



ESTATE PLANNING INFORMATION FORM (SAME SEX COUPLE)

Meeting Date: _____
Signing Date: _____

File No.: _____

BASIC PERSONAL INFORMATION

		Partner	Partner
Full Legal Name			
Home Address	Street		
	City/State/Zip		
County of Residence			
Occupation			
Employer			
Email Address			
Contact Numbers	(O)		
	(H)		
	(C)		
Date of Birth			
Are you Married? Date?			
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 (if necessary)				
Subsequent Healthcare Agent for You	Name		Name	
	Street		Street	
	City/State/Zip		City/State/Zip	
	Phone #		Phone #	
Subsequent Financial Power of Attorney for You				
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 – Default is spouse and then children.

Trust – For children with payout at age (30 / 35 / 40).

Who receives your estate if you and all of your children all die?

Any to charity?

ASSET INVENTORY

Item	His/Hers	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.

_____ *Partner* _____ *Partner*

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?	
Does someone have passwords to your digital accounts?	
Do you have children over age 18 who need a health care directive and financial power of attorney?	

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.