Estate Planning

| Names and Addresses Name(s): | Date of Birth: |
|--|--|
| Mailing Address: Telephone Nos: (Work) | Date of Birth: (Home) (Mobile) |
| E-Mail Address: | (Florine) (Mobile) |
| Estate Plan Do you have an existing W | /ill(s)? Yes No If yes, provide your attorney with a copy. |
| Family Information Marital Status: | |
| Married Unmarried, Widow | or Widower |
| Unmarried, Divorce Married Person Est | d ablishing Separate Trust |
| Children: Name | Date of Birth or from a Previous Marriage Indicate Whether Adopted or from a Previous Marriage |
| | |
| | |
| Any deceased children? | |
| If Yes, Name of Deceased | |
| Name of Deceased Child: Did this deceased child lea | |
| , | d an advance on their inheritance or are any children financially indebted to you? |
| Are any of the children fin Are any of the children un | ancially irresponsible? |
| Have you been married pr | |
| If Yes to the above, please Name: | indicate grandchildren, if any: Date of Birth: |
| | who should be guardian of your minor children? (A guardian has hysical and legal control over your children until teen.) |
| First choice: Name(s): Address: | |
| Relationship (if any): Second choice: Name(s): | |
| Address: Relationship (if any): Other Portional Family Inf | armation or Evalenation of Abaya Itamas |
| | ormation or Explanation of Above Items: |
| Personal Representati | ve |
| who should be the Person | al Representative ("Executor") of your estate? (A Personal Representative is responsible for probating your will, paying assets, and settling your estate.) |
| Alternate Name: Address: | many used first). |
| Second Alternate Name: Address: | |
| Specific Requests | |
| • | erence in your will to a separate list of any specific bequests of items of personal property that you wish to give to ne advantage of such a list is that it may be changed without changing your will. |
| Do you wish to make any of Do you have a safe deposit | |
| Other Estate Planning | |
| Are you interested in prep your bills if you become in | aring a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay competent or unable to sign your name? |
| Yes No Are you interested in prep condition? | aring a Health Care Declaration ("Living Will") stating your preference for health care if you are in a terminal |
| Yes No | g Will or Health Care Declaration, please give your primary physician's name and address: |
| Do you have any special re | equests regarding funeral or burial instructions or organ donation? If so, this is best handled by a Letter of Instruction |
| or other statement from your Yes No | our will to your family or other responsible person. |
| Do you have a financial pla | anner, investment advisor, or insurance agent? |
| Yes No Information Regarding | |
| Married Couples: | |
| | ("Spouse 1") has separate assets. ("Spouse 2") has separate assets. e held jointly |
| 1. Estimated net worth of | estate: \$ |
| Checking and savin | accounts held at financial institutions: gs accounts, or certificates of deposit, with banks, savings and loans, or credit unions. cial institutions? |
| 3. Investments (check all t | hat apply): |
| How many different broke Stocks, bonds, and | d accounts, or certificates of deposit with stock broker firms. r firms? mutual funds where your broker holds the certificates and sends you periodic statements showing your account |
| | brokerage firms? e you deal directly with the issuing company rather than through your stock broker. How many different mutual fund |
| issuers? | other than U.S. Savings Bonds) where you hold the certificates in your possession. How many different companies/ |
| | er government securities. s. How many limited partnerships? |
| Oil and gas royalty | or working interests. How many? rights in land. How many parcels of land? |
| | escribe] |
| different financial instituti | nt accounts (IRAs), Keogh, or other individual plans providing tax deferment for deposits and income. How many ons hold IRA accounts for: Spouse 1 Spouse 2 profit sharing, retirement, or other benefit plans: |
| How many different plans | for: Spouse 1 Spouse 2 |
| | located in state of w many different parcels of real estate do you own, other than your personal residence? |
| In what state(s) are these Are you purchasing any o | parcels located? the above properties on a contract for deed? |
| | provide details: |
| · | f you are engaged in business. r are you a partner in a business? Yes No |
| If Yes, complete the following Business is organized. | ving: ed as a corporation. How many corporations? |
| Business is organize | re subchapter S corporations? ed as a partnership. How many partnerships? roprietorship. How many different firms? |
| by real estate, or where yo | ey is owed to you, as payments on contracts, where you have sold a business, as payments on obligations secured to have loaned money to someone and you hold a note, indicate each type of indebtedness that you hold. |
| Installment contract Amount(s) owed: | |
| 8. Life Insurance Policies: | ory note(s). Amount(s) owed: |
| and the type of policy. Name of Insured Insured | urance Company Face Amount Type of Policy |
| | |
| | |
| | ate the name of the annuitant and the type of annuity. Do not list annuities under which no benefits are payable |
| after the death of the ann Regular annuities payable | |
| | |
| Household furnitur | • • |
| Collections, art, and Automobiles Boats | iques, valuable jewelry |
| Recreational vehicle Motor home | |
| Business machinery Personal equipmen Farm or ranch mack | |
| Livestock | |

QUESTIONS

(Make a list of pertinent questions to ask your attorney)