

Estate Planning Client Information Record
Please print information clearly! Thank-you.

CONFIDENTIAL PERSONAL INFORMATION FOR ESTATE PLANNING

Date: _____

Husband or Single Man

Wife or Single Woman

Full Legal Name	_____	_____
Also known as	_____	_____
Marital Status	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
County	_____	_____
Social Security #	_____	_____
Home Phone #	_____	_____
Cell Phone #	_____	_____
Email	_____	_____
Birth date	_____	_____

Personal Representative (Executor of Estate)
(First Choice is Normally Your Spouse)

Husband or Single Man

Wife or Single Woman

FIRST CHOICE:

FIRST CHOICE:

Full Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Home Phone #	_____	_____

	SECOND CHOICE:	SECOND CHOICE:
Full Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Home Phone #	_____	_____

Children

Full Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If any children are minors, name a Guardian AND Successor Guardian for the child(ren) (these are persons you appoint if your spouse is not alive)

Husband or Single Man

Wife or Single Woman

	FIRST CHOICE:	FIRST CHOICE:
Full Name	_____	_____
Relationship	_____	_____
City, State, Zip	_____	_____
Home Phone #	_____	_____

	SECOND CHOICE:	SECOND CHOICE:
Full Name	_____	_____
Relationship	_____	_____
City, State, Zip	_____	_____
Home Phone #	_____	_____

POWER OF ATTORNEY

Husband or Single Man

Wife or Single Woman

	FIRST CHOICE: (Usually Spouse)	FIRST CHOICE: (Usually Spouse)
Full Name	_____	_____
Relationship	_____	_____
City, State, Zip	_____	_____
Home Phone #	_____	_____

SECOND CHOICE:

SECOND CHOICE:

Full Name	_____	_____
Relationship	_____	_____
City, State, Zip	_____	_____
Home Phone #	_____	_____

PATIENT ADVOCATE (Person who makes decision on life support issues)
(First Choice is Normally Your Spouse)

Husband or Single Man

Wife or Single Woman

FIRST CHOICE:

FIRST CHOICE:

Full Name	_____	_____
Relationship	_____	_____
Street Address	_____	_____

City, State, Zip _____

Home Phone # _____

SECOND CHOICE:

SECOND CHOICE:

Full Name _____

Relationship _____

Street Address _____

City, State, Zip _____

Home Phone # _____

Special Medical Care Instructions

Typical Instructions: If my physician believes that I have no reasonable expectation of recovery from an incurable or terminal injury, disease, or illness, and if my advocate determines, after consulting with my physician, that applying life-sustaining procedures would serve only to prolong life artificially, I authorize my advocate to direct that such procedures be withheld or withdrawn. Examples of life-sustaining procedures include surgery, drugs, renal dialysis, cardiopulmonary resuscitation, artificial feeding, and ventilators or respirators. I acknowledge that the decision to withhold or withdraw treatment could or would allow me to die. Under these circumstances, I want treatment limited to measures, medication, and hydration that will provide me with comfort and freedom from pain.

Husband or Single Man

Wife or Single Woman

[Write "typical" if above instructions are what you desire]. Otherwise, write in the blanks what special instructions you wish to grant to your Patient Advocate.

Disbursement of Assets

Typical Disbursement:

FIRST: All assets to spouse.

SECOND: **(Choose 1)** (a) If spouse is deceased, then all assets to children in equal shares.
OR
(b) If spouse is deceased and you have no children, then designate an heir and an alternate heir.

THIRD: **(Choose 1)** (a) If a child is deceased, then their share of the estate to their surviving children
OR
(b) If a child is deceased, then their share split between surviving siblings.

Husband or Single Man
(choose one of each above)

First: _____

Second: _____

Third: _____

Wife or Single Woman
(choose one of each above)

First: _____

Second: _____

Third: _____

Specific Bequests: (List here or attach list of any specific items you want listed as going to specific people).

Do you and your spouse (if applicable) have a Prenuptial Agreement? If so, please provide us with a copy.

QUIT CLAIM DEED
(Putting Real Estate in the Name of Heirs to be Recorded Upon Death)

FIRST HEIR:

SECOND HEIR:

Full Name _____

Marital Status _____

Street Address _____

City, State, Zip _____

Home Phone # _____

THIRD HEIR:

FOURTH HEIR:

Full Name _____

Marital Status _____

Street Address _____

City, State, Zip _____

Home Phone # _____

**NOTE: WE WILL NEED A COPY OF YOUR LEGAL DESCRIPTION
FROM YOUR WARRANTY DEED.**

Please check all of the following documents you are requesting:

- (1) **Durable Power of Attorney** Appoints someone to do everything in your name and in your place (except execute a Will) such as sign checks, pay bills, etc. This can be broad or limited. Choose one of the following:
 Effective on Signing OR Effective Upon Disability
- (2) **Health Care Power of Attorney Appointing a Patient Advocate** (Appoints someone to make medical decisions for you in the event you are unable to make them yourself).
- (3) **Simple Will** OR (4) **Revocable Trust**. Choose one or the other!
- (4) **HIPPA Release Form** (Federal requirement for your advocate to talk to your doctor and review your medical records)
- (5) **QUIT CLAIM DEED** putting real estate in the name of the heirs to be recorded upon your death.