

II. CHILDREN AND DESCENDANTS (attach additional pages if necessary)

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

Any children or grandchildren adopted? Yes No If Yes, please indicate _____

Do you have any predeceased children? Yes No If Yes, did they have children? Yes No

Do any children or grandchildren have special educational, medical or physical needs, or receive government benefits (Medicaid, SSI, etc.)? Yes No

Does any child or grandchild have problems with drug/alcohol abuse? Yes No

Are you concerned with a child/grandchild's ability to handle money? Yes No

Are you concerned with your children's ability to get along with each other? Yes No

Any concerns relative to your relationship with your children? Yes No

Are any of your children divorced or going through divorce? Yes No

Have you made any advancements or significant loans to a child or grandchild? Yes No

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)

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Potential Gift</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Do you have any interest in charitable gifting in your estate plan? Yes No Maybe

Do you have any pets that you wish to specifically include in your plan? Yes No Maybe

Do you have digital accounts/assets that you wish to plan for? Yes No Maybe

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.)

Description	Title	Mortgage	Market Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

Financial Institution	Type	Account Value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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

Financial Institution	Type	Account Value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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

Financial Institution	Type	Beneficiaries	Account Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Life Insurance Policies and Annuities

	Financial Institution	Type	Beneficiaries	Face Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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

	Description	Owner(s)	Market Value
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

	Description	Owner(s)	Market Value
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

V. YOUR FINANCIAL ADVISORS (e.g. financial planner, accountant, insurance agent, broker)

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

VI. YOUR FIDUCIARY APPOINTMENTS (may be same person(s) for each role)

Executor(s) for your Will

	Name	Relationship	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Successor Trustee(s) for your Trust (after yourself)

	Name	Relationship	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

	Name	Relationship	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

	Name	Relationship	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

	Name	Relationship	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____