

# ESTATE PLANNING PERSONAL DATA SHEET

This form and its information are very important. Each of you should fill out your own individual form. Your accuracy and completeness in responding will help the estate attorney best represent you. Please fill out this information prior to the appointment with the attorney.

Name \_\_\_\_\_ Date Form Completed \_\_\_\_\_

## PERSONAL DATA

Full Name \_\_\_\_\_

(Print name as shown on your checks) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Social Security Number \_\_\_\_\_

U.S. Citizen  Yes  No

Marital Status:

Single  Married  Divorced  Widowed (date of spouse's death) \_\_\_\_\_  Remarried

## INCOME DATA

Source:

Retirement Accounts \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

## YOUR CONCERNS

Please rate the following as to how important they are to you by circling a number (1 being low and 5 being high):

	1	2	3	4	5
Desire to get affairs in order, create comprehensive estate plan, and manage affairs in case of death or disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for and protecting spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for and protecting children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for and protecting grandchildren.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinheriting a family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for charities at the time of death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan for the transfer and survival of a family business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding or reducing estate taxes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding probate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce administration costs at time of your death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding will contests or other disputes upon death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protecting assets from lawsuits or creditors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons, and curiosity seekers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protecting children's inheritance from the possibility of failed marriages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protecting children's inheritance in the event of surviving spouse's remarriage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any outstanding legal issues that may effect your estate plan?  Yes  No

Additional Relevant Information or Concerns:

## DISPOSITIVE INTENTIONS

1. If you have children, do you wish to treat all of your children equally?  Yes  No

(Names will be provided later in this form)

After your death, at what age do you want distributions of money made to your children? Age \_\_\_\_\_

2. If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren?  Yes  No

If so, how much and to whom?

Your choice of age \_\_\_\_\_

3. Do you want to leave a specific amount of money or other assets to any charity?  Yes  No

If so, how much? \_\_\_\_\_

Name and address of charity \_\_\_\_\_

## EXECUTOR Who do you wish to serve as your Executor?

Full Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## TRUSTEE Who do you want to serve as your Trustee?

Full Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## GUARDIAN If you have minor children, who do you want to act as Guardian?

Full Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## LIVING WILL

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  Yes  No

Do you want your health care representative to consult with any other person prior to acting?

Yes  No

Proposed Health Care Agent Information (usually family member or friend)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Care Physician Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## POWER OF ATTORNEY

Proposed Primary Financial Agent (usually family member or friend)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proposed Alternative Financial Agent

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## FAMILY INFORMATION

### IMPORTANT FAMILY QUESTIONS

- Have you or your spouse completed previous wills, trust, or estate planning?  
(Please furnish copies)  Yes  No
- Have you or your spouse completed previous Powers of Attorneys, Medical Surrogates  
or Living Wills? (Please furnish copies.)  Yes  No
- Do any of your children have special education, medical, or physical needs?  Yes  No
- Are any of your children institutionalized?  Yes  No
- Are you or your spouse receiving social security, disability, or other  
governmental benefits?  Yes  No
- Do you provide primary or other major financial support to adult children?  Yes  No
- Have either you or your spouse been divorced?  Yes  No
- Are you making payments pursuant to a divorce or property settlement agreement?  
(Please furnish a copy.)  Yes  No
- Have you and your spouse ever signed a pre- and/or post- marriage contract?  
(Please furnish a copy.)  Yes  No
- Do any of your children receive governmental support or benefits?  Yes  No
- Are you or your spouse expecting to inherit assets?  Yes  No

### FINANCIAL MATTERS

Which of you, if either, is the leader in family financial matters and investments?

- Wife  Husband  Equally responsible for financial matters

In the event of your spouse becoming disabled or dying, would the other of you feel comfortable taking on the  
role alone?

- Yes  No  Would ask for help

**HEIRS**

Name	Relationship	Address	Phone	DOB	Status	Disabled	Married
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**Relationship Key**

- C = Child of Current marriage
- P = Child of Prior marriage
- A = Adopted Child
- SC = Stepchild
- GC = Grandchild
- N = Niece/nephew
- B = Brother
- S = Sister
- CU = Cousin
- O = Other

**Status Key**

- P = Primary
- C = Contingent
- T = Tertiary

# CLIENT ASSET INFORMATION INTAKE FORM SINGLE

## FINANCIAL SUMMARY

	<b>Assets</b>	<b>Liabilities</b>
Bank Accounts	\$ _____	\$ _____
Real Estate (Residence)	\$ _____	\$ _____
Real Estate (Other)	\$ _____	\$ _____
Brokerage Accounts	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
IRA Accounts	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____
Jewelry & Collectibles	\$ _____	\$ _____
Life Insurance Policies	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Signature of Client or Client Representative

X \_\_\_\_\_