

Meeting Date \_\_\_\_\_

## ESTATE PLANNING INFORMATION (MARRIED)

### 1. General Personal Information

Husband's Information

Wife's Information

Name (as you sign) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Office Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Check preference for receiving draft document for review: Mail \_\_\_\_\_ E-mail \_\_\_\_\_ Pickup \_\_\_\_\_

Who referred you/how did you find us? \_\_\_\_\_

Please mark with a "X" and insert any additional information, as appropriate in the far right column:

	Yes	No	
Are you both US citizens?	_____	_____	_____
Have either of you been previously married?*	_____	_____	_____
Have you executed any estate planning document?*	_____	_____	_____
Are either of you a beneficiary of any trust or estate?*	_____	_____	_____
Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin	_____	_____	_____
Are you parents or grandparents living?	_____	_____	_____
Do either of you have any special health/medical issues? (pacemaker, defibrillator, family history, reduced life expectancy, etc)	_____	_____	_____

\* If any of these apply, please bring relevant documentation with you to our meeting (e.g. copies of divorce decree, prenuptial agreements, copies of estate planning documents, etc.).

**II. Children and Descendants** (attach additional pages if necessary)

Child's Name (to appear in estate docs)	Date of Birth	Social Security #	Child's Spouse's Name	# of Children
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____

	Yes	No		
Any children or grandchildren adopted?	_____	_____		
Do you have any predeceased children?	_____	_____	If Yes, Did they have children?	_____
Do any children or grandchildren have special educational, medical or physical needs, or receive government benefits (Medicaid, SSI, etc.)?				_____
Does any child or grandchild have problems with drug/alcohol abuse?				_____
Are you concerned with a child/grandchild's ability to handle money?				_____
Are you concerned with your children's ability to get along with each other?				_____
Any concerns relative to your relationship with your children?				_____
Are any of your children divorced or going through divorce?				_____
Have you made any advancements or significant loans to a child or grandchild?				_____
Other special issues to address for children?				_____

**III. Contingent and Other Potential Beneficiaries** (relatives, friends, charities, etc.)

(Contingent beneficiary means if a primary beneficiary predeceases you)

Name	Relationship	Age	Potential Gift
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

	Yes	No	Maybe
Do you have any interest in charitable gifting in your estate plan?	_____	_____	_____
Do you have any pets that you wish to specifically include in your plan?	_____	_____	_____
Do you have digital accounts/assets that you wish to plan for?	_____	_____	_____

IV. Asset Information (You may bring your own asset list instead or attach additional pages)

**Real Estate and Land (Residence, Vacation Home, Rentals, Investment Properties, etc.)**

Address	Title	Mortgage	Market Value
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

**Bank and Savings Accounts (Checking, Savings, Money Market, CD's, etc.)**

Financial Institution	Type	Title	Market Value
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

**Investment Accounts, Stock and Bonds (Non-Retirement Accounts)**

Financial Institution	Type	Title	Market Value
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

**Retirement Accounts (IRA, 401(k), 403(b), Roth IRA, Pension, Profit Sharing)**

Financial Institution/Type	Participant/Owner	Beneficiaries	Market Value
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

**Life Insurance Policies and Annuities**

Financial Institution/Type	Participant/Owner	Beneficiaries	Face Value
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

**Personal Effects (Autos, Jewelry, Art, Collections – of significant value)**

Description	Owners(s)	Market Values
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

**Other Assets (e.g. Businesses, Corporations, Partnerships, LLC, stock options, Section 529 plans, powers of appointment, potential inheritances, etc.)**

Description	Owners(s)	Market Values
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

V. Your Financial Advisors (e.g. financial planner, accountant, insurance agent, broker)

Name	Role	Phone Number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

VI. Your Fiduciary Appointments (may be same person(s) for each role) (may indicate 'same' for Husband and Wife)

**Executor(s) for your Will(s)**

**Name** **Relationship**

Husband

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Wife

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Successor Trustee(s) for your Trust(s)**

**Name** **Relationship**

Husband

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Wife

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Agent for Power of Attorney for Property (manages property during your incapacity)**

**Name** **Relationship** **Address** **Phone**

Husband

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Wife

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Agent for Power of Attorney for Health Care (makes health care decisions when you are not able)**

<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>
Husband			
1 _____	_____	_____	_____

2 _____	_____	_____	_____
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3 _____	_____	_____	_____
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Wife			
1 _____	_____	_____	_____

2 _____	_____	_____	_____
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3 _____	_____	_____	_____
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**Guardian(s) for your minor children (under age 18)**

<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Address</u></b>
1 _____	_____	_____

2 _____	_____	_____
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3 _____	_____	_____
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