

# INDIVIDUAL PRELIMINARY INFORMATION FOR ESTATE PLANNING

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

JR., SR. II, III, IV? \_\_\_\_\_

Name I prefer to be called: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME CITY: \_\_\_\_\_ HOME STATE: \_\_\_\_\_ HOME ZIP: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Send Mail Where? Home \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_

Where is the best place to reach each of you? \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOY: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Number of Children: 1 2 3 4 5 6 (Please circle)

CHILDREN: (1) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

(2) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

(3) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

(4) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

(5) \_\_\_\_\_ AGE: \_\_\_\_\_ # of Grandkids \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_

Is it possible for you to have or adopt more children? \_\_\_Yes \_\_\_No

Are you a US citizen? \_\_\_Yes \_\_\_No

(If spouse is deceased) Name and date of marriage, date of death, and location of pertinent legal papers and documents:

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

(If divorced or separated) Names and dates of previous marriages, whether the marriage ended by divorce or legal separation, and location of pertinent legal papers and documents:

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

| ASSET INFORMATION                    | VALUE | COMMENTS |
|--------------------------------------|-------|----------|
| Life Insurance                       | _____ | _____    |
| IRAs, 401(k)'s, Profit Sharing, etc. | _____ | _____    |
| Residence                            | _____ | _____    |
| Other Real Estate                    | _____ | _____    |
| Stocks, Bonds, Mutual Funds          | _____ | _____    |
| Cash, CD's Savings, Checking         | _____ | _____    |
| Notes Where People Owe You Money     | _____ | _____    |
| Business Interests                   | _____ | _____    |
| Cars, Jewelry, Furniture, etc.       | _____ | _____    |
| <b>TOTAL ESTATE</b>                  | ===== |          |

**Do you currently have: a Will, Trust, Powers of Attorney and Living Wills (please circle all that apply)**

Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills, if any.

Did anyone refer you to us? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, whom may we thank? \_\_\_\_\_

Would you like for this referral source to be copied on correspondence? Yes \_\_\_ No \_\_\_

What topics would you like to discuss at your appointment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?**  
(Two persons can serve together as long as they are married.)

| Name(s)  | Relationship |
|----------|--------------|
| 1. _____ | 1. _____     |
| 2. _____ | 2. _____     |
| 3. _____ | 3. _____     |

**WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?**  
(This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY?**

- 1. \_\_\_\_\_  
Address: \_\_\_\_\_  
          \_\_\_\_\_  
Phone: \_\_\_\_\_
- 2. \_\_\_\_\_  
Address: \_\_\_\_\_  
          \_\_\_\_\_  
Phone: \_\_\_\_\_
- 3. \_\_\_\_\_  
Address: \_\_\_\_\_  
          \_\_\_\_\_  
Phone: \_\_\_\_\_

Where do you plan to keep your original documents? \_\_\_\_\_

**For Attorney:**

Specific Bequests:

1. To \_\_\_\_\_, I give \_\_\_\_\_
2. To \_\_\_\_\_, I give \_\_\_\_\_
3. To \_\_\_\_\_, I give \_\_\_\_\_
4. To \_\_\_\_\_, I give \_\_\_\_\_
5. To \_\_\_\_\_, I give \_\_\_\_\_

General Bequest:

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Trust Type(s): \_\_\_\_\_

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For Attorney:

Special Needs: Y / N

Distribution

Trustees

Inheritance

Current Trust

Family LP

No contest

S-Corp

Address Q-Plan beneficiaries