

**CONFIDENTIAL**

ESTATE PLANNING INFORMATION

*A worksheet produced exclusively for the clients of*



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Prepared on: \_\_\_\_\_, 20 \_\_\_\_\_

**PERSONAL INFORMATION:**

LEGAL NAME:	
OTHER NAMES USED:	
HOME ADDRESS:	
COUNTY:	
HOME PHONE:	
EMAIL ADDRESS:	
OCCUPATION:	
BUSINESS ADDRESS:	
BUSINESS PHONE:	
CELL PHONE:	
REFERRED BY:	

**CHILDREN:**

NAME	DATE OF BIRTH	ADDRESS (IF NOT LIVING AT HOME)	
Is there a possibility of additional natural or adopted children? Please note any adopted children and step-children (check one).		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**OTHER BENEFICIARIES:**

NAME	DATE OF BIRTH (IF A MINOR)	RELATIONSHIP	ADDRESS (CITY/STATE)

**ESTIMATED PERSONAL BALANCE SHEET**

**ASSETS:**

If you bring a recent personal financial statement to the meeting, only fill out the insurance section at the end.

RESIDENCE:	
OTHER REAL PROPERTY:	
BANK ACCOUNTS & CERTIFICATES:	
RETIREMENT PLAN BENEFITS (IRA, 401(K), SEP):	
PUBLICLY TRADED STOCKS & BONDS:	
CLOSELY HELD STOCK & PARTNERSHIP INTERESTS:	
AUTOMOBILES:	
ART, STAMP, COIN OR OTHER COLLECTABLES:	
MISCELLANEOUS HOUSEHOLD PROPERTY:	
FACE VALUE OF LIFE INSURANCE:	
OTHER (IDENTIFY):	
OTHER (IDENTIFY):	
<b>TOTAL ESTATE ASSETS:</b>	<b>\$</b>

**LIABILITIES:**

If you bring a recent personal financial statement to the meeting, only fill out the insurance section at the end.

REAL ESTATE MORTGAGE:	
OTHER LIABILITIES:	
<b>TOTAL LIABILITIES:</b>	
<b>TOTAL NET WORTH:</b>	<b>\$</b>

**INSURANCE** (DETAILS OF INSURANCE LISTED ABOVE):

If you bring a recent personal financial statement to the meeting, only fill out the insurance section at the end.

INSURED	FACE AMOUNT	BENEFICIARY	OWNER (IF DIFFERENT)	COMPANY	TERM OR WHOLE

If you have time, please complete the following. Regardless, please review these two pages.

**PERSONAL REPRESENTATIVES, GUARDIANS, & TRUSTEES:**

<b>PERSONAL REPRESENTATIVES</b>	<b>NAME</b>	<b>ADDRESS</b>
INITIAL:		
SUCCESSOR(S):		

<b>GUARDIANS OF CHILDREN</b>	<b>NAME</b>	<b>ADDRESS</b>
INITIAL:		
SUCCESSOR(S):		

Will your choice of guardian be affected by the marriage, divorce, remarriage, or relocation of the persons named? \_\_\_\_\_

<b>TRUSTEES OF CHILDRENS' TRUSTS</b>	<b>NAME</b>	<b>ADDRESS</b>
INITIAL:		
SUCCESSOR(S):		

**PRIORITIES**

What are your priorities in planning your estate? Do you have any special concerns?

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**DISPOSITION OF ESTATE**

What are your general desires as to the disposition of your estate? Indicate any specific gifts of cash or items you wish to make.

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**OTHER CONSIDERATIONS**

Prior marriages, support or settlement obligations, prenuptial agreement, disabled children or beneficiaries.

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**POWER OF ATTORNEY**

Have you ever given power of attorney to another? (check one):  Yes  No

If so, to whom and when? \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Do you have special instructions regarding:

1. Living Will (life support):	
2. Anatomical Gifts (organ donation):	
3. Burial or Cremation:	

**ADVISORS**

Accountant:	
Financial Advisor:	
Insurance:	

**PLEASE BRING TO THE MEETING**

<input type="checkbox"/> Existing wills	<input type="checkbox"/> Any federal gift-tax returns	<input type="checkbox"/> Pre-nuptial & separation agreements
<input type="checkbox"/> Any trust in which you are a beneficiary	<input type="checkbox"/> Copy of warranty deed to any out-of-state real property you own	