

MEETING DATE: \_\_\_\_\_, \_\_\_\_

**ESTATE PLANNING INFORMATION (MARRIED)**

**I. GENERAL PERSONAL INFORMATION**

	<i>Husband's Information</i>	<i>Wife's Information</i>
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 documents for review: Mail \_\_\_ E-Mail \_\_\_ Pickup \_\_\_

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

Please circle choice and insert any additional information, as appropriate:

	<u>Yes</u>	<u>No</u>	
Are you both U.S. citizens?	___	___	_____
Have either of you been previously married?***	___	___	_____
Have you executed any estate planning documents?***	___	___	_____
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 your parents or grandparents living?	___	___	_____
Do either of you have any special health/medical issues? (pacemaker, defibrillator, family history, reduced life expectancy, etc.)	___	___	_____

\* We will add your e-mail address to our monthly educational e-newsletter.

\*\* 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)**

	<u>Child's Name (to appear in estate docs)</u>	<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.	_____	_____	_____	_____	_____

Yes No

Any children or grandchildren adopted? \_\_\_\_\_ Yes No

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)**

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Potential Gift</u>
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	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.	_____	_____	_____
4.	_____	_____	_____

**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)  
(may indicate 'same' for Husband and Wife)**

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

<u>Name</u>	<u>Relationship</u>
Husband	
1. _____	_____
2. _____	_____
3. _____	_____
Wife	
1. _____	_____
2. _____	_____
3. _____	_____

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

<u>Name</u>	<u>Relationship</u>
Husband	
1. _____	_____
2. _____	_____
3. _____	_____
Wife	
1. _____	_____
2. _____	_____
3. _____	_____

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

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

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

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

	<b><u>Name(s)</u></b>	<b><u>Relationship</u></b>	<b><u>Address</u></b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____