

**ESTATE PLANNING
PERSONAL INFORMATION**

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

BACKGROUND INFORMATION:

	You	Your Spouse
Legal First Name	_____	_____
Legal Middle Name	_____	_____
Legal Last Name	_____	_____
Nickname	_____	_____
Address	_____ _____	_____ _____
Phone No. - Home	_____	_____
Phone No.- Cell	_____	_____
Phone No. - Work	_____	_____
E-Mail Address	_____	_____
Social Security Number (optional)	_____	_____
Date of Birth	_____	_____
Are You a U.S. Citizen?	____ Yes ____ No	____ Yes ____ No

PRIOR MARRIAGES:

Former spouse's name/date of birth: _____

Marriage Terminated by Death Dissolution* Death Dissolution*

* A copy of the pre- or post-marital agreement and/or the judgment for dissolution of marriage, including any amendments, should accompany this form.

CHILDREN OF PRIOR MARRIAGE(S):

First Name, Middle Name, Last Name	Date of Birth	Sex (M/F)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dissolution obligations to or from former spouse:

Child support _____

Alimony _____

Life insurance _____

Other _____

CHILDREN OF CURRENT MARRIAGE:

First Name, Middle Name, Last Name	Birth Date	Sex (M/F)
Child 1 _____	_____	_____
Child 2 _____	_____	_____
Child 3 _____	_____	_____
Child 4 _____	_____	_____
Child 5 _____	_____	_____
Child 6 _____	_____	_____

Is any child adopted? _____ Yes _____ No

If yes, give the name of the adopted child, date of adoption, and place of adoption.

Name of adopted child _____

Date of adoption _____

Place of adoption (City, State, _____)

Country if not U.S.) _____

CHILDREN WITH SPECIAL NEEDS:

Does any child (including adult children) have special educational, medical (including physical, mental, or emotional), or financial needs or limitations? If so, is any such child presently receiving or benefiting from any state, federal, or private benefit or payment programs such as Medicaid?

Previously Deceased Children:

Do you have any deceased children? _____ Yes _____ No

Name of the deceased child(ren) _____

Date of death: _____

INHERITANCES:

Are any inheritances likely to be received by either spouse in the future?

_____ Yes _____ No

If yes, provide details: _____

List here the names of each presently existing Trust of which either spouse (or any child) is a beneficiary, a trustee, or a grantor, and provide a copy.

GIFT TAXES:

Have you and your spouse ever filed a United States Gift Tax Return (Form 709?)

_____ Yes _____ No If yes, please furnish a copy of all Gift Tax Returns.

PRIMARY RESIDENCE:

Street Address _____

City, Zip Code _____

Title of Property and Type of Ownership (i.e. tenancy by the entirety, joint tenancy, tenants in common:

VACATION HOMES:

Does either spouse own an interest in a seasonal or second residence? ____ Yes ____ No

If so, provide address of the property and any planned disposition in the event of death

ADDITIONAL FAMILY INFORMATION:

Is there any other information we should know about you or your family (*i.e. unusual family dynamics*)?

PROFESSIONAL ADVISORS:

1. Accountant

Name: _____

Address: _____

Phone: (____) _____

2. Life Insurance Agent:

Name: _____

Address: _____

Phone: (____) _____

3. Financial Advisor/Stock Broker:

Name: _____

Address: _____

Phone: (____) _____

4. Benefits Coordinator at Place of Employment:

Name: _____

Address: _____

Phone: (____) _____

5. Other:

Name: _____

Address: _____

Phone: (____) _____

SPECIFIC GIFTS:

Are there any gifts of specific property (*e.g.*, family heirlooms, jewelry, etc.) or cash that you would like to go to any specific individuals or organizations, including charitable bequests?

Item:

Recipient:

REPRESENTATIVES UNDER THE WILL, TRUSTEE AND GUARDIAN FOR MINOR CHILDREN:

1. Executor: _____

(May be an individual or a Trust Company)

Please name at least one alternate/successor executor:

Successor 1: _____ Successor 2: _____

2. Trustee of Revocable Living Trust or Child's Testamentary Trust:

May be same person as executor or another individual or Trust Company:

Please name at least one alternate/successor Trustee:

Successor 1: _____ Successor 2: _____

3. Guardian of Minor Children (the spouse is usually the first named guardian):

First Guardian Name:

Address:

Successor Guardian Name:

Terms of Children's Trusts:

1. Principal of Children's Trusts:

Until the trust is distributed to the child or children, the Trustee is typically instructed to pay only so much of the principal of the trust as is necessary for the child's health, maintenance in reasonable comfort, education (including post-graduate), and best interests of any such child. Alternatively, trusts can be set up to be completely discretionary, for the child's best interests. Discretionary trusts are the most protective.

If for some reason you do not desire this language, please indicate below and explain your desires, for example other options include outright distributions or partial distributions upon certain ages (for example % ___ at age ___ and % ___ at age ___).

2. Income from Children's Trusts:

Until the trust is distributed, the principal of the trust will generally earn income. The trust can be drafted so that the income is either rolled over into principal (the most common alternative if the children are under age 18) or so that the income, or at least a portion of it, is paid to the child or children on a consistent (e.g., quarterly) basis. Indicate your wishes below:

___ Roll income over into principal

___ Pay ___ % of the income to the child beginning at age ___ (Typically Age 21 or older).

HEALTHCARE POWER OF ATTORNEY (Covers Health Care Decisions and End of Life Decisions - Living Will):

Is a Healthcare Power of Attorney (Living Will) desired? ___ Yes ___ No

Are special religious provisions required? ___ Yes ___ No

Are there any special health considerations or health problems, or any other concerns? Please describe here:

Agents for Healthcare Power of Attorney:

Agent for Power of Attorney for Healthcare (May be an individual, or a Trust Company or Care Management Company)

Name: _____

Relationship: _____

Address: _____

Phone: _____

First Successor Health Care Agent

First Successor Health Care Agent

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

POWER OF ATTORNEY FOR PROPERTY

Do you want your power of attorney to become effective immediately, or upon your incapacity)? If client does not specify, powers of attorney will be effective immediately, since this avoids the need to obtain a doctor’s letter. You should pick someone you completely trust, who is financially *and emotionally* stable, and is competent with handling money.

Yes _____ No _____

Should power of attorney include gifting and broad Medicaid planning powers (this will allow for asset protection and Medicaid planning if you face a catastrophic illness or disability and need to be in a nursing home)?

Yes _____ No _____

Agent for Power of Attorney for Property (May be an individual, Trust Company or Care Management Company)

Name: _____

Relationship: _____

Address: _____

Phone: _____

First Successor Agent:

Second Successor Agent:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

MISC.

Need for Testamentary Special Needs Trust (is one spouse critically ill)?? _____

Need for Long Term Care Planning?? _____

Significant Health Issues?? _____

Referrals Needed for Financial Advisors, Insurance Brokers, Bankers, Accountants??

Other information you would like me to know about: _____
