

Personal Information Packet
(For Individual)

Completion of this form will help in accomplishing your estate planning objectives.

Please complete all information.

A. YOUR PERSONAL INFORMATION:

Full legal name: _____

Name used to sign with: _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Home phone: _____ Home fax: _____

Birth date: _____ U.S. Citizen: _____

B. YOUR CHILDREN:

Full legal names, addresses and telephone numbers:	DOB:	Children of:
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Any deceased children that left children of their own? Yes or No

If yes, please state their names:

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C. FINANCIAL INSTRUCTIONS:

If you were unable to make financial decisions for yourself, who would you want to make decisions for you with regard to personal finance activity?

Name in order of preference, including name, address, telephone number and relationship to you.

Name: _____

Address: _____

Telephone: _____

Relationship: _____

2. Name: _____

Address: _____

Telephone: _____

Relationship: _____

3. Name: _____

Address: _____

Telephone: _____

Relationship: _____

D. MEDICAL INSTRUCTIONS:

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment and/or life support machines?

Name in order of preference, including name, address, telephone number and relationship to you.

1. Name: _____
Address: _____

Telephone: _____
Relationship: _____

2. Name: _____
Address: _____

Telephone: _____
Relationship: _____

3. Name: _____
Address: _____

Telephone: _____
Relationship: _____

E. FIDUCIARY APPOINTMENTS:

Please provide the names of the executors (and their relationship to you) for designation in your Last Will and Testament. If you choose to include a Second Alternate Executor, you may do so; if not, leave No. 3 blank.

- 1. Primary Executor: _____
- 2. First Alternate Executor: _____
- 3. Second Alternate Executor: _____

F. DISTRIBUTIONS ON DEATH:

My estate (real property, personal property, etc.) to: _____ surviving children _____ other

Upon your death, how would you like your property distributed? What if a beneficiary predeceases you? Also, indicate if the amount or percentage is to be distributed outright or held in trust (give terms, *i.e.* for life, 1/3 every 5 years, etc.)

For example:

_____ To my children, equally, and outright, not held in trust; if deceased, to their children.

Or _____ other:

G. SPECIFIC DISTRIBUTION:

Use this *only* if you want to leave a specific dollar amount, or property to a specific person before the above distribution:
