

Estate Planning and Will Information Form

WHEN YOU HAVE COMPLETED THIS FORM, please return it to my office or bring it along to your office meeting. I rely upon the information you provide to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations I make may not be appropriate for your situation.

1. Testator (People drafting Wills)

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 _____

State of Residence _____

Telephone Number: Home _____

Work Client _____ Work Spouse _____

2. Marriage

1. Have you and your spouse signed a Premarital Agreement? Yes _____ No _____

If you have, please provide a copy.

2. 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. Attach an additional sheet if needed.

Name of Child	Date of Birth	Address	Child of
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1. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain.
2. Is there any reason NOT to treat your children equally? If so, please explain.
3. Are any of the children under a disability?
4. Do you have any special concerns or objects regarding your children?
5. 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 _____

Alternate Guardian _____

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.

Name(s) _____

Relationship to you _____

Address _____

Alternate Personal Representative(s) _____

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 _____

6. **Financial Inventory.** Use approximate values under each person showing ownership of each asset. BRING SUPPORTING DATA FOR EACH ASSET, i.e. bank statements, retirement reports, stock and bond account reports, etc. Bring copies of deeds to real estate and farmland you own.

ASSETS	HUSBAND	WIFE	JOINT
Home			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Account			
Automobile			
Personal Property			
Stocks & Bonds			
Closely Held Business Interest			
Life Insurance (Face)			
On husband's life			
On wife's life			
Retirement Accounts			
IRA			
Pension			
Profit Sharing / 401k			
Other Assets			
TOTAL			

NOTE: IF YOU OWN FARMLAND, PLEASE DESCRIBE ACRES, LOCATION, VALUE AND OWNERSHIP ON SEPARATE SHEET. PLEASE BRING DEEDS TO OUR MEETING.

LIABILITIES	HUSBAND	WIFE	JOINT
Home Mortgage			
Other Mortgages			
Debts TO Family Members			
Other Debts (describe)			
TOTAL LIABILITIES			

7. Beneficiary Designations:

1. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary

2. Retirement Plans. Please list your retirement plans/IRAs, value of each and the beneficiary of each.

3. Does your retirement plan have a death benefit? Yes _____ No _____. If so, who is the named beneficiary? _____

8. Personal Property. Describe and give a value of any items of substantial value, such as automobiles, works of art, collectibles, jewelry, boats, airplanes, etc. Be sure to include any items listed on an insurance rider.

<u>Description</u>	<u>Approximate Value</u>
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9. Safe Deposit Box

Do you have a safe deposit box? Yes _____ No _____ If so, where? _____

Does anyone else have access to your box? _____

10. Future Inheritances. Do you expect any inheritance in the near future? If so, please give details:

11. Financial Advisers

Accountant _____

Address _____

Telephone _____

Financial Adviser _____

Address _____

Telephone _____

12. Primary Physician. Who is your primary physician?

Name _____

Address _____

13. Special Requests. Special requests regarding funeral, cremation, or burial instructions are best handled by a Letter of Instruction or other statement (separate from your will) to your family or other responsible person. Organ donation is best handled in a Health Care Directive and noted on the person's driver's license.

14. Discussion Issues. We will discuss the following issues at the meeting:

1. Current will. Do you now have a will or revocable trust? If so, provide a copy.
2. Predeceased child. If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any.
Do you wish to include grandchildren born out of wedlock? Yes _____ No _____
3. Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children?
4. Specific Gifts. Do you wish to make any specific bequests to charities or individuals?
5. No family survives. How should your estate be distributed if your spouse and/or children do not survive you? (For example, family, charity, etc.)
6. If no children. If you do not have children, to whom should your estate pass, (beyond a spouse, if any)?
7. Health Care Directive. Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instructions regarding organ donation.
8. 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?
9. Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.

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. Successor or Co-Agent

Name _____

Address _____

Telephone _____

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

5. Do you have a Living Will to which you want to refer in the Health Care Directive?

Yes _____ No _____ If yes, date of instrument _____

6. 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.

7. 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 ___

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

9. 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.

10. Do you have any other instructions regarding your health care, living arrangements, burial, etc. If so, please indicate: _____

Power of Attorney

1. Attorney In Fact. The person who you want to act on your behalf during your lifetime. You may choose more than one person to act at the same time. This could be your spouse, children, family, or someone else you trust.

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

If you listed more than one person, would you like them to be able to act independently or must they act as a committee?

2. Successor Attorneys In Fact. Successors act if all of the people named above can no longer act on your behalf.

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____