

KING | LAW

LAW OFFICE OF GILES W. KING

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ESTATE PLANNING INFORMATION FORM *Personal and Confidential*

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your scheduled office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

Client information		
Full name:	Date of birth:	U.S. Citizen: Yes No
Home Address:		Home telephone:
Employer:	Occupation:	
Business Address:		Business telephone:

Spouse – if applicable		
Full name:	Date of birth:	U.S. Citizen: Yes No

Employer:	Occupation:
Business Address:	Business telephone:

Marriage

Have you and your spouse signed a Premarital Agreement? **Yes No**

Have you and your spouse been divorced? **Yes No** If so, please bring a copy of the divorce decree to the interview.

Children

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Identify any child who is not a natural or adopted child of both you and your spouse.

Name of Child	Date of birth	Marital status	Child of		
			husband	wife	both
			husband	wife	both
			husband	wife	both
			husband	wife	both
			husband	wife	both
			husband	wife	both
			husband	wife	both
			husband	wife	both
			husband	wife	both

Have any children received an advance on their inheritance or are any children financially indebted to you?

Yes No

If so, please explain:

Is there any reason NOT to treat your children equally?

If so, please explain:

Are any of the children under a disability? **Yes No**

If yes, please explain:

Do you have any special concerns or objectives regarding your children? **Yes No**

If yes, please explain:

Guardians

Who should be guardian of your minor children? A guardian has physical and legal control over your children until they reach the age of 18.

Name:

Address:

City:

State:

Zip code:

Alternate Guardian

Name:

Address:

City:

State:

Zip code:

Personal Representative

Who should be Personal Representative (“executor”) of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

Name:		Relationship to you:	
Address:	City:	State:	Zip code:

Alternate/Successor personal representative

Name:		Relationship to you:	
Address:	City:	State:	Zip code:

Trusts

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee.

Name:		Relationship to you:	
Address:	City:	State:	Zip code:

Alternate/Successor trustee

Name:		Relationship to you:	
Address:	City:	State:	Zip code:

Financial Inventory

Use approximate values under each person showing ownership of each asset.

Personal assets	Value in husband's name	Value in wife's name	Value in spouses' joint names
Home	\$	\$	\$
Other real estate	\$	\$	\$
Checking account	\$	\$	\$
Savings account	\$	\$	\$
Money market account	\$	\$	\$
Automobile	\$	\$	\$
Personal property	\$	\$	\$
Stocks & bonds	\$	\$	\$
Retirement accounts			
IRA	\$	\$	\$
Pernsion	\$	\$	\$
Profit Sharing/401K	\$	\$	\$
Does your retirement plan have a death benefit? Yes No			

Other personal assets

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

Description	Value in husband's name	Value in wife's name	Value in spouses' joint names
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total personal assets	\$	\$	\$

Business assets

Name of business	Form of business	Total Value	Percent owned by husband	Percent owned by wife
		\$	%	%
		\$	%	%
		\$	%	%
		\$	%	%
		\$	%	%
		\$	%	%
		\$	%	%
		\$	%	%
Total business assets		\$	%	%

Liabilities

Description	Value in husband's name	Value in wife's name	Value in spouses' joint names
Home mortgage	\$	\$	\$
Other mortgage	\$	\$	\$
Debts to Family Members	\$	\$	\$
Other debts (describe)	\$	\$	\$
	\$	\$	\$
Total liabilities	\$	\$	\$

Beneficiary Designations

Life Insurance

Policy	Face Value	Cash Value	Owner	Insured	Beneficiary
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			

Safe deposit box

Do you have a safe deposit box? **Yes** **No**

If yes, where?

Does anyone else have access to your box? **Yes No**

If yes, who:

Future inheritances

Do you expect any inheritance in the near future? **Yes No**

If yes, please give details:

Existing Wills and Trust

Client

Client spouse – if applicable

Yes No Date of Will

Yes No Date of Will

Are there existing Trusts which you have established, or under which you, spouse, or children are a beneficiary?

If yes, please give details:

Yes No If “yes”, please attach a copy of trust agreement or describe nature of trust below, i.e., revocable, irrevocable, living, testamentary, etc.

Type of trust	Date established	Grantor	Value of Trust principal	Annual Trust Income	Trust Beneficiary(s)
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

			\$	\$	
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Gifts You Previously Made

Description of Gift	Date of Gift	Value of Gift
		\$
		\$
		\$
		\$
		\$

Power of Attorney

Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? **Yes No**

If yes, who would you like to appoint to have Power of Attorney?

Name:		Relationship to you:	
Address:	City:	State:	Zip code:

Alternate/Successor

Name:	Relationship to you:
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Address:	City:	State:	Zip code:
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Alternate/Successor

Name:		Relationship to you:	
Address:	City:	State:	Zip code:

Alternate/Successor

Name:		Relationship to you:	
Address:	City:	State:	Zip code:

Health Care Directive

Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? **Yes No**

If yes, who would you like to appoint to have power to make health care decisions for you?

Name:		Relationship to you:	
Address:	City:	State:	Zip code:
Telephone number:			

Alternate/Successor

Name:		Relationship to you:	
Address:	City:	State:	Zip code:
Telephone number:			

Distribution of Estate

Spouse – <i>if applicable</i>	%
Children	%
Grandchildren	%
Charities	%

Do you see a need for trusts for children or grandchildren to restrict access to assets? **Yes No**

What ages should they have access?

Advisors

Accountant:			
Address:	City:	State:	Zip code:
Telephone number:			

Financial Advisor/Insurance Agent:			
Address:	City:	State:	Zip code:
Telephone number:			

Discussion Issues

We will discuss the following issues at the meeting:

- **Current Will:** Do you now have a will or revocable trust? If so, bring a copy to the interview meeting.
- **Predeceased child:** If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any. Do you wish to include grandchildren born out of wedlock?
- **Trusts:** Do you wish to have a trust established for the benefit of your spouse and/or children?
- **Specific gifts:** Do you wish to make any specific bequests to charities or individuals?
- **No family survives:** How should your estate be distributed if your spouse and/or children do not survive you, i.e., family, charity, etc.?

- **If no children:** To whom should your estate pass – beyond a spouse, if any?
- **Health care directive:** Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instruction regarding organ donation.
- **Power of attorney:** Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?
- **Loan guarantees:** Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to the meeting.