

ESTATE PLANNING AND WILL INFORMATION FORM

1. Testator (Person drafting Will)

Name _____ Date of Birth _____

Social Security No. _____ U.S. Citizen? Yes _____ No _____

Spouse Name _____ Date of Birth _____

Spouse's Soc. Sec. No. _____ U.S. Citizen? Yes _____ No _____

Street Address _____ County _____

City _____ State _____ Zip _____

Telephone Number: Home _____ Work _____ Cell _____

Email Address _____

2. Marriage

a. Have you or your spouse signed a Premarital Agreement Yes _____ No _____

If you have, please provide a copy.

b. Have you or your spouse been divorced Yes _____ No _____

If so, please provide a copy of the Divorce Decree.

3. Children

Please list ALL of your children, including deceased children, children born out of wedlock, stepchildren, and children you wish to omit from your estate plan. Please also identify any child who is not a biological or adopted child of both you and your spouse. If you do not plan to provide for a child in your will, the child must be specifically omitted by name (add additional sheets if necessary).

Name of Child	Date of Birth	Address	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so please explain. _____

b. Is there any reason NOT to treat your children equally? If so, please explain.

c. Are any of the children under a disability? _____

d. Do you have any special concerns or objects regarding your children? _____

e. If any child should predecease parent, should his/her share pass through to his/her children? _____. If so please indicated grandchildren, if any. Include grandchildren born out of wedlock and indicate whether they should be entitled to inherit:

Name	Date of Birth	Address	Parents
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f. Guardians. Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.) If you do not have minor children, this person will be responsible for managing assets that are left to minors (for example, grandchildren).

Name _____

Address _____

Name _____

Address _____

4. **Personal Representative.** Who should be personal representative (“executor”) of your estate? A personal representative is responsible for probating your will, paying your debts, collecting your assets and settling your estate. (Spouse is usually named first)

Name _____

Relationship to you _____

Address _____

Alternate Personal Representative _____

Relationship to you _____

Address _____

Second Alternate _____

Relationship to you _____

Address _____

5. **Trusts.** If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee.

Name _____

Address _____

Alternate Trustee _____

Address _____

Ages for distribution to children from the trust: (Example 1/3 @21, 1/3 @25 and 1/3 @ 30)

How should your estate be distributed if your spouse and/or children do not survive you? _____

If you do not have children, please indicate to whom your estate should pass (beyond a spouse, if any) and share to each person: _____

6. Specific Bequest Information

Do you wish to make any specific bequests in your will other than by a list provided in your will? _____

7. Other Information

Do you have a safe-deposit box? _____

If so, where? _____

Do you expect any inheritance in the near future? _____

If so, when? _____

8. Financial Inventory (Use approximate values under each asset)

Homestead:

Address _____

Owners _____

Approximate Fair Market Value _____

Encumbrances:

Mortgage Holder: _____ Amount Owning: _____

2nd Mortgage: _____ Amount Owning: _____

Other Real Estate:

Address _____

Owners _____

Approximate Fair Market Value _____

Encumbrances:

Mortgage Holder: _____ Amount Owning: _____

2nd Mortgage: _____ Amount Owning: _____

Bank Accounts/Investments: (circle type of account)

Checking / Savings / Other:

Account Owner: _____

Name of Bank: _____

Approximate Avg. Balance: _____

Checking / Savings / Other:

Account Owner: _____

Name of Bank: _____

Approximate Avg. Balance: _____

Checking / Savings / Other:

Account Owner: _____

Name of Bank: _____

Approximate Avg. Balance: _____

IRA's/Mutual Funds/Securities/401k's, ESOP's etc.

1) Account Owner _____

Type of Account _____

Name of Broker _____

Approximate Avg. Balance _____

2) Account Owner _____

Type of Account _____

Name of Broker _____

Approximate Avg. Balance _____

Life Insurance:

1) Policy Owner _____

Type of Policy _____

Amount of Policy _____

Beneficiaries _____

2) Policy Owner _____

Type of Policy _____

Amount of Policy _____

Beneficiaries _____

Do you have any other assets of any kind, such as business interests? _____

If so, please list: _____

9. **Power of Attorney.** Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? _____

If yes, Name of Agent: _____

Address of Agent: _____

Phone number of Agent: _____

10. **Health Care Directive/Living Will.** Are you interested in preparing a Health Care Declaration (“living will”) stating your preferences for health care if you are in a terminal condition? _____

If yes, please complete the “Health Care Directive” form that follows.

Health Care Directive

1. Agent. The person who you want to make health care decisions if you cannot make them yourself.

Name _____

Address _____

Telephone _____

2. Successor or Co-Agent

Name _____

Address _____

Telephone _____

3. If you have named co-agents, do you want the agents to act jointly or independently?

4. Do you have a Living Will to which you want to refer in the Health Care Directive?
Yes___ No___ If yes, date of instrument _____

5. Do you want directions as to what you want or do not want if you are in a terminal condition (i.e., not expected to live more than 6 months) Yes___ No___
If you answered yes, please provide us the specific language you want or you can approve language in the document. _____

6. Do you want to donate any organs upon your death? Yes___ No___
If yes, have you agreed in another document, e.g. drivers license, to make the donation?
Yes___ No___ Which Document? _____

7. Please indicate how you want the disposition of your remains after you die, e.g. cremation, regular burial, etc. _____

8. Do you have any other living wills or health care powers of attorney forms which you want to revoke? (I recommend revocation to keep your wishes and desires clear.)
