

**ESTATE PLANNING INFORMATION FORM - Basic**

CONFIDENTIAL

PLEASE FILL OUT SEPARATE FORMS FOR HUSBAND AND FOR WIFE, IF BOTH WILL BE CLIENTS

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

**BIOGRAPHICAL DATA OF SELF**

Full Legal Name: \_\_\_\_\_  
First Middle Last Date of Birth

**BIOGRAPHICAL DATA OF SPOUSE**

Full Legal Name: \_\_\_\_\_  
First Middle Last Date of Birth

**PROPERTY/SIZE OF ESTATE**

Will the estates of Husband and Wife, combined, including trusts that you control or that benefit you, life insurance, possible inheritances, IRAs, etc., exceed \$650,000.

Yes       No

**CALL IN INFORMATION IN ADVANCE**

In addition to filling in this form and bringing it with you to your appointment, please also call in a day or two before your appointment, and let the attorney's staff know the address of any real estate, so that the attorney can obtain copies of deeds before his meeting with you.     Done

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GUARDIAN (for minor children)

Name

Address and Phone

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

TRUSTEE OR CUSTODIAN (To manage funds for minor children, or Special Needs Trust, or other trust that may later be created by the Will)

Name

Address and Phone

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

DISTRIBUTION OF ESTATE

(Who do you want to receive your assets after you die)

Do you want to make any specific gifts of money or specific assets to specific individuals or charities? Give details: \_\_\_\_\_

\_\_\_\_\_

Where do you want the residue of your estate to go after you die?

- If Spouse Survives: \_\_\_\_\_

- If No Surviving Spouse: \_\_\_\_\_

- If No Surviving Spouse or Children: \_\_\_\_\_

If assets go to minors, do you want the assets held in trust? If so, until what age? Can assets be released early for specific purposes (education, business, house, etc.)? \_\_\_\_\_

\_\_\_\_\_

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POWER OF ATTORNEY (Power allowing someone else to handle your personal financial affairs while you are still alive):

Do you want a Power of Attorney  Yes  No

Attorney in Fact	Name	Address and Phone
First Choice:	_____	_____
Second Choice:	_____	_____
Third Choice:	_____	_____

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OTHER DOCUMENTS:

Do you have an Advance Directive for Health Care?  Yes  No  
 - Do you want a new Advance Directive for Health Care?  Yes  No

- If Yes, who should be your Health Care Representative

Name: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Alternate's Name: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Second Alternate's Name: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Third Alternate's Name: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

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Do you want to nominate someone other than your spouse to serve as Guardian or Conservator for you if one ever needs to be appointed?     Yes     No

If Yes:

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

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

Phone: \_\_\_\_\_

Alternate's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Second Alternate's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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OTHER INFORMATION OR COMMENTS (about anything discussed above):

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### Special Considerations

Are there any especially important or unusual estate planning objectives or problems of you or your spouse?

Are any inheritances or trust distributions likely to be received by either you or your spouse in the future?

Are any persons other than minor children partly or wholly dependent upon you or your spouse for support now or possibly in the future?

At what age or ages (after the death of you, and if applicable, your spouse) do you think your children should receive substantial assets (in addition to distributions to properly provide for their care, support and education)?

Under what circumstances, if any, would you want advancements made to your children before they reach the age listed above? For example, consider events/goals like starting a business, buying or furnishing a home, or attending graduate or professional school.

Do you have any special funeral requests such as cremation, place of burial, type of service you prefer, etc?

Do you have a safety deposit box? If so, where is it, and who has access to the box?