

COUPLE ESTATE PLANNING FORM

Client Information

Today's Date: ___/___/___

Husband's Name: _____ Date of Birth: ___/___/___

Wife's Name: _____ Date of Birth: ___/___/___

Address: _____

County of Residence: _____ Since: ___/___/___

Home Phone: _____

Husband: Cell Phone: _____ E-mail: _____

Wife: Cell Phone: _____ E-mail: _____

Husband U.S. Citizen: Yes No If not, citizen of _____

Wife U.S. Citizen: Yes No If not, citizen of _____

Husband's Employer: _____ Since: ___/___/___

Wife's Employer: _____ Since: ___/___/___

Husband Veteran? Yes No Wife Veteran? Yes No

MARRIAGE INFORMATION

Date of Marriage: ___/___/___

Is there a pre-nuptial or post-nuptial agreement? Yes No

Has husband been married previously? Yes No

IF YES:

Date of Previous Marriage: ___/___/___

Name of Former Spouse: _____

Date of Divorce: ___/___/___ OR, if spouse is deceased, date of death: ___/___/___

Are there any children from this previous marriage?

If yes, Name: _____ Date of Birth: ___/___/___

Name: _____ Date of Birth: ___/___/___

Name: _____ Date of Birth: ___/___/___

Name: _____ Date of Birth: ___/___/___

Has wife been married previously? Yes No

IF YES:

Date of Previous Marriage: ___/___/_____

Name of Former Spouse: _____

Date of Divorce: ___/___/_____ OR, if spouse is deceased, date of death: ___/___/_____

Are there any children from this previous marriage?

If yes, Name: _____ Date of Birth: ___/___/_____

Name: _____ Date of Birth: ___/___/_____

Name: _____ Date of Birth: ___/___/_____

Name: _____ Date of Birth: ___/___/_____

If either was married more than once before, please check this box and include this same information, on the back of this sheet or separately.

Children Information

(if child is adopted, please indicate as such)

Oldest Child: _____ Date of Birth: ___/___/_____

Address: _____

Phone: _____ E-mail: _____

Child's Spouse: _____

If any of their children should be named in the Will, please name ALL their children:

Next Born Child: _____ Date of Birth: ___/___/_____

Address: _____

Phone: _____ E-mail: _____

Child's Spouse: _____

If any of their children should be named in the Will, please name all of them:

Next Born Child: _____ Date of Birth: ___/___/_____

Address: _____

Phone: _____ E-mail: _____

Child's Spouse: _____

If any of their children should be named in the Will, please name all of them:

If you have more children, check this box and write information on the back.

If you have other dependents, check this box and write information on the back.

Will any minor children require the appointment of a guardian in the event of your death? Yes No Is anyone in your family disabled? Yes No

If yes, please explain: _____

Parents Information

Is husband's father still living? Yes No If no, date of death: ____/____/____

Is husband's mother still living? Yes No If no, date of death: ____/____/____

Is wife's father still living? Yes No If no, date of death: ____/____/____

Is wife's mother still living? Yes No If no, date of death: ____/____/____

Do you have an adoptive parent, including a stepparent? Yes No

Names and Ages of Living Parents (and spouse, if remarried), city and type of residence (home, assisted living, nursing facility, etc.) and general state of health:

If you are providing elder care for a parent (or anyone else), please check this box and describe on the back of this sheet, or separately.

Sibling Information

Please list siblings with age, city of residence, and marital status:

Your Health

Please describe any serious health conditions of husband or wife:

Income

Please list all sources of regular or expected income, with brief explanation and approximate monthly amount.

Husband: _____

Wife: _____

Assets

Please list the name of the institution in which you have any of the following accounts, identifying the holder and any joint holder of each account, the approximate value of each account and any named beneficiary (such as Pay on Death):

Checking Accounts: _____

Savings/Money Market Accounts: _____

Retirement Accounts: _____

Investment or Brokerage accounts: _____

Annuities: _____

Other Accounts: _____

Do you own stocks or bonds that are not managed by an institution? Yes No

If yes, please describe, including approximate value: _____

If you have a safe deposit box, where is it? _____

Do you have property stored anywhere else outside your home? Yes No

If so, what and where? _____

Have you or your spouse ever filed a gift tax return? Yes No

Real Estate

Description and Address of Property#1 _____

Purchase Date __/__/____ Name(s) on Deed _____

Purchase Price _____ Amount Owed _____ Approx. Value _____

Description and Address of Property#2 _____

Purchase Date __/__/____ Name(s) on Deed _____

Purchase Price _____ Amount Owed _____ Approx. Value _____

Business

Do you or your spouse have any interest in any business? Yes No

If yes, name of business(es) and description of interest:

Does husband have a Life Insurance Policy? Yes No

If yes, please list by name of company, whole or term, beneficiary and amount:

Does wife have a Life Insurance Policy? Yes No

If yes, please list by name of company, whole or term, beneficiary and amount:

Long Term Care Insurance? Husband Yes No Wife Yes No

If yes, brief description:

(husband) _____

(wife) _____

Does husband or wife expect an inheritance in the next 5-10 years? Yes No

Is husband or wife the beneficiary of any trust? Yes No

If so, please describe: _____

Personal Property (Autos, Recreational Vehicles, Artwork, Antiques, Heirlooms, Jewelry, Collections, etc.)

Please list all property, such as vehicles, that have a title to them (with the name of any joint owner in parentheses), as well as any valuables that would be named specifically in your will, including approximate value and amount owed, if any:

Liabilities

Please list any significant debts associated with your estate (excluding those listed above), e.g., student loans, personal loans, credit cards, etc. including amounts:

Current Legal Documents

Does husband currently have a Will? Yes No If yes, date: ___/___/_____

Does wife currently have a Will? Yes No If yes, date: ___/___/_____

	Date Executed	Individual/s Named
Power of Attorney (husband)	_____	_____
Power of Attorney (wife)	_____	_____
Living Will/Health Directive (h)	_____	_____
Living Will/Health Directive (w)	_____	_____

Trusts you have executed or for which you are trustee:

Name of Trust: _____ Date Executed: ___/___/_____

Type: _____ Trustee(s): _____

Beneficiaries: _____ Trust Assets: _____

Essential Terms: _____

Name of Trust: _____ Date Executed: ___/___/_____

Type: _____ Trustee(s): _____

Beneficiaries: _____ Trust Assets: _____

Essential Terms: _____

Location of important papers (notes/deeds/etc): _____

I am the legally appointed guardian of _____

I am serving as a power of attorney for _____

I am executor of the following estates: _____

I am involved in the following lawsuits: _____

Other considerations relevant to my estate and family interests:

Intended Beneficiaries

If there is anyone not mentioned in this questionnaire to whom you may wish to leave property in your Will, please list their full names and relationship to you:

Choosing a Personal Representative

A personal representative is the individual who oversees and carries out the provisions of a will. The job includes creating an inventory of all assets and liabilities in the estate, filing documents with the court, paying any debts or taxes that must be paid, determining what and how much is due to each beneficiary named in the Will and delivering to each what is intended for them.

You should choose a Personal Representative who, given the responsibilities and the emotions involved, will best serve in this role. You should also choose at least one and perhaps two back-up options should the first (or second) choice be unavailable or unwilling. We will discuss this at our meeting.