

CHILDREN OF YOUR MARRIAGE TO EACH OTHER (Use reverse side if necessary):

1. Name: _____ DOB: _____ Tel No.: _____
Address: _____ (Circle One) Married / Single / Student
Occupation: _____ # of Children: _____ Any special problems or issues: Y / N
If yes, please explain: _____

2. Name: _____ DOB: _____ Tel No.: _____
Address: _____ (Circle One) Married / Single / Student
Occupation: _____ # of Children: _____ Any special problems or issues: Y / N
If yes, please explain: _____

3. Name: _____ DOB: _____ Tel No.: _____
Address: _____ (Circle One) Married / Single / Student
Occupation: _____ # of Children: _____ Any special problems or issues: Y / N
If yes, please explain: _____

4. Name: _____ DOB: _____ Tel No.: _____
Address: _____ (Circle One) Married / Single / Student
Occupation: _____ # of Children: _____ Any special problems or issues: Y / N
If yes, please explain: _____

Do you have any children who are deceased? If so, please list their names, date of birth, date of death and names of any children/grandchildren who have survived them.

Name: _____ DOB: _____ DOD: _____
Children/Grandchildren: _____
Name: _____ DOB: _____ DOD: _____
Children/Grandchildren: _____

OTHER CHILDREN OF CLIENT NO. 1:

Name: _____ DOB: _____ Tel No.: _____
Address: _____ (Circle One) Married / Single / Student
Occupation: _____ # of Children: _____ Any special problems or issues: Y / N
If yes, please explain: _____

OTHER CHILDREN OF CLIENT NO. 2:

Name: _____ DOB: _____ Tel No.: _____
Address: _____ (Circle One) Married / Single / Student
Occupation: _____ # of Children: _____ Any special problems or issues: Y / N
If yes please explain: _____

WILL - CLIENT NO. 1:

LIST THE RECIPIENTS (Individuals, Church, Charities, Institutions) OF SPECIAL BEQUESTS AND NAME THE ITEM TO BE GIFTED (i.e. Cash, Jewelry, Collections, Art Works, etc.) Use reverse side if necessary.

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>Special Bequest – Description</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

LIST BENEFICIARIES to inherit your estate (Spouse, Children, Trust, etc.)

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>General Bequest/Share of Estate</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

REMOTE BENEFICIARIES to inherit your estate (In event spouse/children predecease you)

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>Bequest/Share of Estate</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

PROPOSED EXECUTOR and ALTERNATE EXECUTOR of your Will

	<u>Full Name</u>	<u>Address if not already listed</u>
1)	Executor: _____	_____
2)	Alternate: _____	_____

PROPOSED GUARDIAN for any minor children

1)	Guardian: _____
2)	Alternate: _____

WILL - CLIENT NO. 2:

LIST THE RECIPIENTS (Individuals, Church, Charities, Institutions) **OF SPECIAL BEQUESTS AND NAME THE ITEM TO BE GIFTED** (i.e. Cash, Jewelry, Collections, Art Works, etc.) Use reverse side if necessary.

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>Special Bequest – Description</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

LIST BENEFICIARIES to inherit your estate (Spouse, Children, Trust, etc.)

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>General Bequest/Share of Estate</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

REMOTE BENEFICIARIES to inherit your estate (In event spouse/children predecease you)

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>Bequest/Share of Estate</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

PROPOSED EXECUTOR and ALTERNATE EXECUTOR of your Will

	<u>Full Name</u>	<u>Address if not already listed</u>
1)	Executor: _____	_____
2)	Alternate: _____	_____

PROPOSED GUARDIAN for any minor children

1)	Guardian: _____
2)	Alternate: _____

PROPOSED HEALTH CARE PROXY WITH LIVING WILL

CLIENT NO. 1:

Health Care Agent (person who will make medical decisions for you if you are not able to do so)

First Name Middle Initial Last Name Phone No. ____/____-____

Address (if not already listed) _____

Relationship (spouse/son/daughter, etc.) _____

Alternate Health Care Agent (person who will make medical decisions for you if Agent unable to do so)

First Name Middle Initial Last Name Phone No. ____/____-____

Address (if not already listed) _____

Relationship (spouse/son/daughter, etc.) _____

CLIENT NO. 2:

Health Care Agent (person who will make medical decisions for you if you are not able to do so)

First Name Middle Initial Last Name Phone No. ____/____-____

Address (if not already listed) _____

Relationship (spouse/son/daughter, etc.) _____

Alternate Health Care Agent (person who will make medical decisions for you if Agent unable to do so)

First Name Middle Initial Last Name Phone No. ____/____-____

Address (if not already listed) _____

Relationship (spouse/son/daughter, etc.) _____

PROPOSED DURABLE POWER OF ATTORNEY

CLIENT NO. 1:

Attorney-in-Fact (person who will make financial decisions for you)

First Name Middle Initial Last Name Phone No. ____/____-____

Address (if not already listed) _____

Relationship (spouse/son/daughter, etc.) _____

Alternate Attorney (person who will make financial decisions if Attorney-in-Fact is not able to do so)

First Name Middle Initial Last Name Phone No. ____/____-____

Address (if not already listed) _____

Relationship (spouse/son/daughter, etc.) _____

* Do you wish to have the Power of Attorney held in escrow until your doctor certifies that you are not competent to handle your financial affair. YES____ NO____

CLIENT NO. 2:

Attorney-in-Fact (person who will make financial decisions for you)

First Name Middle Initial Last Name Phone No. ____/____-____

Address (if not already listed) _____

Relationship (spouse/son/daughter, etc.) _____

Alternate Attorney (person who will make financial decisions if Attorney-in-Fact is not able to do so)

First Name Middle Initial Last Name Phone No. ____/____-____

Address (if not already listed) _____

Relationship (spouse/son/daughter, etc.) _____

* Do you wish to have the Power of Attorney held in escrow until your doctor certifies that you are not competent to handle your financial affair. YES____ NO____

Do you currently have the following documents? If so, please bring copies to your appointment.

CLIENT NO. 1

Last Will & Testament YES/NO Date signed: _____
Durable Power of Attorney YES/NO Date signed: _____
Health Care Proxy YES/NO Date signed: _____
Revocable Trust YES/NO Date signed: _____
Irrevocable Trust YES/NO Date signed: _____

For whom are you Guardian? _____
For whom are you a Trustee? _____

CLIENT NO. 2

YES/NO Date signed: _____
YES/NO Date signed: _____
YES/NO Date signed: _____
YES/NO Date signed: _____
YES/NO Date signed: _____

OTHER

Last fiscal year you filed TAX RETURNS? _____

Preparer of tax returns?

Name: _____
Address: _____
Telephone: _____
Fax: _____

If you have had previous ESTATE PLANNING work done, who was your ATTORNEY?

Name: _____
Address: _____
Telephone: _____
Fax: _____

Who is your CPA?

Name: _____
Address: _____
Telephone: _____
Fax: _____

Who is your FINANCIAL PLANNER/BROKER?

Name: _____
Address: _____
Telephone: _____
Fax: _____

ASSETS	Name and Location of Asset	Client No. 1	Client No. 2	Joint With Spouse	Joint with Others
<u>CASH</u>		\$	\$	\$	\$
Savings Account(s), Checking Account(s), In "Shoe Box"					
Money Market					
CD's					
<u>SAFE DEPOSIT BOX:</u>					
<u>SECURITIES</u>					
Bonds, Brokerage Accounts, Stocks, etc					
<u>RETIREMENT BENEFITS</u>					
IRA, 401k, Pension (death benefit)					
<u>REAL PROPERTY</u>					
Home Residence, Vacation, Rental Property					
<u>PERSONAL PROPERTY</u>					
Cars, Boat(s), Collection(s) Antique(s)					
<u>INSURANCE POLICIES</u>					
Group & Individual					
<u>BUSINESS INTERESTS</u>					
Corp., Partnership., LLC incl. Real Property					
<u>INHERITANCES</u>					
<u>DEBTS</u>					
Mortgages, Credit Cards, Other					
TOTALS		\$	\$	\$	\$

*Indicates assets held in trust