# ESTATE PLANNING INFORMATION FORM (single person)

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **basic PERSONAL information**

|  |  |
| --- | --- |
| Full Legal Name |  |
| Home Address | Street |  |
| City/State/Zip |  |
| Telephone Number |  |
| County of Residence |  |
| Occupation |  |
| Employer |  |
| Email Address |  |
| Date of Birth |  |
| Are you a US Citizen? |  |

## **CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Name | Date of BirthOr Age | Address (Include Street & City/State/Zip/Phone number) |
| 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 *(if necessary)* |  |  |
| Healthcare Agent for You | Name |  |  |
| Street |  |  |
| City/State/Zip |  |  |
| Phone # |  |  |
| Financial Power of Attorney for You |  |  |
| Organ Donation? | □ Yes | □ No |  |
| Donation of body for medical study? | □ Yes | □ No |  |
| Burial or Cremation? | □ Burial | □ 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? |  |
| Do you have a safe deposit box? If so, name location |  |
| 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 | □ Yes | □ No | CPA / Tax Advisor |  |
| College Funding | □ Yes | □ No | Financial Advisor |  |
| Health Insurance | □ Yes | □ No | Life Insurance Agent |  |
| Retirement Accounts | □ Yes | □ No | Bank |  |
| Life Insurance | □ Yes | □ 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.*

|  |
| --- |
|  |