



ESTATE PLANNING INFORMATION FORM (SINGLE PERSON)

Meeting Date: _____
Signing Date: _____

File No.: _____

BASIC PERSONAL INFORMATION

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 a US Citizen?		

CHILDREN

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

EXECUTOR / AGENT / GUARDIAN

Who do you name for the following:

First Choice

Second Choice

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

WHO WILL RECEIVE YOUR ESTATE WHEN YOU DIE?

Specific Bequests

Remainder of Estate – *Default is children.*

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

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

Any to charity?

ASSET INVENTORY

Item	
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.

_____ *Signature*

_____ *Date*

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.