

ESTATE PLANNING PERSONAL DATA SHEET

This form and its information are very important. Each of you should fill out your own individual form. Your accuracy and completeness in responding will help the estate attorney best represent you. Please fill out this information prior to the appointment with the attorney.

Name _____ Date Form Completed _____

PERSONAL DATA

Full Name _____

(Print name as shown on your checks) _____

Address _____

City _____ State _____ Zip _____

Date of Birth (MM/DD/YYYY) _____ Social Security Number _____

U.S. Citizen Yes No

Marital Status:

Single Married Divorced Widowed (date of spouse's death) _____ Remarried

INCOME DATA

Source:

Retirement Accounts \$ _____

Social Security \$ _____

Pension \$ _____

Investments \$ _____

Other \$ _____

YOUR CONCERNS

Please rate the following as to how important they are to you by circling a number (1 being low and 5 being high):

	1	2	3	4	5
Desire to get affairs in order, create comprehensive estate plan, and manage affairs in case of death or disability.	<input type="radio"/>				
Providing for and protecting spouse.	<input type="radio"/>				
Providing for and protecting children.	<input type="radio"/>				
Providing for and protecting grandchildren.	<input type="radio"/>				
Disinheriting a family member.	<input type="radio"/>				
Providing for charities at the time of death.	<input type="radio"/>				
Plan for the transfer and survival of a family business.	<input type="radio"/>				
Avoiding or reducing estate taxes.	<input type="radio"/>				
Avoiding probate.	<input type="radio"/>				
Reduce administration costs at time of your death.	<input type="radio"/>				
Avoiding will contests or other disputes upon death.	<input type="radio"/>				
Protecting assets from lawsuits or creditors.	<input type="radio"/>				
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons, and curiosity seekers.	<input type="radio"/>				
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="radio"/>				
Protecting children's inheritance from the possibility of failed marriages.	<input type="radio"/>				
Protecting children's inheritance in the event of surviving spouse's remarriage.	<input type="radio"/>				
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	<input type="radio"/>				

Do you have any outstanding legal issues that may effect your estate plan? Yes No

Additional Relevant Information or Concerns:

DISPOSITIVE INTENTIONS

1. If you have children, do you wish to treat all of your children equally? Yes No

(Names will be provided later in this form)

After your death, at what age do you want distributions of money made to your children? Age _____

2. If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes No

If so, how much and to whom?

Your choice of age _____

3. Do you want to leave a specific amount of money or other assets to any charity? Yes No

If so, how much? _____

Name and address of charity _____

EXECUTOR Who do you wish to serve as your Executor?

Full Name _____ Email _____

Address _____ Phone _____

TRUSTEE Who do you want to serve as your Trustee?

Full Name _____ Email _____

Address _____ Phone _____

GUARDIAN If you have minor children, who do you want to act as Guardian?

Full Name _____ Email _____

Address _____ Phone _____

LIVING WILL

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want your health care representative to consult with any other person prior to acting?

Yes No

Proposed Health Care Agent Information (usually family member or friend)

Name _____

Address _____

City _____ State _____ Zip _____

Primary Care Physician Information

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

POWER OF ATTORNEY

Proposed Primary Financial Agent (usually family member or friend)

Name _____

Address _____

City _____ State _____ Zip _____

Proposed Alternative Financial Agent

Name _____

Address _____

City _____ State _____ Zip _____

FAMILY INFORMATION

IMPORTANT FAMILY QUESTIONS

- Have you or your spouse completed previous wills, trust, or estate planning?
(Please furnish copies) Yes No
- Have you or your spouse completed previous Powers of Attorneys, Medical Surrogates
or Living Wills? (Please furnish copies.) Yes No
- Do any of your children have special education, medical, or physical needs? Yes No
- Are any of your children institutionalized? Yes No
- Are you or your spouse receiving social security, disability, or other
governmental benefits? Yes No
- Do you provide primary or other major financial support to adult children? Yes No
- Have either you or your spouse been divorced? Yes No
- Are you making payments pursuant to a divorce or property settlement agreement?
(Please furnish a copy.) Yes No
- Have you and your spouse ever signed a pre- and/or post- marriage contract?
(Please furnish a copy.) Yes No
- Do any of your children receive governmental support or benefits? Yes No
- Are you or your spouse expecting to inherit assets? Yes No

FINANCIAL MATTERS

Which of you, if either, is the leader in family financial matters and investments?

- Wife Husband Equally responsible for financial matters

In the event of your spouse becoming disabled or dying, would the other of you feel comfortable taking on the
role alone?

- Yes No Would ask for help

HEIRS

Name	Relationship	Address	Phone	DOB	Status	Disabled	Married
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Relationship Key

C = Child of Current marriage
 P = Child of Prior marriage
 A = Adopted Child
 SC = Stepchild
 GC = Grandchild
 N = Niece/nephew
 B = Brother
 S = Sister
 CU = Cousin
 O = Other

Status Key

P = Primary
 C = Contingent
 T = Tertiary

CLIENT ASSET INFORMATION INTAKE FORM SINGLE

FINANCIAL SUMMARY

	Assets	Liabilities
Bank Accounts	\$ _____	\$ _____
Real Estate (Residence)	\$ _____	\$ _____
Real Estate (Other)	\$ _____	\$ _____
Brokerage Accounts	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
IRA Accounts	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____
Jewelry & Collectibles	\$ _____	\$ _____
Life Insurance Policies	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Signature of Client or Client Representative

X _____