

ESTATE PLANNING INFORMATION

1. GENERAL INFORMATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE: HOME _____ WORK _____

CELL _____

CITIZENSHIP _____

OCCUPATION _____

LIST ANY PRIOR MARRIAGES _____

2. CHILDREN (Please indicate if a child is adopted and also indicate if a child is deceased)

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

B. DO YOU HAVE ANY JOINTLY OWNED PROPERTY - LIST ASSET, APPROXIMATE VALUE AND NAME OF JOINT OWNER:

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

D. OTHER ASSETS --- PENSION AND PROFIT SHARING PLANS, IRAs, 401(k), ANNUITIES, STOCK OPTIONS, INSURANCE OWNED BY YOU ON LIFE OF ANOTHER PERSON:

E. DO YOU EXPECT ANY INHERITANCES?

5. PERSONS TO BE NAMED AS SUCCESSOR TRUSTEES OF TRUST (IF YOU ARE UNABLE TO ACT AS TRUSTEE) AND EXECUTOR OF YOUR WILL (THESE SHOULD BE THE SAME PERSONS):

NAME

ADDRESS

(1) _____

(2) _____

(3) _____

6. GUARDIANS OF PERSON FOR YOUR MINOR CHILDREN:

NAME

ADDRESS

(1) _____

(2) _____

(3) _____

7. PERSONS YOU WISH TO APPOINT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT MAKE THEM YOURSELF:

NAME

ADDRESS

(1) _____

(2) _____

(3) _____