

**CLIENT ESTATE PLANNING FORM**

**Client Information**

**Today's Date:** \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Since: \_\_\_/\_\_\_/\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(please indicate choice of contact preference)

E-mail: \_\_\_\_\_

U.S. Citizen: Yes  No  If not, citizen of \_\_\_\_\_

Employer: \_\_\_\_\_ Since: \_\_\_/\_\_\_/\_\_\_

Veteran: Yes  No

**MARRIAGE INFORMATION**

Are you married now? Yes  No

IF YES:

Date of Marriage: \_\_\_/\_\_\_/\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Do you and your spouse have a pre-nuptial or post-nuptial agreement? Yes  No

Have you been married previously? Yes  No

IF YES:

Date of Previous Marriage: \_\_\_/\_\_\_/\_\_\_

Name of Former Spouse: \_\_\_\_\_

Your name during marriage, if different than now: \_\_\_\_\_

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: \_\_\_/\_\_\_/\_\_\_

Has your current spouse been married before? Yes  No

If yes, prior spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you were married more than once before, please check the box and include this same information on the back of this sheet.

**Children Information**

(if child is adopted, please indicate as such)

First Born Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Their children's names and birth dates: \_\_\_\_\_

Next Born Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Their children's names and birth dates: \_\_\_\_\_

Next Born Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Their children's names and birth dates: \_\_\_\_\_

- 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 your father still living? Yes  No  If no, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your mother still living? Yes  No  If no, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, please provide info below.

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

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

State of Health: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

State of Health: \_\_\_\_\_

If either of your parents is or was remarried and there is a living spouse:

Mother's Husband: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

State of Health: \_\_\_\_\_

Father's Wife: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

State of Health: \_\_\_\_\_

**Sibling Information**

Please list siblings with birthdates, City & State of Residence, and marital status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your and Your Spouse's Health**

Please describe any serious health conditions:

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**Income**

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

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

\_\_\_\_\_

**Assets**

Please list the name of the institution in which you have any of the following accounts. Please indicate the name of anyone who is a joint holder of each account, the approximate value of each account and any named beneficiary (such as PoD):

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 made transfers or gifts in excess of \$13,000.00 to any individual during any of the past three years? Yes  No

If yes, please describe, including approximate dates and amounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Real Estate and Business**

Description and Address of Property \_\_\_\_\_

Purchase Date \_\_/\_\_/\_\_\_\_ Name(s) on Deed \_\_\_\_\_

Purchase Price \_\_\_\_\_ Amount Owed \_\_\_\_\_ Approx. Value \_\_\_\_\_

Description and Address of Property \_\_\_\_\_

Purchase Date \_\_/\_\_/\_\_\_\_ Name(s) on Deed \_\_\_\_\_

Purchase Price \_\_\_\_\_ Amount Owed \_\_\_\_\_ Approx. Value \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Do you have a Life Insurance Policy? Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

Do you have Long Term Care Insurance? Yes  No

If yes, name of company: \_\_\_\_\_

Do you or your spouse expect an inheritance in the next 5-10 years? Yes  No

Are you or your spouse 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:

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**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:

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**Current Legal Documents**

Do you currently have a Will? Yes  No  If yes, date: \_\_\_/\_\_\_/\_\_\_\_\_

Does your spouse currently have a Will? Yes  No  If yes, date: \_\_\_/\_\_\_/\_\_\_\_\_

	Date Executed	Individual/s Named
Durable Power of Attorney	_____	_____
Living Will/Health Directive	_____	_____

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:

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### **Intended Beneficiaries**

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

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### **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.