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ESTATE PLANNING AND WILL INFORMATION FORM

INSTRUCTIONS: Please provide all of the following information to the best of your ability.
(Not all sections may apply to your situation)

A. TESTATOR/TESTATRIX – Person making the Will

1. Your Name: _____
2. Birth Date: _____
3. Social Security #: _____
4. Are you a U.S. Citizen? Yes ___ No ___
5. Spouse's Name: _____
6. Spouse's Birth Date: _____
7. Spouse's Social Security #: _____
8. Is your spouse a U.S. Citizen? Yes ___ No ___
9. Street Address: _____
City: _____ State: _____ County: _____ Zip _____
10. Home Phone #: _____ Work Phone #: _____
11. Have you been married previously? Yes ___ No ___
If Yes, please give details on back or attach a separate page.

B. CHILDREN

1. **List of Children** – Please list all children. If you do not plan to provide for a child in your will, the child must be specifically omitted by name.

<u>Full Name</u>	<u>Married Name</u>	<u>DOB</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have any children received an advance on their inheritance or are any children

financially indebted to you? Yes ____ No ____

If Yes, please explain: _____

3. Is there any reason to treat your children other than equally? Yes ____ No ____

If Yes, please explain: _____

4. Are any of your children spendthrifts? Yes ____ No ____

If Yes, please explain: _____

5. Are any of your children under a disability? Yes ____ No ____

If Yes, please explain: _____

6. If any child should predecease you, should his/her share pass through t his/her children?

Yes ____ No ____

If Yes, please indicate grandchildren, if any:

Full Name:

DOB:

Parents:

(Use back or attach a separate page if more space is needed)

7. Who should be guardian of your minor children?

(A guardian has physical and legal control over the children until they attain age 18)

First Choice: Name: _____

Address: _____

Relationship: _____

Alternate Choice: Name: _____

Address: _____

Relationship: _____

(Use back or attach a separate page if you wish to list additional alternates)

C. TRUST

1. Do you wish to have a trust established for the benefit of your spouse and/or children?

(A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18)

Yes ____ No ____

If Yes:

- a) Please indicate who the trustee(s) should be.
You may name an individual, bank or trust company or both:

First Choice: Name: _____
Address: _____

Alternate Choice: Name: _____
Address: _____
(Use back or attach a separate page if you wish to list additional alternates)

- b) Terms of distribution *(education, marriage, etc.)*

- c) Age(s) for distribution to children from trust *(ie: 1/3 at ages 21, 21, 30)*

(Use back or attach a separate page if you need additional space)

- d) How should your estate be distributed if your spouse and/or children do not survive you? *(ie: other family members, charity, etc.)*

(Use back or attach a separate page if you need additional space)

2. If you do not have children, please indicate to whom your estate should pass (beyond spouse, if any) and share to each person.

(Use back or attach a separate page if you need additional space)

D. PERSONAL REPRESENTATIVE OR “EXECUTOR” OF YOUR ESTATE

(A Personal Representative is responsible for probating your will, paying your debts, collecting your assets and settling your estate)

First Choice (*typically Spouse*): Name: _____

Address: _____

Alternate Choice: Name: _____

Address: _____

(Use back or attach a separate page if you wish to list additional alternates)

E. HOMESTEAD

1. Address: _____

2. Name of all owners: _____

3. Approximate "fair" Market Value (*May be higher than Taxable Value*) \$ _____

4. Nature and approximate amount of any mortgage, contract for deed, etc:

F. OTHER REAL ESTATE

Do you own any other real estate? Yes ____ No ____

If Yes, please list the following:

1. Address/Legal Description: _____

2. Name of all owners: _____

3. Approximate "fair" Market Value (*May be higher than Taxable Value*) \$ _____

4. Nature and approximate amount of any mortgage, contract for deed, etc:

5. Your wishes for disposition upon your death:

G. BANK ACCOUNTS AND DEPOSITS

(Use back or attach a separate page if need additional space)

Type of Account:	Institution Name:	Balance:	Owner(s):
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If Yes: Approximate Value: \$ _____

Beneficiary: _____

K. PERSONAL PROPERTY (Describe and give a value of any items of substantial value, such as automobile, works of art, jewelry, etc)

1. List

Specified Items:	Values:	Bequest To:*
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**If you wish to specifically bequest the item to an individual*

2. Do you wish to make a reference in your will to a separate list of any specific bequest of items of Personal Property which you wish to give to a specific person (like the ones listed above)? *The advantage to having a separate list instead of listing them directly in your will is that it may be changed without the necessity of updating your will.*

Yes ____ No ____

K. MISCELLANEOUS

1. Do you wish to make any charitable bequests? Yes ____ No ____

If Yes, please describe: _____

2. Do you have a safe deposit box? Yes ____ No ____

If Yes: Where is it located? _____

Who else has access to it? _____

3. Do you expect an inheritance in the near future? Yes ____ No ____

If Yes, give details: _____

4. Please list any other assets of any kind (*ie: business interests, royalties, patents, trademarks*)

(Use back or attach a separate page if you need additional space)

5. Please explain any other provision that you would like to include in your will that has not been dealt with in this form.

(Use back or attach a separate page if you need additional space)

6. Are you interested in preparing a POWER OF ATTORNEY (*Granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to do so*)

Yes ___ No ___

If Yes, list name(s): _____

7. Are you interested in preparing a HEALTH CARE DECLARATION? (*This is a "Living Will" stating your preference for health care if you are in a terminal condition*)

Yes ___ No ___

If Yes, please list your primary care physicians name and address:

8. Do you have any special requests regarding funeral or burial or organ donation?

Yes ___ No ___

If Yes, this is best handled by a LETTER OF INSTRUCTION or other statement separate from your will to your family or other responsible person.

9. Do you have a financial planner, investment advisor or insurance agent?

Yes ____ No ____

If Yes, please give contact information:

**AFTER YOU HAVE COMPLETED THIS FORM, PLEASE
RETURN IT TO YOUR OFFICE OR BRING IT ALONG TO
YOUR SCHEDULED OFFICE CONFERENCE**