

PERSONAL INFORMATION

Full Legal Name: _____

Date of Birth: _____ Soc. Sec. No.: _____ Gender: M F

Present Marital Status:

Married Single Divorced Legally Separated Widowed

If Widowed, what date did this occur? _____

Primary Residence Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Job Title: _____

Current Estate Planning Documents:

	<u>Dated</u>	<u>Location</u>
<input type="checkbox"/> Will	____/____/____	_____
<input type="checkbox"/> Durable Power of Attorney	____/____/____	_____
<input type="checkbox"/> Health Care Directive	____/____/____	_____
<input type="checkbox"/> Living Will	____/____/____	_____
<input type="checkbox"/> Revocable Living Trust	____/____/____	_____
<input type="checkbox"/> Other: _____	____/____/____	_____
<input type="checkbox"/> Other: _____	____/____/____	_____

Personal Representative/Executor, if any: _____

Location of Tax Returns: _____

Institution of Safe Deposit Box: _____ Address: _____

City: _____ State: _____ Zip: _____

Names of those authorized to access safe deposit box: _____

Location of Personal Property Appraisal: _____

Form of Appraisal: List Photos Video

Location of Real Estate Deeds: _____

Funeral and Burial Arrangements: _____

Pets: Yes No

Name(s)/Type(s): _____

Caretaker to be Contacted: _____ Phone: _____



SPOUSE INFORMATION

Full Legal Name: _____

Date of Birth: _____ Soc. Sec. No.: _____ Gender: M F

Employer: _____ Job Title: _____

Do you or your spouse have a Prenuptial agreement that identifies and disposes of separate spousal property? Yes No

Current Estate Planning Documents:

	<u>Dated</u>	<u>Location</u>
<input type="checkbox"/> Will	____/____/____	_____
<input type="checkbox"/> Durable Power of Attorney	____/____/____	_____
<input type="checkbox"/> Health Care Directive	____/____/____	_____
<input type="checkbox"/> Living Will	____/____/____	_____
<input type="checkbox"/> Revocable Living Trust	____/____/____	_____
<input type="checkbox"/> Other: _____	____/____/____	_____
<input type="checkbox"/> Other: _____	____/____/____	_____

Personal Representative/Executor, if any: _____

Location of Tax Returns: _____

Institution of Safe Deposit Box: _____ Address: _____

City: _____ State: _____ Zip: _____

Names of those authorized to access safe deposit box: _____

Location of Personal Property Appraisal: _____

Form of Appraisal: List Photos Video

Location of Real Estate Deeds: _____

Funeral and burial arrangements: _____

Pets: Yes No

Name(s)/Type(s): _____

Caretaker to be contacted: _____ Phone: _____

CHILDREN INFORMATION

1. Full Legal Name: _____

Date of Birth: _____ Soc. Sec. No.: _____ Gender: M F

Present Marital Status:

Married Single Divorced Legally Separated Widowed

If Widowed, what date did this occur? _____

Primary Residence Address: _____

City: _____ State: _____ Zip: _____

Origin: Child of Present Marriage Child of Prior Marriage or Relationship Deceased

2. Full Legal Name: _____

Date of Birth: _____ Soc. Sec. No.: _____ Gender: M F

Present Marital Status:

Married Single Divorced Legally Separated Widowed

If Widowed, what date did this occur? _____

Primary Residence Address: _____

City: _____ State: _____ Zip: _____

Origin: Child of Present Marriage Child of Prior Marriage or Relationship Deceased

3. Full Legal Name: _____

Date of Birth: _____ Soc. Sec. No.: _____ Gender: M F

Present Marital Status:

Married Single Divorced Legally Separated Widowed

If Widowed, what date did this occur? _____

Primary Residence Address: _____

City: _____ State: _____ Zip: _____

Origin: Child of Present Marriage Child of Prior Marriage or Relationship Deceased

ASSETS

Investment/Bank Accounts

1. Bank/Institution: _____

How is account titled: _____

Account No.: _____

Type of Account: _____

Account No.: _____

Type of Account: _____

2. Bank/Institution: _____

How is account titled: _____

Account No.: _____

Type of Account: _____

Account No.: _____

Type of Account: _____

3. Bank/Institution: _____

How is account titled: _____

Account No.: _____

Type of Account: _____

Account No.: _____

Type of Account: _____

4. Bank/Institution: _____

How is account titled: _____

Account No.: _____

Type of Account: _____

Account No.: _____

Type of Account: _____

Trust Accounts

1. Institution: _____

Address: _____

Type of Trust: _____ Tax ID No.: _____

Current Trustee: _____ Successor Trustee: _____

Beneficiaries: _____

2. Institution: _____

Address: _____

Type of Trust: _____ Tax ID No.: _____

Current Trustee: _____ Successor Trustee: _____

Beneficiaries: _____

Securities

1. Brokerage Firm: _____

2. Brokerage Firm: _____

How account is titled: _____

How account is titled: _____

Account No.: _____

Account No.: _____

Type of Account: _____

Type of Account: _____

IRAs/Retirement Plans

1. Type: Traditional IRA Roth IRA Qualified Plan 403(b)

Participant: _____

Name of Company (brokerage firm, bank, mutual fund, etc.): _____

Address: _____

Account No.: _____ Approx. Value: _____ Date: _____

Primary Beneficiaries: _____

Contingent Beneficiaries: _____

2. Type: Traditional IRA Roth IRA Qualified Plan 403(b)

Participant: _____

Name of Company (brokerage firm, bank, mutual fund, etc.): _____

Address: _____

Account No.: _____ Approx. Value: _____ Date: _____

Primary Beneficiaries: _____

Contingent Beneficiaries: _____

Life Insurance Policies

1. Owned By: _____ Insured (if other than owner): _____

Type:

Whole Life Group Term Universal Life Single-premium Whole Life Term Survivorship Life

Issuer: _____ Beneficiary: _____

Death Benefit: \$ _____

Cash Value: \$ _____

Premium: \$ _____

Loans: \$ _____

Location of Policies: _____

2. Owned By: _____ Insured (if other than owner): _____

Type:

Whole Life Group Term Universal Life Single-premium Whole Life Term Survivorship Life

Issuer: _____ Beneficiary: _____

Death Benefit: \$ _____ Cash Value: \$ _____

Premium: \$ _____ Loans: \$ _____

Location of Policies: _____

3. Owned By: _____ Insured (if other than owner): _____

Type:

Whole Life Group Term Universal Life Single-premium Whole Life Term Survivorship Life

Issuer: _____ Beneficiary: _____

Death Benefit: \$ _____ Cash Value: \$ _____

Premium: \$ _____ Loans: \$ _____

Location of Policies: _____

Annuities

1. Owned by: _____ Fixed Rate Variable Rate Issuer: _____

Beneficiary: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____

2. Owned by: _____ Fixed Rate Variable Rate Issuer: _____

Beneficiary: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____

3. Owned by: _____ Fixed Rate Variable Rate Issuer: _____

Beneficiary: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____

Real Estate/Personal Residence/Business Assets/Other (Personal Property)

1. Real Estate: Primary Residence _____ Joint / Individual: _____

Lender: _____ Lender's Address: _____

Account No.: _____

Loan Amount: _____

Payment Amount: _____ Date Due: _____

Interest Rate: _____ Maturity Date: _____

2. Real Estate: _____ Joint / Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Lender: _____ Lender's Address: _____

Account No.: _____

Loan Amount: _____

Payment Amount: _____ Date Due: _____

Interest Rate: _____ Maturity Date: _____

3. Real Estate: _____ Joint / Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Lender: _____ Lender's Address: _____

Account No.: _____

Loan Amount: _____

Payment Amount: _____ Date Due: _____

Interest Rate: _____ Maturity Date: _____

4. Property Type: _____ Location of Property: _____

Description of Property: _____ Joint / Individual: _____

5. Property Type: _____ Location of Property: _____

Description of Property: _____ Joint / Individual: _____

6. Property Type: _____ Location of Property: _____

Description of Property: _____ Joint / Individual: _____

7. Property Type: _____ Location of Property: _____

Description of Property: _____ Joint / Individual: _____

8. Property Type: _____ Location of Property: _____

Description of Property: _____ Joint / Individual: _____

9. Property Type: _____ Location of Property: _____

Description of Property: _____ Joint / Individual: _____

10. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

11. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

12. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

13. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

14. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

15. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

16. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

17. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

18. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

19. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

20. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

21. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

22. Property Type: _____ Location of Property: _____
Description of Property: _____ Joint / Individual: _____

EXECUTOR

Your executor will be the manager of your estate. He or she will be tasked with making important management decisions regarding the distribution of your estate and fulfillment of your legacy. The individual you chose to serve as your executor should be close enough to you to understand your testamentary intent, and you should have complete trust in this individual. Typical executor duties include submitting your will to the probate court, locating your heirs, determining your estate assets and values, paying associated bills and/or debts of the estate, resolving any estate controversies, filing your income and estate tax returns, and distributing your assets to your heirs.

Executor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship, if not spouse: _____

Alternate Executor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

GUARDIAN FOR MINOR CHILDREN

Guardian to be Named: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship, if not spouse: _____

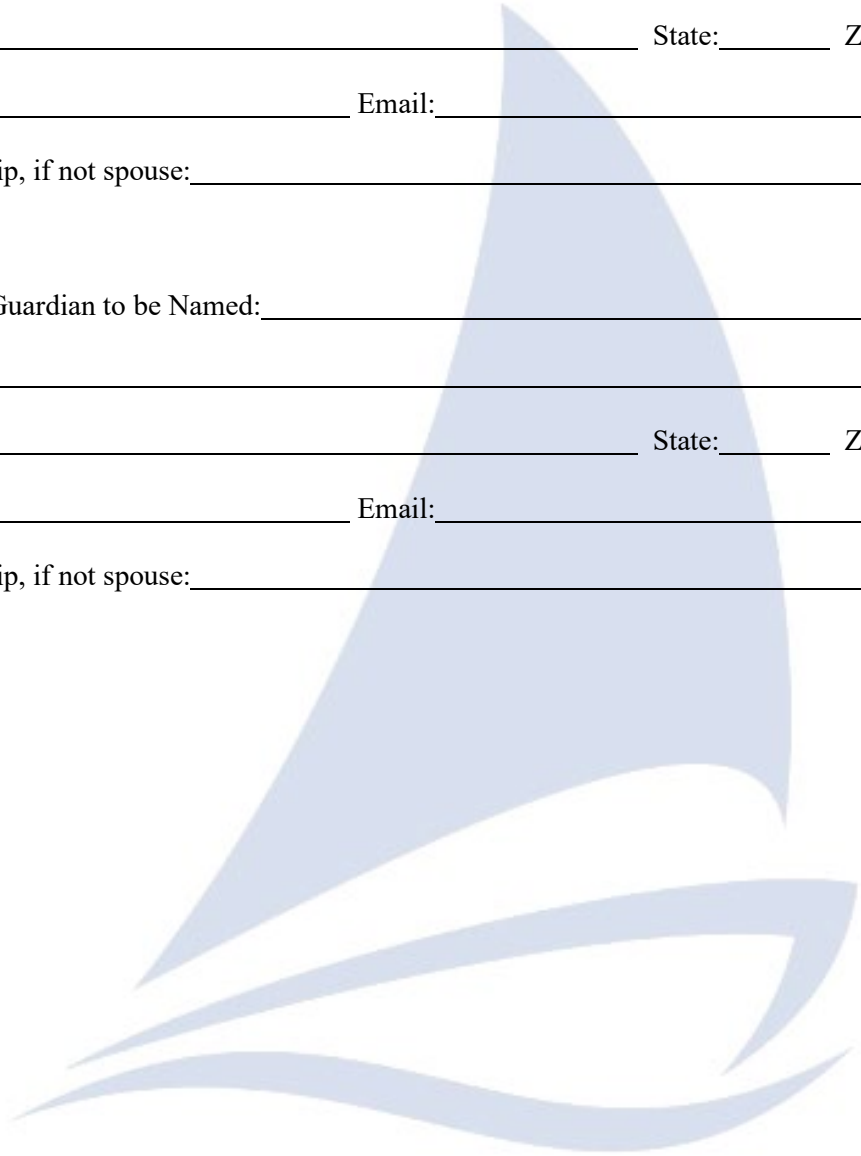
Alternate Guardian to be Named: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship, if not spouse: _____



HEALTH CARE REPRESENTATIVE

A Health Care Power of Attorney gives an individual authority to make important decisions regarding your health care decisions in the even you are unable to do so for yourself. It is “durable” in that it remains in full force if you become incapacitated for any reason. An Advance Directive for a Natural Death, often referred to as a “Living Will,” is a companion document that controls important health care end-of-life decisions such as hydration, nutrition, and resuscitation wishes. The Advance Directive can control health care decisions after a certain medical-state threshold is crossed. These two documents work together to control end-of-life decisions.

Health Care Power of Attorney: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship, if not spouse: _____

Alternate Health Care Power of Attorney: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship, if not spouse: _____