|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_