

## CONFIDENTIAL ESTATE PLANNING INFORMATION FORM

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

Today's Date \_\_\_\_\_

1. Testator (Person(s) making Will) ☐ Married ☐ Single

Full Legal Name (Client 1) \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No

Street Address \_\_\_\_\_ Apt \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Spouse's Full Legal Name (Client 2) \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No

Spouse Date and Place of Birth \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

Home Phone No. (Client 1) \_\_\_\_\_ Phone No. (Client 2) \_\_\_\_\_

Additional Phone No. (Client 1) \_\_\_\_\_ Additional Phone No. (Client 2) \_\_\_\_\_

Email Address (Client 1) \_\_\_\_\_ Email Address (Client 2) \_\_\_\_\_

Have you and your spouse ever resided in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin? ☐ Yes ☐ No

If so, list dates: \_\_\_\_\_

2. Marriage

- a. Have you and your spouse signed a premarital agreement? ☐ Yes ☐ No

If so, please provide a copy of each.

- Have you or your spouse been previously married? ☐ Yes ☐ No

If so, to whom and how was the marriage terminated?

\_\_\_\_\_

- b. Have you or your spouse been divorced? ☐ Yes ☐ No

If so, please provide a copy of the divorce decree.

### Objectives and Goals:

Please briefly discuss what you would like to accomplish as part of this process. You may want to include in your discussion thoughts about the following issues as well as other issues important to you:

- Asset protection for children and descendants

- Estate and gift tax planning
- Intergenerational planning
- Simplification of estate administration
- Charitable objectives

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Describe any specific concerns you have regarding your desired estate plan or the planning process:

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Would you like to include your family in the estate planning process? ☐ Yes ☐ No

Are you interested in making charitable bequests in your estate plan? ☐ Yes ☐ No

Describe briefly any specific bequests you contemplate to individuals or charities:

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Current Estate Plan:

What documents are included in your existing estate plan, if any? (provide copies)

☐ Health Care Directive

☐ Power of Attorney

☐ Will

☐ Revocable Trust

☐ Irrevocable Trust

☐ Charitable Trust

☐ Other \_\_\_\_\_

Where are the original copies of your current estate plan located? \_\_\_\_\_

Have you provided a health care directive to your physician(s)? ☐ Yes ☐ No

### 3. Children

Please list ALL your children, including deceased children, children born outside of marriage, and children you wish to omit from your estate plan.

Name of Child	Date of Birth	Address City/State/Zip	Child of:

Identify any child who is not a biological or adopted child of both you and your spouse.

- a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.
- b. Is there any reason NOT to treat your children equally in your estate plan? If so, please explain.
- c. Are any of the children under a disability?
- d. Do you have any special concerns or objectives regarding your children?
- e. Are you storing, or may store, frozen eggs, sperm or embryos?
- f. Guardians. Who should be guardian of your minor children? If both natural or adoptive parents are unable to act as guardian, the court may appoint the persons that you name in your Wills as legal guardians of your minor children. A guardian has physical and legal control over your children until they reach the age of 18.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any specific instructions or guidance you want to provide to a future guardian? If so, please describe: \_\_\_\_\_

4. Personal Representative (formerly “executor” of your estate). A personal representative is the person or organization appointed by the Court to administer a probated estate. A personal representative is responsible for paying debts, final expenses and taxes; collecting assets; preparing individual income tax returns, fiduciary income tax returns, and if necessary, estate tax returns; and distributing estate assets as directed by your Will(s). The personal representative is named in your Will(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Personal Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any specific instructions or guidance you want to provide to your personal representative? If so, please describe: \_\_\_\_\_

5. Trusts

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who will manage the assets placed into the trust for your children or other beneficiaries until the trust terminates. A trustee is responsible for investing assets and distributing assets to the beneficiaries according to the directives in your Wills or Revocable Trust. If you do not establish a trust, children inherit at age 18. You may name an individual, a trusted friend, professional advisor, bank, or trust company, or a combination of these to act as your trustee(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any specific instructions or guidance you want to provide to your trustee? If so, please describe: \_\_\_\_\_

6. Financial Inventory

Use approximate values under each person showing ownership of each asset. BRING SUPPORTING DATA FOR EACH ASSET, i.e., bank statements, retirement reports, stock and bond account reports, etc. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	CLIENT 1	CLIENT 2	JOINT
Home			
Other Real Estate			
Checking Account(s)			
Savings Account(s)			
Money Market Account(s)			
Automobile(s)			
Personal Property			
Investment Account(s)			
Closely Held Business Interest(s)			
Life Insurance Death Benefit			
On Client 1's life			
On Client 2's life			
Retirement Accounts:			
IRA			
Pension			
Profit Sharing/401(k)			
Other Assets:			

TOTAL			
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LIABILITIES	CLIENT 1	CLIENT 2	JOINT
Home Mortgage			
Other Mortgages			
Debts to Family Members			
Other Debts (describe):			
TOTAL LIABILITIES			

Special Situations: Please check if any of the following apply to you:

☐ Party to a buy-sell agreement

☐ Party to a lawsuit

Are most of your accounts and banking information online? ☐ Yes ☐ No

Do you wish to give your personal representative/trustee the authority to access your online accounts such as social media accounts, online photo storage sites, etc.?

Client 1: ☐ Yes ☐ No

Client 2: ☐ Yes ☐ No

Income: Client 1:

Client 2:

Employment \$ \_\_\_\_\_

Employment \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

7. Beneficiary Designations:

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary:
Primary/Contingent				
1.				
2.				
3.				

4.				
5.				

b. Retirement Plans. Please list your retirement plans/IRAs; value of each and the primary and contingent beneficiary/ies of each.

c. Does your retirement plan have a death benefit? Yes \_\_\_ No \_\_\_.  
If so, who is the named beneficiary?

#### 8. Personal Property

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

Description	Approximate Value
Personal Property	
Automobiles	
Collectibles	
Jewelry	
Boats/Airplanes	
Firearms	
Other:	

Do you have any pets? ☐ Yes ☐ No

Have you considered a plan for your pets if you die? ☐ Yes ☐ No

Do you wish to make reference in your Will to a separate list of personal property identifying items to be given to your children or other beneficiaries? ☐ Yes ☐ No

Gifts:

Have you ever filed a gift tax return? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

List all gifts outright or in trust in excess of the per-person exemption during any one year made by you or your spouse.

Donor \_\_\_\_\_ Property Given \_\_\_\_\_

Value of Gift \_\_\_\_\_ Date of Gift \_\_\_\_\_

Donee \_\_\_\_\_

9. Safe Deposit Box

Do you have a safe deposit box? ☐ Yes ☐ No. If so, where? \_\_\_\_\_

Does anyone else have access to your box? \_\_\_\_\_

Where is the key located? \_\_\_\_\_

Have you informed anyone of the existence of the safe deposit box? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

10. Future Inheritances

Do you expect any inheritance in the near future? If so, please give details:

11. Financial Advisors

Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

12. Primary Physician

Who is your primary physician?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Who is your spouse's primary physician?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

13. Special Requests

Special requests regarding funeral, cremation, or burial instructions are best handled by a Letter of Instruction or other statement (separate from your Will) to your family or other responsible person. Organ donation is best handled in a health care directive and noted on the person's driver's license.

14. Discussion Issues

We will discuss the following issues at the meeting:

- Current Will. Do you now have a Will or revocable trust? If so, provide a copy.
- Predeceased Child. If any child should predecease parent, should the child's share pass through to the child's children? If so, please indicate grandchildren, if any.
- Do you wish to include grandchildren born outside of marriage? ☐ Yes ☐ No
- Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children? \_\_\_\_\_
- Specific Gifts. Do you wish to make any specific bequests to charities or individuals? \_\_\_\_\_
- No Family Survives. How should your estate be distributed if your spouse and/or children do not survive you? (For example: family, charity, etc.) \_\_\_\_\_
- If No Children. If you do not have children, to whom should your estate pass (beyond a spouse, if any)? \_\_\_\_\_

Health Care Directive. You may prepare a health care directive appointing someone to make health care decisions for you if you are no longer able to communicate your wishes. A Health Care Directive gives the person you appoint as your agent the authority to make a wide range of medical and mental health decisions on your behalf. It also gives your agent access to your medical information and authority to direct your treating physicians in deciding the care you receive. The person whom you designate as your agent should be someone whom you trust with life and death decisions and trust to follow your wishes. You may also state your preferences for health care in your Health Care Directive. This document can also include instructions regarding organ donation. A health care agent could be your spouse, adult children, other relative, or friend.

Client 1:

- a. Agent. Name, address, and telephone number of the person who you want to make health care decisions if you cannot make them yourself:  
\_\_\_\_\_
- b. Successor or co-agent's name, address, and telephone number:  
\_\_\_\_\_
- c. Successor or co-agent's name, address, and telephone number:  
\_\_\_\_\_
- d. If you have named co-agents, do you want the agents to act  
\_\_\_ jointly or \_\_\_ independently?



- e. Do you want to donate any organs upon your death? ☐ Yes ☐ No  
If yes, have you agreed in another document, e.g., driver's license, to make the donation? ☐ Yes ☐ No.
- f. Please indicate how you want the disposition of your remains after you die, e.g., cremation, regular burial, etc.:  
\_\_\_\_\_

Client 2:

- a. Agent. Name, address, and telephone number of the person who you want to make health care decisions if you cannot make them yourself:  
\_\_\_\_\_
- b. Successor or co-agent's name, address, and telephone number:  
\_\_\_\_\_
- c. Successor or co-agent's name, address, and telephone number:  
\_\_\_\_\_
- d. If you have named co-agents, do you want the agents to act  
\_\_\_ jointly or \_\_\_ independently?
- e. Do you want to donate any organs upon your death? ☐ Yes ☐ No  
If yes, have you agreed in another document, e.g., driver's license, to make the donation? ☐ Yes ☐ No.
- f. Please indicate how you want the disposition of your remains after you die, e.g., cremation, \_\_\_\_\_ regular \_\_\_\_\_ burial, etc.: \_\_\_\_\_

Do you have a prepaid funeral plan? Client 1: ☐ Yes ☐ No

Client 2: ☐ Yes ☐ No

- Power of Attorney. You may appoint another to act on your behalf regarding financial or economic matters through a Statutory Short Form Power of Attorney. A financial power of attorney is a document that is in effect during your lifetime and allows your Attorney-in-Fact (also called agent) to handle your finances and sign documents in case you are ever unable to do so. Are you interested in preparing a power of attorney granting another person (the attorney-in-fact) the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? ☐ Yes ☐ No

Whom would you like to appoint as your Attorney-in-Fact?

Client 1:

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_  
Client 2:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you wish any/all of your attorney(s)-in-fact to have the ability to make gifts to themselves or others they are legally obligated to support? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Should any of your attorney(s)-in-fact be obligated to account? ☐ Yes ☐ No

Which attorney(s)-in-fact? ☐ spouse ☐ all non-spouse ☐ \_\_\_\_\_

How often? ☐ Quarterly ☐ Semi-Annually ☐ Annually

To whom? \_\_\_\_\_

- Loan Guarantees. Have you guaranteed any loans for your children, grandchildren, or any other person? If so, bring details to meeting.
- If you own guns, who should receive them, and confirm all intended recipients are qualified under applicable federal and state law.