

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.	_____	_____
TOTAL ESTATE	=====	

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:

Trust Type(s): _____

For Attorney:

Special Needs: Y / N

Distribution

Trustees

Inheritance

Current Trust

Family LP

No contest

S-Corp

Address Q-Plan beneficiaries