|  |  |  |
| --- | --- | --- |
| General Information | **Spouse #1** | **Spouse #2** |
| Legal Name |  |  |
| Primary Address | Street Address | Street Address |
| City | City |
| State | State | State | ZIP |
| Secondary Address | Street Address | Street Address |
| City | City |
| State | State | State | State |
| Mailing Address (if different than above) | Street Address | Street Address |
| City | City |
| State | State | State | ZIP |
| Home Telephone |  |  |
| Work Telephone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| Employer |  |  |
| Position |  |  |
| Employer Address  | Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Employer Telephone |  |  |
| Date of Birth |  |  |
| Place of Birth |  |  |
| Citizenship |  |  |
| Veteran? |  |  |
| Marital Status |  |  |
| Previous Divorce? |  |  |
| Prenuptial Agreement? |  |  |
| Current Will? |  |  |
| Current Health Care Proxy? |  |  |
| Current Power of Attorney? |  |  |

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| --- |
| Assets |
| Name of Bank | Name of Account Holder | Amount in Account |
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|  |  |  |
|  |  |  |
|  |  |  |
| Name of Brokerage Firm | Name of Account Holder | Amount in Account |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Location of Real Property | Name on Title | Approximate Value/Mortgage Amount |
|  |  | Value | Mortgage |
|  |  | Value | Mortgage |
|  |  |  |  |
|  |  |  |  |
| Retirement Assets | Name of Beneficiary | Amount in Account |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Life Insurance Policies | Name of Beneficiary | Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Other Assets | Description | Value |
|  |  |  |
|  |  |  |
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| Children and Grandchildren |
| Names of Children | Date of Birth | Marital Status |
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| Names of Grandchildren | Date of Birth | Name of Parents |
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| Do any of your children or grandchildren have special needs? |
| Are any of your children of grandchildren from another marriage? |

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| --- | --- | --- |
| Fiduciaries | **Spouse #1** | **Spouse #2** |
| Executor | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
| Alternate Executor | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
|  |
| Credit Shelter Trustee(s)(Please note additional trustees on a separate piece of paper if necessary.) | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
| Alternate Trustee | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
|  |
| Minors’ Trustee(s)(Please note additional trustees on a separate piece of paper if necessary.) | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |

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| --- | --- | --- |
| Fiduciaries (continued) | **Spouse #1** | **Spouse #2** |
| Alternate Minors’ Trustee(s)(Please note additional trustees on a separate piece of paper if necessary.) | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
| Minors’ Trust Ages (eg. 25/30/35) |  |  |
| Guardian of Minors | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
| Alternate Guardian | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
|  |  |  |
| Health Care Rep (One only each spouse) | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
| Alternate Health Care Rep | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |

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| --- | --- | --- |
| Fiduciaries (continued) | **Spouse #1** | **Spouse #2** |
| Power of Attorney | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |
| Alternate POA | Name | Name |
| Street Address | Street Address |
| City | City |
| State | ZIP | State | ZIP |
| Phone | Phone  |
| Email | Email |

I understand that the attorney draftsperson is relying on the information above to prepare an estate plan and estate planning documents.

Spouse #1:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse #2:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_