

**ESTATE PLANNING PERSONAL DATA SHEET**

**(INDIVIDUAL)**

Date \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
email address \_\_\_\_\_

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Bring this information with you to the appointment. Please list names as they would appear on legal documents.

If you currently have a will or other estate planning documents, please provide a copy during our conference.

**PERSONAL DATA**

Full Name \_\_\_\_\_  
(Print name as shown on your checks)

Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILDREN** (if applicable)

Are there any special issues or problems relating to any of your children?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any deceased children? If so, did your child leave any children? If yes, do you want to made special provisions for them

\_\_\_\_\_

Were you married before? \_\_\_\_\_

If yes, were any children born from this prior marriages? \_\_\_\_\_

How was the marriage terminated? \_\_\_\_\_

Did you or your spouse entered into a Prenuptial Agreement? \_\_\_\_\_

If yes, please provide a copy.

Is anyone else dependent on you for your support? \_\_\_\_\_

Do you have any current major health problems that should be taken into consideration?

\_\_\_\_\_

Do these matters affect your insurability? \_\_\_\_\_

### **BUSINESS DATA**

Do you operate a business or have an ownership interest in a business? If so, please explain,

\_\_\_\_\_

Do you have and accountant? If yes, please give name and phone #:

\_\_\_\_\_

### **REFERRAL**

By whom were you referred to this office?

\_\_\_\_\_

### **1. DISPOSITIVE INTENTIONS**

A) Do you wish to provide primarily for your spouse and secondarily for your children:

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to treat all of your children equally? Yes \_\_\_\_\_ No \_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children?

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35)

Your choice of age: \_\_\_\_\_

If you wish to have an unequal treatment of your children, please state your wishes;

\_\_\_\_\_

B) Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, do you wish to treat them equally? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much? \_\_\_\_\_

Your choice of age: \_\_\_\_\_

For what purpose? \_\_\_\_\_

C) Do you want to leave a specific amount of money or other assets to any charity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much? \_\_\_\_\_

Name and Address of Charity \_\_\_\_\_

\_\_\_\_\_

D) If you have no children, whom do you wish to provide for in your Will?

\_\_\_\_\_

\_\_\_\_\_

#### E) EXECUTOR

Who do you wish to serve as your Executor? (Your spouse is generally the primary choice).

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

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

**2. TRUST** - Are you interested in setting up a revocable trust which allows you to manage your trust affairs and avoids probate upon your death. A revocable trust is also utilized to claim the maximum estate tax credit for you, if your gross estate is worth more than \$1 Million dollars.

Yes \_\_\_\_\_ No \_\_\_\_\_

#### A) TRUSTEE

Who do you want to serve as your successor Trustee?

(You will be the current trustee until your death)

First choice \_\_\_\_\_

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

#### **3. GUARDIAN**

Who do you want to act as Guardian of your minor children?

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

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

**4. DURABLE HEALTH CARE POWER OF ATTORNEY**

Do you want a Health Care P. O. A. to provide for withdrawal of artificial food and fluid?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to donate your eyes or organs? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want your Health Care Representative to consult with any other person prior to acting?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of proposed Health Care Agent (usually family member or friend)

\_\_\_\_\_

Address of proposed Health Care Agent \_\_\_\_\_

Zip \_\_\_\_\_

Name of proposed Alternate Health Care Agent \_\_\_\_\_

Zip \_\_\_\_\_

What is the name and address of your primary care physician and hospital affiliation?

\_\_\_\_\_

**5. POWER OF ATTORNEY**

Name and address of proposed Financial Agent (usually family member or friend)

\_\_\_\_\_

Name and address of proposed Alternate Financial Agent

\_\_\_\_\_

**6. MISCELLANEOUS**

A) Have you made taxable gifts and filed gift tax returns in past years? \_\_\_\_\_

B) Do you have any other legal issues which I should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

C) Do you presently benefit from any trusts? If yes, describe:

\_\_\_\_\_

**CHILDREN** (If applicable)

CHILD'S NAME

ADDRESS W/ZIP CODE

DATE OF BIRTH

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**GRANDCHILDREN** (if applicable)

GRANDCHILD'S NAME

ADDRESS W/ZIP CODE

DATE OF BIRTH

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**7. BURIAL WISHES**

A) Do you wish cremation or cemetery burial \_\_\_\_\_

B) Do you currently own a burial plot and if so where \_\_\_\_\_

C) If not, and you wish cemetery burial, please name preference \_\_\_\_\_

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<b>ESTATE ASSETS</b>				
REAL ESTATE - HOME (list address)				
REAL ESTATE - other (Second home, time shares -- list address for each)				
<b>BANK ACCOUNTS &amp; CD's</b>	<u>Account 1</u>	<u>Account 2</u>	<u>Account 3</u>	<u>Account 4</u>
Bank Name:				
Account Number:				
Held in Name of:				
<b>STOCKS &amp; MUTUAL FUNDS</b>	<u>Account 1</u>	<u>Account 2</u>	<u>Account 3</u>	<u>Account 4</u>
Company Name:				
Broker's Name				
Address:				
Account Number:				
Held in Name of:				
<b>LIFE INSURANCE &amp; RETIREMENT PLANS, 401k's:</b>	<u>Account 1</u>	<u>Account 2</u>	<u>Account 3</u>	<u>Account 4</u>
Company Name:				
Broker's Name				
Address:				
Account/Policy Number:				
Held in Name of:				
Current Beneficiary:				

Please use an additional sheet if needed.