

ESTATE PLANNING AND WILL INFORMATION FORM

DATE: _____

1. TESTATOR/TESTATRIX: Person making Will

- a) Name _____ Date of Birth _____
b) Social Security # _____ U.S. Citizen? Yes No
c) Spouse's Name _____ Date of Birth _____
d) Spouse's Social Security # _____ U.S. Citizen? Yes No
e) Street Address _____ Apt. _____ County _____
f) City _____ State _____ Zip _____
g) Phone: Home _____ Work _____ Cell _____

2. CHILDREN: Please list all children, including deceased children and any children born out of wedlock. If you do not plan to provide for a child in your will, the child must be specifically omitted by name. (Use the back of this form or attach a separate page if more space is needed).

NAME DATE OF BIRTH MARRIED NAME ADDRESS

- a) Have any children received an advance on their inheritance or are any children financially indebted to you? _____
b) Is there any reason to treat your children other than equally? _____
c) Are any of the children spendthrifts (subject to creditors)? _____
d) Are any of the children under a disability? _____
e) Please indicate if you have been married previously. _____
(If so, please give details on the back or attach a separate page. If you are divorced, please provide a copy of the divorce decree).

3. GRANDCHILDREN:

If any child should predecease parent, should his/her share pass through to his/her children? Yes No
If so, please indicate grandchildren if any. _____
Do you wish to include grandchildren born out of wedlock? Yes No

NAME DATE OF BIRTH PARENTS

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4. GUARDIAN FOR MINOR CHILDREN:

Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18).

- a) First choice: Name(s) _____
Address: _____
Relationship (if any): _____
- b) Alternate: Name(s) _____
Address: _____
Relationship (if any): _____

5. TRUSTS:

Do you wish to have a trust established for the benefit of your spouse and/or children? Yes No
If so, please indicate who the trustee(s) should be. (A trustee manages the assets for your children or other beneficiaries until they reach specified ages. You may name an individual, bank or trust company or both)

- a) First choice: Name(s) _____
Address: _____
- b) Alternate trustee: Name(s) _____
Address: _____
- c) Terms of distribution (education, marriage, etc.) _____
- d) Age(s) for distribution to children from the trust (e.g., 1/3 at age 21, 1/3 at age 25, 1/3 at age 30)

6. SPECIFIC BEQUESTS:

Do you wish to make specific bequests to charities or individuals? _____

7. OTHER DISTRIBUTION: How should your estate be distributed if your spouse and/or children do not survive you? (e.g., family, charity) _____

8. DISTRIBUTION: If you do not have children, please indicate to whom your estate should pass (beyond a spouse, if any) and share to each person: _____

9. PERSONAL REPRESENTATIVE: Who should be Personal Representative ("executor") of your estate? (A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate).

- a) First choice (Spouse is normally named first): _____
Address: _____
- b) Alternate: Name _____
Address: _____
- c) Second Alternate: Name _____
Address: _____

10. HOMESTEAD: Address: _____

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- a) Names of all owners _____
- b) Approximate "fair" market value of homestead (may be higher than the tax value). \$ _____
- c) Nature and amount of any mortgage, contract for deed, etc. _____

11. OTHER REAL ESTATE: Do you own any other real estate? Yes No

If so, please list the following below and on the back if necessary:

- a) Address/Legal description: _____
- b) Approximate fair market value: \$ _____
- c) Names of all owners: _____
- d) Nature and amount of any mortgage, contract for deed, etc. _____

- e) Your wishes for its disposition upon your death: _____

NOTE: IF YOU ARE ENTERING INTO A TRUST, PLEASE PROVIDE COPIES OF DEEDS TO ANY REAL ESTATE YOU OWN.

12. BANK ACCOUNTS & DEPOSITS: (use the back of the page if necessary)

- a) Checking: Name of Bank _____
Owner(s) _____ Average Balance \$ _____
- b) Checking: Name of Bank _____
Owner(s) _____ Average Balance \$ _____
- c) Savings: Name of Bank _____
Owner(s) _____ Average Balance \$ _____
- d) Savings: Name of Bank _____
Owner(s) _____ Average Balance \$ _____
- e) Money Market: Name of Fund _____
Owner(s) _____ Average Balance \$ _____
- f) Mutual Fund: Name of Fund _____
Owner(s) _____ Average Balance \$ _____
- g) Individual Retirement Account: Name of Fund _____
Owner(s) _____ Average Balance \$ _____
Beneficiary _____
- h) Individual Retirement Account: Name of Fund _____
Owner(s) _____ Average Balance \$ _____
Beneficiary _____

13. LIFE INSURANCE: (use the back of the page if necessary):

- a) Name of Company and policy number, if known _____
 - b) Insured/Owner _____ Amount \$ _____
 - c) Primary Beneficiary (ies) _____
 - d) Secondary Beneficiary (ies) _____
-
- a) Name of Company and policy number, if known _____
 - b) Insured/Owner _____ Amount \$ _____
 - c) Primary Beneficiary (ies) _____
 - d) Secondary Beneficiary (ies) _____
-
- a) Name of Company and policy number, if known _____

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- b) Insured/Owner _____ Amount \$ _____
c) Primary Beneficiary (ies) _____
d) Secondary Beneficiary (ies) _____
- a) Name of Company and policy number, if known _____
b) Insured/Owner _____ Amount \$ _____
c) Primary Beneficiary (ies) _____
d) Secondary Beneficiary (ies) _____

14. SECURITIES, STOCKS & BONDS: (use back of page if necessary):

- a) Name of Company _____
b) Owner(s): _____
c) Name of Company _____
d) Owner(s): _____

15. PENSION/PROFIT-SHARING: Are you entitled to any pension/profit-sharing proceeds? Yes No
If so, please give approximate value: \$ _____
Beneficiary Designation: _____

16. 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

17. LIST OF SPECIFIC BEQUESTS: Do you wish to make reference in your will to a separate list of any specific bequests of items of personal property which you wish to give to children or others? The advantage of such a list is that it may be changed without changing your will. _____

18. SAFE DEPOSIT BOX: Do you have a safe deposit box? Yes No If so, where? _____
Does anyone else have access to your box? _____

19. INHERITANCE: Do you expect any inheritance in the near future? Yes No
If so, please give details: _____

20. OTHER ASSETS: Do you have any other assets of any kind, such as business interests? Yes No
If so, please list: _____

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21. **OTHER PROVISIONS:** Is there any other provision that you would like made in your Wills that has not been dealt with on this form? _____

22. **POWER OF ATTORNEY:** Are you interested in preparing a Power of Attorney granting another person 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

23. **HEALTH CARE DIRECTIVE:** Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preference for health care? Yes No

24. **PHYSICIAN INFORMATION:** If you are executing a Living Trust or Health Care Directive, please give your primary physician's name and address: _____

25. **FUNERAL, BURIAL & ORGAN DONATION INSTRUCTIONS:** Do you have any special requests regarding funeral or burial instructions or organ donation? Yes No

If so, this is best handled by a Letter of Instruction or other statement separate from your Will to your family or other responsible person.

26. **FINANCIAL PLANNER:** Do you have a financial planner, investment advisor or insurance agent? Yes No
If so, please give name and address: _____

WHEN YOU HAVE COMPLETED THIS FORM, PLEASE RETURN IT TO MY OFFICE OR BRING IT ALONG TO YOUR SCHEDULED CONFERENCE. I RELY UPON THE INFORMATION YOU PROVIDE ME TO BE ACCURATE AND COMPLETE IN ALL RESPECTS. IF THE INFORMATION IS NOT ACCURATE AND COMPLETE, THE RECOMMENDATIONS I MAKE MAY NOT BE APPROPRIATE FOR YOUR SITUATION.

THANK YOU

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