



Estate Planning Information

Thank you for contacting us about estate planning. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Completing the questionnaire is optional; the information is requested for the sole purpose of completing your estate plan. However, the accuracy of the documents we prepare depends upon the completeness of the information you supply to us. Please fill out the form as well as you can, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer.

Personal Information		
	You	Your Spouse
Full Name:		
Nickname or Preferred Name:		
U.S. Citizen?		
Birth Date:		
Social Security Number: <small>(Please Provide Only if Requested)</small>		
Occupation:		
Estimated Annual Income from Salary, Bonuses, Etc.:		
Estimated Annual Investment Income (Dividends, Interest, Etc.):		
Work Telephone:		
Work Fax:		
Mobile/Pager:		
Email Address:		
Home Address (Include County):		
Home Telephone:		
Home Fax:		
Date and Place of Marriage:		
If you have lived outside state during this marriage, please list the states and dates of residence:		

	You	Your Spouse
<p>If either of you were previously married, list the dates of prior marriage, name of prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death (place and date of death)(was the estate probated?) or divorce (specify state):</p>		
<p>Describe any real estate owned by either or both of you outside the state:</p>		
<p>Location of Safe Deposit Box (if any):</p>		
<p>Name and Telephone of Your Insurance Agent (if any):</p>		
<p>Name and Telephone of Your Accountant (if any):</p>		
<p>Name and Telephone of Your Broker or Financial Planner (if any):</p>		
<p>Other Information:</p>		

Family Tree (Living and Deceased)

Please Attach a Separate Page if Additional Room is Needed

Children and Grandchildren: Full Name	Birth Date	Address (If Child Does Not Reside With You)
Brothers & Sisters: Full Name	Birth Date	Address

Other Beneficiaries
(Information about persons or organizations other than your spouse
and descendants who you wish to benefit.)

Name	Age	Address	Relationship to You

Fiduciaries

Please make sure to list *name, address, home telephone and relationship to you* for each person

	You	Your Spouse
Executor: (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.)		
First Alternate Executor:		
Second Alternate Executor:		
Trustee: (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)		
First Alternate Trustee:		
Second Alternate Trustee:		
Guardian of Minor Children: (The guardian is the person who will take physical care of minor children should both parents die.)		
First Alternate Guardian:		
Second Alternate Guardian:		
Property Agent: (The property agent is the person who will handle your financial affairs if you become incapacitated.)		
First Alternate Property Agent:		
Second Alternate Property Agent:		
Health Care Agent: (The health care agent is the person who will make medical decisions for you if you become incapacitated.)		
First Alternate Health Care Agent:		
Second Alternate Health Care Agent:		

Assets		
Description	Current Fair Market Value	How Is Title Held?*
Bank Accounts (<i>not IRAs and Retirement Plans</i>)		
Stocks, Bonds and Mutual Funds (<i>not IRAs and Retirement Plans</i>)		
Closely Held Businesses, Partnerships, Etc.		
Real Estate (each property and state located)		
Automobiles, Boats, Etc.		
Other Property		
Total		

* If you know if the property is your separate property, your spouse ' s separate property or community property, so state. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

Life Insurance and Annuities				
Company	Insured	Beneficiary(s)	Face Amount	Cash Value
Total				

IRAs, 401(k)s, and Other Retirement Plans				
Company/Custodian	Participant	Type of Plan	Vested Amount	Death Benefit
Total				

Liabilities	
Description	Amount
Mortgages	
Other Liabilities	
Total	

Dispositive Plan for Your Estate:
(Describe in general terms how you wish to leave your property at death)

Advanced Directive

An Advanced Directive, also known as a Living Will, is the document that specifies the type of medical care you wish to receive if you are in a vegetative or comatose state without a reasonable prospect of recovery.

	You	Your Spouse
Do you or your spouse wish to sign an Advanced Directive specifying the type of end of life medical care desired?		

Funeral and Burial Directions

Please use this section to specify if you want to be given particular funeral services, or a special burial, or if you want your body is to be cremated.

	You	Your Spouse
Please list any funeral and burial directions, including desires regarding cremation.		

Additional Questions or Concerns:

(Please use this space to provide any additional required information or to list any questions or concerns you would like to address)

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