**Estate Planning Information Sheet**

1. **General Information**

|  |
| --- |
| Your Full Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. | County: Click or tap here to enter text. |
| City, State Zip: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Alternate Phone: Click or tap here to enter text. | E-mail: Click or tap here to enter text. |
| Date of Birth: Click or tap here to enter text. |
| How would you like your name to appear on formal documents? Click or tap here to enter text. |

|  |
| --- |
| **Do you have a Will and/or Revocable Living Trust?** [ ]  **Yes** [ ]  **No****If so, please bring a copy of these documents to your appointment.** |

1. **Family**
	1. Spouse

|  |
| --- |
| Spouse’s Full Name: Click or tap here to enter text. |
| If Spouse is Predeceased, Date of Death: Click or tap here to enter text. |

* 1. Children

|  |  |  |
| --- | --- | --- |
| Name & Address | Age | Spouse/Partner |
| Click or tap here to enter text. | tap | Click here to add text. |
| Click or tap here to enter text. | tap | Click here to add text. |
| Click or tap here to enter text. | tap | Click here to add text. |
| Click or tap here to enter text. | tap | Click here to add text. |

* 1. Other Family

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address | Relationship | Age | Estimated Inheritance (if any) |
| Click or tap here to enter text. | tap | tap | Click or tap here to enter text. |
| Click or tap here to enter text. | tap | tap | Click or tap here to enter text. |

* 1. Special Family Considerations
		1. Special Needs:

|  |
| --- |
| Do any of your children have special needs? If so, please describe:Click or tap here to enter text. |

* + 1. Prior Marriages

|  |  |  |  |
| --- | --- | --- | --- |
| Termination by Death or Divorce | Date of Termination | Name of Former Spouse | Children by Former Spouse |
| Click here to enter text. |  tap | tap | tap |
| Click here to enter text. | tap | tap | tap |

|  |
| --- |
| Please describe any continuing financial obligation to former spouse and/or children:Click or tap here to enter text. |

* + 1. Other

|  |
| --- |
| If there are other special family considerations, please describe (or you can wait to tell your attorney at your appointment):Click or tap here to enter text. |

1. **Estate Planning Specifics**
	1. Fiduciaries
		1. ***Personal Representative*** (Executor or Administrator of Estate). List in order of preference, whom you would like to serve as personal representative of your estate:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone Number | Relationship |
|  Click to enter text. | tap | tap | tap |
| Click to enter text. | tap | tap | tap |

* 1. ***Specific Gifts***. If you wish to make any items of personal property, including cash, please list these items and the beneficiary (the person to whom you are making the bequest) below:

|  |  |  |
| --- | --- | --- |
| Item | Beneficiary | Address |
| Click here to enter text. | Tap to enter text. | Tap to enter text. |
| Click here to enter text. | Tap to enter text. | Tap to enter text. |
| Click here to enter text. | Tap to enter text. | Tap to enter text. |
| Click here to enter text. | Tap to enter text. | Tap to enter text. |

* 1. General Distribution of Estate
		1. ***Personal Property***: excluding the specific items listed above, who should receive the balance of your tangible personal property (furniture, clothing, automobile, etc.)? Please use percentages if you want your personal property to be split among several beneficiaries:

|  |
| --- |
| First Choice: Click or tap here to enter text. |
| Second Choice: Click or tap here to enter text. |
| Third Choice: Click or tap here to enter text. |

* + 1. ***Remainder of Your Estate*** (Residue). After the distribution of specific bequests and personal property, who should receive the remainder of your estate? Please use percentages if you want your estate to be divided among several beneficiaries:

|  |
| --- |
| First Choice: Click or tap here to enter text. |
| Second Choice: Click or tap here to enter text. |
| Third Choice: Click or tap here to enter text. |

* + 1. ***Distribution Details***.

|  |
| --- |
| PLEASE NOTE: If you have named several beneficiaries, then we will assume that you want them to receive substantially equal shares, unless you indicate otherwise. |
| If any of these named people have predeceased you, do you want that person’s share to be divided among his/her children and descendants, if any? [ ]  Yes [ ]  No |
| If your share of the estate is to be distributed to a young person, would you like that person’s share to be held in a trust until he or she reaches a specified age? [ ]  Yes [ ]  No |
| Should any other share of your estate by held in a trust for any reason? [ ]  Yes [ ]  No |
| Please Describe: Click or tap here to enter text. |

1. **Assets and Liabilities**
	1. Assets
		1. General:

|  |
| --- |
| What is the estimated value of your estate? Click or tap here to enter text. |

* + 1. Real Estate:

|  |  |  |  |
| --- | --- | --- | --- |
| Property Location | Ownership (please indicate if jointly held) | Purchase Price | Value |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

* + 1. Bank Accounts:

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Institution | Type of Account | Ownership (please indicate if jointly held or payable on death) | Value |
| Tap to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Tap to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Tap to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* + 1. Investment Accounts (Non-retirement):

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Institution | Type of Account | Ownership (please indicate if jointly held or payable on death) | Value |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* + 1. Life Insurance/Annuities:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company (Account/Policy #) | Owner/Insured | Beneficiary Designation | Contingent Beneficiary (if any) | Face Value |
| Click or tap here to enter text. | Click to enter text. | Click to enter text. | Click or tap here to enter text. | tap |
| Click or tap here to enter text. | Click to enter text. | Click to enter text. | Click or tap here to enter text. | tap |
| Click or tap here to enter text. | Click to enter text. | Click to enter text. | Click or tap here to enter text. | tap |

1. **Other Documents**
	1. ***Power of Attorney for Finances***. This is the document in which you appoint another person, called your agent, to make financial decisions on your behalf. The attorney will discuss this further at your appointment.

Please list, in order of preference, whom you would like to serve as agent in this document:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone Number | Relationship |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* 1. ***Advanced Directive***. This is the document in which you appoint another person called your healthcare representative, to make healthcare decisions on your behalf if you are unable to make those decisions yourself. This document also allows you to express your wishes about life support. The attorney will discuss this further at your appointment.

Please list, in order of preference, whom you would like to serve as agent in this document:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone Number | Relationship |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* 1. ***Appointment of Person to Make Decisions Concerning Dispositions of Remains***. This is the document in which you appoint another person to make decisions about funerals and body disposition – that is, burial or cremation – after you die. If you have nothing in place at the time of your death, your legal next of kin can make that decision. Should two or more people of the same degree of relation disagree, this can create conflict, it is best to have this document in place.

Please list, in order of preference, whom you would like to serve as agent in this document:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone Number | Relationship |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Note: The Advance Directive does not govern mental healthcare decisions. If you have any particular concern about this issue, please discuss with your attorney.