



ESTATE PLANNING

Today's date: _____

How did you hear about our services? _____

BACKGROUND INFORMATION

	Client #1		Client #2
Full Name:		Full Name:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Date of Birth:		Date of Birth:	
Home Phone No:		Home Phone No:	
Cell No.		Cell No.	
Email:		Email:	
Occupation:		Occupation:	
Marital Status:		Marital Status:	
Date of Marriage:		Date of Marriage:	
U.S. Citizen:		U.S. Citizen:	
Immigration Status: (if applicable)		Immigration Status: (if applicable)	
Emergency Contact: (Relationship)		Emergency Contact: (Relationship)	
Emergency Phone:		Emergency Phone:	

MISCELLANEOUS FAMILY INFORMATION

- Are you (or your spouse) receiving social security, disability, or other governmental benefits? Yes No
- Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Yes No
- If married, have you and your spouse signed a pre-nuptial or postnuptial contract? Yes No
- Have you (or your spouse) been widowed? Yes No
- Have you (or your spouse) ever filed federal or state gift tax returns? Yes No
- Have you (or your spouse) previously completed a Will, Trust, or estate planning documents? Yes No
- Do you have your ORIGINAL Trust/Will or know its location? Yes No
- Do you support any charitable organizations that you wish to make provisions for at the time of your death? Yes No
- Are there any other charitable organizations you wish to make provisions for at the time of your death? Yes No
- Do you currently have a Health Care Directive, Health Care Power of Attorney, Durable Power of Attorney, or Financial Power of Attorney? Yes No
If yes, which one(s)? _____
- Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instructions regarding organ donation, funeral/memorial arrangements, and preferences regarding embalmment/burial and cremation. (See below) Yes No
- Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf, manage your assets, and pay your bills if you become incompetent or unable to do so on your own? Yes No
- Are you (or your spouse) currently the beneficiary of anyone else's Trust? Yes No
- Do any of your children have special educational, medical, or physical needs? Yes No
- Do any of your children receive governmental support or benefits? Yes No
- Do you provide primary or other major financial support to adult children or others? Yes No



CHILDREN

Full legal name: _____ Nickname: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Telephone number: _____

Natural Legally adopted Married Needs special care Dependent

Child of: Both You only Your spouse only

Full legal name: _____ Nickname: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Telephone number: _____

Natural Legally adopted Married Needs special care Dependent

Child of: Both You only Your spouse only

Full legal name: _____ Nickname: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Telephone number: _____

Natural Legally adopted Married Needs special care Dependent

Child of: Both You only Your spouse only

Full legal name: _____ Nickname: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Telephone number: _____

Natural Legally adopted Married Needs special care Dependent

Child of: Both You only Your spouse only



Full legal name: _____ Nickname: _____
Date of birth: _____ Gender: _____
Home address: _____
City: _____ State: _____ Zip code: _____
County: _____ Telephone number: _____
Natural Legally adopted Married Needs special care Dependent
Child of: Both You only Your spouse only

**POTENTIAL INDIVIDUAL BENEFICIARIES
OTHER THAN YOUR CHILDREN**

The most common beneficiary designation provides 100% of your estate to your spouse, if applicable. If you don't have a spouse, then commonly, 100% of your estate goes to your children in equal shares. If a child predeceases you, their share goes to their descendants. If the deceased child has no descendants, their share gets split equally between your remaining children. If you don't have a spouse, children, or direct descendants, or you'd like something other than the standard distribution, please elaborate below.

Full legal name: _____ Relationship to you: _____
Date of birth: _____ Gender: _____
Home address: _____
City: _____ State: _____ Zip code: _____
County: _____ Telephone number: _____
Married Divorced Widowed Single Needs special care
Specific dollar amount or percentage of estate? _____

Full legal name: _____ Relationship to you: _____
Date of birth: _____ Gender: _____
Home address: _____
City: _____ State: _____ Zip code: _____
County: _____ Telephone number: _____
Married Divorced Widowed Single Needs special care
Specific dollar amount or percentage of estate? _____



Full legal name: _____ Relationship to you: _____
 Date of birth: _____ Gender: _____
 Home address: _____
 City: _____ State: _____ Zip code: _____
 County: _____ Telephone number: _____
 Married Divorced Widowed Single Needs special care
 Specific dollar amount or percentage of estate? _____

POTENTIAL CHARITABLE BENEFICIARIES

Name of Charity or Non-Profit Organization	Address	Amount

TESTAMENTARY APPOINTMENTS

If applicable, it is most common to list your spouse as the primary preference for the following appointments.

CLIENT #1

Appointment of Personal Representative for Will (a.k.a. “Executor” or “Administrator”)		Appointment of Alternate Personal Representative (optional)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	



Appointment of Attorney-In-Fact (For Financial Power of Attorney)		Appointment of Alternate Attorney-In-Fact (optional)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	

Appointment of Health Care Agent		Appointment of Alternate Health Care Agent (optional)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	

Appointment of Individual Trustee (if applicable)		Appointment of Individual Trustee (if applicable)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	



Appointment of Guardian(s) for Minor Children		Appointment of Alternate Guardian(s) for Minor Children (optional)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	

CLIENT #2

Appointment of Personal Representative for Will (a.k.a. "Executor" or "Administrator")		Appointment of Alternate Personal Representative (optional)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	



Appointment of Attorney-In-Fact (For Financial Power of Attorney)		Appointment of Alternate Attorney-In-Fact (optional)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	

Appointment of Health Care Agent		Appointment of Alternate Health Care Agent (optional)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	

Appointment of Individual Trustee		Appointment of Corporate Trustee	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	



Appointment of Guardian(s) for Minor Children		Appointment of Alternate Guardian(s) for Minor Children (optional)	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Phone No:		Phone No:	

INFORMATION FOR HEALTHCARE DIRECTIVE

What are your thoughts, beliefs, and views concerning the administration of life-prolonging treatment, such as artificial nutrition and hydration? _____

Other specific instructions or concerns regarding your healthcare: _____

Do you wish to donate any part of your body, including viable organs, tissue, eyes, etc., upon your death? Yes No

Explain: _____

Do you have a specific funeral home you would like to use? Yes No

If yes, where? _____



Have you purchased or pre-paid for a burial plot or columbarium space? Yes No

Explain: _____

Do you have a preference for what happens to your remains upon your death (i.e. embalmed/buried, cremated)? Yes No

Explain: _____

Other memorial or funeral service instructions: _____

CONCERNS

Before our initial meeting, it is important for us to understand your concerns and anxieties. We want to know what prompted you to schedule this appointment. Please review the following risks and identify those which concern you and provide us with some explanation of how concerned you are with that particular risk.

I am concerned about the estate taxes. Yes No

I am concerned that assets I left to my spouse might not pass to my intended heirs if my spouse remarries. Yes No

I am concerned my beneficiaries will lose their inheritance to divorce, creditors, or lawsuits. Yes No

I am concerned that an inheritance I am leaving to a minor might be squandered by the person in charge of the minor. Yes No

I am concerned that an inheritance received by a beneficiary who has a disability would render them ineligible for government benefits. Yes No

I am concerned about litigation from heirs who think they are entitled to more of my estate. Yes No

I am concerned about losing control over my assets in the event of my disability. Yes No



I am concerned about unwanted efforts to save my life. Yes No

I am concerned about losing my assets to a nursing home. Yes No

I am concerned about unnecessary costs and delays of probate. Yes No

I am concerned that private family matters will be made public. Yes No

Other. _____

