

# 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for and protecting spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for and protecting children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for and protecting grandchildren.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinheriting a family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for charities at the time of death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan for the transfer and survival of a family business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding or reducing estate taxes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding probate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce administration costs at time of your death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding will contests or other disputes upon death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protecting assets from lawsuits or creditors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protecting children's inheritance from the possibility of failed marriages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protecting children's inheritance in the event of surviving spouse's remarriage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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

	<b>Assets</b>	<b>Liabilities</b>
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 \_\_\_\_\_