designate persons you wish to act as your fiduciaries and carry out your wishes when you die. List below the name, relationship (if any) and address of the person(s) you wish to have serve in the following capacities. If more than one person or entity is to serve at the same time, please indicate.

- A. Executor. This person would distribute and disburse your property and otherwise handle your estate according to your wishes in your will. Name one person as your executor and up to two alternates to act in the event that your first choice does not, or cannot serve.

(i) Executor's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

Relationship: \_\_\_\_\_

(ii) Alternate Executor 1's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

Relationship: \_\_\_\_\_

(iii) Alternate Executor 2's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

Relationship: \_\_\_\_\_

- B. Guardianship for Minor Children. This is the person you wish to designate to care for any children you may have who are under the age of 18. It is the strongest statement that you can make about who you want your children to live with. However, neither this nor any other document can ever completely remove the possibility of a custody or visitation hearing as this declaration is not binding on the court. It is an expression of your wishes regarding your children. If you have minor children, name one person as guardian and up to two alternates.

Guardian's Full Name: \_\_\_\_\_

Address (if not listed elsewhere): \_\_\_\_\_

\_\_\_\_\_

Alternate Guardian 1's Full Name: \_\_\_\_\_

Address (if not listed elsewhere): \_\_\_\_\_

\_\_\_\_\_

Alternate Guardian 2's Full Name: \_\_\_\_\_

Address (if not listed elsewhere): \_\_\_\_\_

\_\_\_\_\_

C. Trustee for Minor Children. This person holds legal title to property for the benefit of others and is required to carry out specific duties with regard to the property. For estate planning purposes, you will be asked to designate a trustee, and up to two alternates, if you have minor children and wish to leave your estate to them. The trustee will manage the property for the benefit of the children until they reach an age that you specify, then the trustee would distribute the property to them.

(i) Trustee: \_\_\_\_\_

Address (if not listed elsewhere): \_\_\_\_\_

\_\_\_\_\_

(ii) Alternate Trustee 1: \_\_\_\_\_

Address (if not listed elsewhere): \_\_\_\_\_

\_\_\_\_\_

(iii) Alternate Trustee 2: \_\_\_\_\_

Address (if not listed elsewhere): \_\_\_\_\_

\_\_\_\_\_

(iv) Typically, clients want their children to receive their share of the trust property at the age of 18 or 21 or 25. You may pick whatever age you wish starting with 18. You may also distribute various amounts or percentages at different ages. Please specify how you would like to distribute the assets held in trust for your minor children.

\_\_\_\_\_

\_\_\_\_\_

D. Trustee of Trust for You. Sometimes, for privacy reasons and possibly tax planning reasons, we may wish to establish a trust either during your lifetime (intervivos trust) or in your will (testamentary trust). An intervivos trust can be revoked by you at any time unless we make it irrevocable. If it is revocable and you appoint yourself as trustee, you have control over the trust's assets, but it is included in your estate for tax assessment purposes. If we create an irrevocable trust (someone else must be trustee), you lose control of the assets but gain the tax advantage of excluding the assets from your probate estate. **If we are going to use these instruments in your plan**, please designate who you would like to serve as trustee and alternate trustee:

Trustee's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Trustee 1's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

Relationship: \_\_\_\_\_

**VI. OTHER**

Please describe any areas of particular concern not addressed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_