

Meeting Date _____

ESTATE PLANNING INFORMATION (SINGLE)

1. General Personal 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 a US citizens?	_____	_____	_____
Have you been previously married?*	_____	_____	_____
Have you executed any estate planning document?*	_____	_____	_____
Are 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 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		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	Type	Beneficiaries	Market Value
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

Life Insurance Policies and Annuities

Financial Institution/Type	Type	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)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Successor Trustee(s) for your Trust(s)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

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

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

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

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Guardian(s) for your minor children (under age 18)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____