

ESTATE PLANNING INFORMATION FORM

Date: _____

❖ Please complete this form to the best of your ability.

❖ Please bring copies of previous estate planning documents (Will, Trust, Advance Directive, Power of Attorney, etc.), if any.

Name: _____ Marital Status: _____

Address: _____

Home phone: _____ Work phone: _____ Occupation: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

Vet ID No.: _____ Union: _____ Local No.: _____

Spouse: _____ Work phone: _____ Occupation: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

Vet ID No.: _____ Union: _____ Local No.: _____

• Date and Place (city, state) of this marriage: _____

• Do you have a Premarital or Post-Marital Agreement in effect? Y/N

• Has your current spouse *previously* been: Married Y/N Widowed Y/N ?

If YES, Date of prior Divorce/Death: _____

Former Marriage(s) (if applicable):

Former Spouse Name: _____

SSN of Former Spouse: _____

Date of Marriage: _____

Date of Divorce: _____

Date of Spouse's Death: _____

- ❖ Please provide a copy of your premarital, post-marital and/or dissolution of marriage documents, if applicable.

FAMILY INFORMATION

Child 1: M/F

Name: _____

Date of Birth: _____

Spouse: _____

Whose child? W/H/Both

Phone: _____

Children (name/age):

1. _____

2. _____

3. _____

Address: _____

Child 2: M/F

Name: _____

Date of Birth: _____

Spouse: _____

Whose child? W/H/Both

Phone: _____

Children (name/age):

2. _____

2. _____

3. _____

Address: _____

Child 3: M/F

Name: _____

Date of Birth: _____

Spouse: _____

Whose child? W/H/Both

Phone: _____

Children (name/age):

3. _____

2. _____

3. _____

Address: _____

Child 4: M/F

Name: _____

Date of Birth: _____

Spouse: _____

Whose child? W/H/Both

Phone: _____

Children (name/age):

4. _____

2. _____

3. _____

Address: _____

Important Family Questions:

1. Do you have a child with a learning disability? Y/N
2. Does anyone in your family receive public support or benefits? Y/N
3. Do you have any adopted children? Y/N
4. Do any of your children have special physical needs? Y/N
5. Are any of your children institutionalized? Y/N
6. Are you or your spouse receiving social security, disability, or other public benefits? Y/N
7. Do you provide primary or major financial support to adult children? Y/N
8. Are you or your spouse making payments pursuant to a divorce or property settlement agreement? Y/N
9. Have you lived in other states while married to your current spouse? Y/N
10. Have you or your spouse ever filed federal or state **gift** tax returns? Y/N
 - If YES, please bring copies of these returns
11. Are both you and your spouse US citizens? Y/N
 - If NO, what is your citizenship status? _____

ASSETS

Income:

Monthly Amount: \$ _____

Spouse's Monthly Amount: \$ _____

Sources of Income:

1. _____.
2. _____.
3. _____.
4. _____.

Home: Address _____
Owned by: _____ Value: _____
Mortgage balance: _____ Furniture Value: _____

Other Real Property:

1. Address (location) _____
Owned by: _____
Value: _____ Mortgage Value: _____
2. Address (location) _____
Owned by: _____
Value: _____ Mortgage Value: _____

Bank Accounts (Type, Bank, Owner, Amount)

Safe Deposit Box:

Number: _____ Name of Institution: _____

Branch: _____ Box No. _____ Ownership: H/ W/ Both

Others listed on box:

Name: _____ Relationship: _____

Financial investments (Name/Location, Owner, Value):

Business Interests (Type, how held and controlled, Value):

Collections (coins, stamps, etc.; Value):

Life Insurance (Company, Owner, Beneficiary, Amount):

Automobiles:

Tangible Personal Property (Jewelry, etc. and Value):

Expected Inheritance:

Trusts:

Are you serving as a trustee? Y/N or the beneficiary of a trust? Y/N

Or are you a grantor for a trust? Y/N. If YES to any of the above, please describe:

Other Assets Not Listed Above:

Description

Owner

Value

DISTRIBUTION

❖ *Please describe how you want to distribute your property at death.*

Specific Gifts:

Recipient

Relationship to You

Gift/Amount

Residue (Everything Else): _____

Do you want any heir to not inherit anything? _____

If so, please (briefly) explain why: _____

AGENTS

Personal Representative/Trustee: _____
Alternate: _____

• **Guardian (for you, if necessary):** _____
Alternate: _____

♦ **Guardian for Minor Child(ren) (if applicable):** _____
Alternate: _____

• **Conservator (for you, if necessary):** _____
Alternate: _____

♦ **Conservator for Minor Child(ren) (if applicable):** _____
Alternate: _____

• **Agent for Power of Attorney (if desired):** _____
Alternate: _____

• **Health Care Representative for Advance Directive (if desired):**

Name: _____

Address: _____

Phone Number: _____

Alternate:

Name: _____

Address: _____

Phone Number: _____

Do you want to give specific directions about your funeral arrangements? Y/N

• If YES, please describe: _____

Special Notes or Instructions:
