

**ESTATE PLANNING FORM**

**Date:** \_\_\_\_\_

**1. GENERAL INFORMATION**

Your full name (for legal documents): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**SPOUSE (if applicable):**

Spouse full name (for legal documents): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

**HOME ADDRESS:**

Street : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone with area code: \_\_\_\_\_

Work Phone with area code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**CHILDREN (if applicable)** Full names, addresses, phones with area code & date of birth:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**OTHER DEPENDENTS (if applicable)** Full names, dates of birth, and relationship to you:

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

**2. BASIC ESTATE PLANNING INFORMATION**

	<b>You:</b>		<b>Spouse:</b>	
Do you presently have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you presently have a trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you presently have a power of attorney?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you presently have a living will/health care proxy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a U.S. citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you expecting an inheritance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this your first marriage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any dependents with special needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would any of your heirs contest your wishes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have long-term care insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**3. FINANCIAL INFORMATION: This information will allow us to assist you with your estate and tax planning.**

IRA's, Pensions, Retirement Plans, Tax-Deferred Annuities

	How Titled	Approx. Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Non-Tax Deferred Bank Account (including CD's, money markets)

	How Titled	Approx. Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Brokerage Accounts

	How Titled	Approx. Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Stocks/Mutual Funds/Bonds(held individually, not with broker)

	How Titled	Approx. Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Annuities

	How Titled	Approx. Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Mortgages, Notes (money owed to you)

	How Titled	Approx. Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Extraordinary Valuables (antiques, art, etc.)

	How Titled	Approx. Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____

Real Estate Owned

	How Titled	Mortgage Amount	Approx. Value
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____

Life Insurance Policies

	Owner	Insured Party	Approx. Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____