

**ESTATE PLANNING INFORMATION**

1. GENERAL INFORMATION

HUSBAND'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

WIFE'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK (HIS) \_\_\_\_\_

CELL (HIS) \_\_\_\_\_

WORK (HER) \_\_\_\_\_

CELL (HER) \_\_\_\_\_

CITIZENSHIP (HUSBAND) \_\_\_\_\_ (WIFE) \_\_\_\_\_

OCCUPATION (HUSBAND) \_\_\_\_\_ (WIFE) \_\_\_\_\_

LIST ANY PRIOR MARRIAGES \_\_\_\_\_

\_\_\_\_\_

2. CHILDREN (Please indicate if a child is adopted or not a child of this marriage):

NAME

BIRTH DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. NAMES OF BENEFICIARIES OF YOUR ESTATE AND PERCENTAGE OR AMOUNTS TO BE DISTRIBUTED TO EACH:

NAME OF BENEFICIARY (AND AGE IF A PERSON)

GIFT

4. ASSETS:

A. JOINTLY HELD PROPERTY - LIST ASSET AND APPROXIMATE VALUE:

B. PROPERTY STANDING IN YOUR NAME ALONE - LIST ASSET AND APPROXIMATE VALUE:

C. LIFE INSURANCE - LIST POLICY, OWNER, BENEFICIARY AND AMOUNT:

D. OTHER ASSETS --- PENSION AND PROFIT SHARING PLANS, IRAs, 401(k), ANNUITIES,

STOCK OPTIONS AND INSURANCE OWNED BY YOU ON LIFE OF A PERSON OTHER THAN YOUR SPOUSE:

E. DO EITHER OF YOU EXPECT ANY INHERITANCES?

5. PERSONS TO BE NAMED AS SUCCESSOR TRUSTEES OF TRUST (IF BOTH OF YOU ARE UNABLE TO ACT AS TRUSTEE) AND EXECUTOR OF YOUR WILL (IF YOUR SPOUSE CANNOT ACT AS YOUR EXECUTOR). THESE SHOULD BE THE SAME PERSONS.

<u>NAME</u>	<u>ADDRESS</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____

6. GUARDIANS OF PERSON FOR YOUR MINOR CHILDREN:

<u>NAME</u>	<u>ADDRESS</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____

7. PERSONS YOU WISH TO APPOINT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT MAKE THEM YOURSELF AND YOUR SPOUSE CANNOT ACT AS YOUR AGENT

TO MAKE HEALTH CARE DECISIONS FOR YOU:

NAME

ADDRESS

(1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_

\_\_\_\_\_