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ESTATE PLANNING INFORMATION FORM (COUPLE)

Meeting Date: _____
 Signing Date: _____

File No.: _____

BASIC PERSONAL INFORMATION

		Husband	Wife
Full Legal Name			
Home Address	Street		
	City/State/Zip		
County of Residence			
Occupation			
Employer			
Email Address			
Contact Numbers	(O)		
	(H)		
	(C)		
Date of Birth			
Date of Marriage			
Are you a US Citizen?			

CHILDREN

	Full Name	His / Hers / Ours	Date of Birth / Age	Address (Include Street & City/State/Zip)
1.				
2.				
3.				
4.				
5.				

EXECUTOR / AGENT / GUARDIAN

Other than each other, who would you name for the following:

Subsequent Executor for You			
Trustee for Children			
Guardian of Minor Children <i>(if necessary)</i>			
Subsequent Healthcare Agent for You	Name		
	Street		
	City/State/Zip		
	Phone #		
Subsequent Guardian for You			
Subsequent Financial Power of Attorney for You			
Should the Financial Power of Attorney be effective immediately or upon disability?	<input type="checkbox"/> Now	<input type="checkbox"/> Disability	<input type="checkbox"/> Now <input type="checkbox"/> Disability
Organ Donation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donation of body for medical study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burial or Cremation?	<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation

WHO WILL RECEIVE YOUR ESTATE WHEN YOU DIE?

Specific Bequests
Remainder of Estate – <i>Default is spouse and then children.</i>
Trust – <i>For children with payout at age (25 / 30 / 35).</i>
Is your primary purpose of the trust for your children for each of your children to receive an education or would you prefer that all children receive an equal share of your estate regardless of their level of schooling at the time of your death?
<input type="checkbox"/> Purpose is education.
<input type="checkbox"/> Purpose is equal shares to each child.
Who receives your estate if you and all of your children die?
Any to charity?

[Type text]

ASSET INVENTORY

Item	His	Hers	Joint
Annual Income			
FMV of Primary Residence			
Mortgage			
FMV of Other Real Estate Properties			
Mortgage			
Location Address			
Personal Belongings: The contents of your house.			
Antiques, jewelry, coins, guns (not included above)			
Automobiles (include year, make, and model)			
Cash, Savings Accounts, CDs			
Stocks and Bonds (not in a Retirement Account)			
Pension/401K/IRA			
Beneficiary:			
Annuities			
Beneficiary:			
Life Insurance			
Beneficiary:			
FMV of Business Type of Entity:			
Any other assets not listed above:			
TOTAL GROSS ESTATE			
Other Debts (credit cards, auto loans, etc.)			
NET WORTH			

I have completed the above form and certify that to the best of my knowledge the information provided above is true and correct.

_____ *Husband* _____ *Wife*

[Type text]

ADDITIONAL INFORMATION

Is there anyone in your family with special needs?	
Do you have an expectancy to inherit a substantial sum of money?	
Do you have any personal loans payable to you?	
Do you have a continuing obligation from a previous marriage?	
Do you want to make plans for the care of a pet?	

Do you have:

Please list the name and contact information for the following:

Long Term Care Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CPA / Tax Advisor	
College Funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Financial Advisor	
Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Life Insurance Agent	
Retirement Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bank	
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who referred you to me?	

Please list any questions or concerns you would like to discuss at the consultation meeting. Use additional paper if necessary.

[Type text]