## ESTATE PLANNING DOCUMENTS PREPARATION FORM

FAMILY INFORMATION			
Client Name:		DO	B:
Client Address:			
Phone:	Phone:		
Email:			
Employer:			date:
Spouse Name:		DC	)B:
Spouse Address:			
Phone:	Phone:		
Email:			
Employer:		Retired	date:
<u>Name</u>		<u>DOB</u>	A/M/Div/D/Dis
Spouse's Children (from other marriage):			
<u>Name</u>		<u>DOB</u>	A/M/Div/D/Dis

Client's Grandchildren: (Adopted, Married, I	Deceased, <b>Dis</b> abled)	
Name	<u>DOB</u>	A/M/Div/D/Dis
Spouse's Grandchildren: (Adopted, Married,	Deceased, Disabled)	
<u>Name</u>	<u>DOB</u>	A/M/Div/D/Dis
SPECIAL CIRCUMSTANCES:		
Retirement Account Trust (for large IRA, 40	<b>11K)</b> ? Yes / No (dis	scuss with us)
Special Needs Trust for disabled child/grand		,
Client has pre-marital agreement? Y / N (F		
Disinherit family member?		
Child/grandchild/other beneficiary not able to h	andle money?	
Other/Notes:		

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## LAST WILL AND TESTAMENT / REVOCABLE LIVING TRUST

SPECIFIC GIFTS to individuals (heirlooms, property, money, etc.):
Use separate list outside the will
List items in Will or Trust – (provide separate list)
House or property to certain person? Yes No If so, who?
GENERAL DISTRIBUTION OF ASSETS (check all blanks that apply):
<u>If spouse survives</u> :
All to spouse outright All to Marital Trust for spouse
All to Trust for <b>incapacitated</b> spouse Contingent Trust for incapacitated spouse
To Spouse and children: In equal shares Other:
If single or if spouse deceased at Client's death:
Leave all assets to: Children Other:
In equal shares Other:
If a beneficiary is deceased, his/her share to: His/her children Client's other children
Other:
Do you have children/grandchildren/other descendants under age 21, or who may have creditor
problems, or who may not be able to safely/wisely manage an inheritance? Yes No
A <b>Trustee</b> may hold that share and pay for the following types of things for the beneficiary:
General health, education, support expenses of any kind
Extraordinary medical expenses
Education: tuition/books/fees/room/board/transportation – secondary/college/graduate
Other:
Principal to be paid out of trust to beneficiary(ies):
All outright at age 21 / at age;
% at age / % at age / % at age
At trustee's discretion
Other

File	No.		

# **FIDUCIARIES**

<b>Executor of Will:</b> (note	e if Co-Executors to serve together)	
Name:	Address:	Phone:
#1:		
Successor Trustee(s) o	f Revocable Living Trust: (after Cli	ient and Spouse as Trustees)
Name:	Address:	Phone:
#1:		
#2:		
	ncapacitated Spouse: (note if Co-Tra	
Name:	Address:	Phone:
#1:		
#2:		
Trustee of Special Neo	eds Trust for disabled child/grando	child: (note if Co-Trustees to serve)
Name:	Address:	Phone:
#1:		
Trustee of Minor/Desc	endants/Spendthrift Trust: (note if	f Co-Trustees to serve together)
Name:	Address:	Phone:
#1:		
#2:		
Guardian of young or	disabled child: (note if Co-Guardian	ns to serve together)
Name:	Address:	Phone:
#1:		
#3.		

File	No.			

## **DURABLE POWER OF ATTORNEY**

<b>AGENT:</b> (note if Co-Agents to serve togethe	r)
Name #1:	Phone:
Address:	
Name #2:	Phone:
Address:	
Name #3:	Phone:
Address:	
	Phone:
Address:	
When effective:	
Immediate Springing (only after st	atements by): one / two doctor statements
Client Assets (check all that apply):	
Residence Non-residence real esta	te Rental property Vehicles
Bank accounts CDs, savings acc	counts Investment accounts
Retirement acct (IRA, 401k) Stoc	ks, bonds Life Insurance
Business interest Partnership inte	rest
Agent Powers:	
No limits ("I trust my agent to do what I	would do")
OR	,
Make loans from Client funds: Yes / N	o Must get consent from
Sell property: Yes / No Must get	-
	No Must get consent from
	Spouse Others:
Pay education costs for: Children	Grandchildren Other:
	Care for pets / work animals
Other restrictions on Agent:	

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## ADVANCE HEALTH CARE DIRECTIVE

<b>AGENT:</b> (note if Co-Agents to serve toge	ether)
Name #1:	Phone:
Address:	
	Phone:
Address:	
	Phone:
Address:	
	Phone:
Address:	
PRIMARY DOCTOR INFORMATION	<b>N</b> -
Name:	
Clinic Name:	
NOTES:	