



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 Birth Or 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 <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?	
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	<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.