

ESTATE PLANNING INFORMATION SHEET

Date: _____ Your Name: _____

Address: _____

Alternate Address/Dates applicable: _____

Phone Numbers: _____ Email: _____

	You	Spouse/Partner	
Full Legal Name			
Former/Other Name			
S.S. No.			
Birth Date/Place:			
Citizenship			
Occupation			
FORMER MARRIAGES			
Former Spouse's Name			
Date of Marriage			
Date of Divorce/Death			
Any estate planning agreements?			
CHILDREN			
Name:		DOB:	
City of Residence:		Parents:	
Name:		DOB:	
City of Residence:		Parents:	
Name:		DOB:	
City of Residence:		Parents:	
Name:		DOB:	
City of Residence:		Parents:	
Name:		DOB:	
City of Residence:		Parents:	
If you have additional children, please continue list at the end.			

ADVISORS			
TITLE	NAME	ADDRESS/EMAIL	TELEPHONE
Attorney			
Accountant			
Financial Advisor/Broker			
Life Insurance Agent			
Other			

PROPERTY INFORMATION:

Real Estate:

Description & Location	Ownership	Market Value	Balance of Mortgage	Net Equity
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Cash Accounts:

Name of Institution	Ownership	Type of Account	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Safe Deposit Box:

Name of Institution/Branch _____
 Box No.: _____ Ownership: _____
 Other Name Listed on Box: _____
 Contact Info: _____

Investments: (Stocks, Bonds, etc.)

	Ownership	Value
_____	_____	\$ _____
_____	_____	\$ _____

_____ \$ _____
 _____ \$ _____

Business Interests:

Name of Business	Ownership	Type of Business	% Interest	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Mortgages, Notes, and Other Receivables:

	Ownership	Amount Now Due
_____	_____	\$ _____
_____	_____	\$ _____

Miscellaneous: (List major personal effects such as automobiles, valuable jewelry, collections, etc.)

	Ownership	Net Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Life Insurance:

Company	Type (Term, W/L, etc)	Owner	Beneficiary	Alternate Beneficiary	Death Benefit	Policy Loans
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Retirement Benefits (Including IRA's):

	Beneficiary	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Estate Summary:

Name	_____	_____	JOINT
Real Estate	\$ _____	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Receivables	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

We will discuss the following terms at our meeting. Please list your initial choices and the person's relationship to you.

Personal Representative (carries out the terms of your will):

- 1st Choice: _____
- 2nd Choice: _____
- 3rd Choice: _____

Guardian/Conservator (to make decisions for you and handle your affairs if you are unable):

- 1st Choice: _____
- 2nd Choice: _____
- 3rd Choice: _____

Guardian (to care for minor children):

- 1st Choice: _____
- 2nd Choice: _____
- 3rd Choice: _____

Trustee (to manage funds for minor children or to manage funds after death of spouse):

- 1st Choice: _____
- 2nd Choice: _____
- 3rd Choice: _____

Health Care Representative (makes health care decisions when you are unable):

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

In general, how do you want to divide your assets?

Specific and Charitable Bequests (items you wish to give to specific people or gifts to charitable organizations):

Name	Contact Info	Item or Amount
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1) _____

2) _____

3) _____

Any special provisions relating to pets (disposition, assets held for maintenance of pets, etc.):

Other Special Provisions Desired:

Important Family Questions:

1. Does any of your family receive governmental support or benefits? Yes No
2. Do you have adopted children? Yes No
3. Do any of your children have special education, medical, or physical needs? Yes No
4. Are you or your spouse receiving social security, disability, or other governmental benefits? Yes No

