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Confidential Estate Planning Information Form

Please use this form to provide us with the information that we need to help you plan your estate and to meet your wishes and goals. If possible, please return it to us a day or two before your appointment

Husband/Single Person's Information

Full Legal Name ______________________________

Also Known as ______________________________

Prefer to be called ______________ Birth date __________ SS# ______________ US Citizen? ☐

Address ______________________ City ______________ State ______ Zip ________

Home Phone ______________________ County of Residence ______________

Cell Phone ______________________

Employer ______________________ Position/Title ______________________

E-mail Address ______________________________

Spouse's Information

Full Legal Name ______________________________

Also Known as ______________________________

Prefer to be called ______________ Birth date __________ SS# ______________ US Citizen? ☐

Address ______________________ City ______________ State ______ Zip ________

Home Phone ______________________ County of Residence ______________

Cell Phone ______________________

Employer ______________________ Position/Title ______________________

E-mail Address ______________________________

Date of Marriage ______________________ Existing Prenuptial Agreement? __________

Children or other Beneficiaries

(for relationship indicate if a child's parents are both of you, husband, wife, or adopted)

Name	**Birthdate**	**Relationship**

Does any beneficiary have special educational, medical or physical needs, or receive governmental benefits? Yes No

Does any beneficiary have any potential problems with drug or alcohol abuse?
Yes No

Are you concerned with any beneficiary's ability to handle/manage money?
Yes No

Are you concerned with your children's ability to get along with one another? Yes No

Are there problems/concerns relative to your relationship with your children (or spouse's children)?
Yes No

Are any of your children divorced? Yes No

Name of Religious, Charitable or Non-Profit Beneficiaries	**Address**

Please tell us who the following people are:

	Name	Phone
Accountant	______________________________	______________
Financial Advisor	______________________________	______________
Life Insurance Agent	______________________________	______________
Emergency Contact	______________________________	______________

Who will serve as **guardian for your minor children** if you were to die prematurely? (*Ignore this question if you do not have minor children*)

	Name	**Relationship**
First Choice		
Second Choice		

If you were **incapacitated** for any period of time, who would you choose to handle your **financial affairs?**

	Husband's/Single Person's Responses	**Spouse's Responses**
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

If you were **incapacitated** for any period of time, who would you choose to make **<u>health care</u> decisions** for you?

	Husband's/Single Person's Responses	**Spouse's Responses**
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

At the time of your **death**, who would you choose to **<u>administer and distribute</u> your estate**?

	Husband's/Single Person's Responses	**Spouse's Responses**
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

Asset and Property Information

The values listed are for discussion purposes only. ***Approximate values are acceptable.*** You may attach a financial statement or use additional sheets to continue a list.

To identify the Owner of an asset, use "JTS" for joint ownership with spouse; "JTO" for joint ownership with non-spouse; "H" for Husband as sole owner; "W" for Wife as sole owner; or "T" if owned by a trust that you have created.

Bank and Savings Accounts. To identify type of account, use "CA" for checking account; "SA" for savings account; "CD" for certificate of deposit; "MM" for money market account. ***Do not include IRAs or 401(k)s here*.**

Financial Institution	Owner	Market Value	Type of Account
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Stocks, Bonds, Mutual Funds or Investment Accounts. List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. ***Do not include IRAs or 401(k) or similar plans here. List them in the following section.***

Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan
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Retirement Accounts. To identify type of account, use "P" for pension; "PS" for profit sharing; IRA, Roth IRA, SEP, or 401(k).

Custodial Institution	Owner	Market Value	Type of Plan

Real Estate.

Description	Owner	Market Value	Debt
Personal Residence			
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Personal Property

Description	Owner	Market Value	Debt
Autos			
Household Goods.			

Life Insurance Policies and Annuities. List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit

Other Property or Assets. List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

Description	Owner	Market Value	Debt

Additional Documentation

In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the Initial Interview the following documentation:

- Copies of existing planning documents, including wills, trusts, powers of attorney, health care powers of attorney, living wills, etc.
- Copies of deeds to all real estate owned by you.
- Prenuptial Agreement (if applicable).
- Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

Additional Information

Please let us know any other information that you think is helpful or important:

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