



**ESTATE PLANNING INFORMATION FORM (COUPLE)**

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

File No.: \_\_\_\_\_

**BASIC PERSONAL INFORMATION**

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

**CHILDREN**

	Full Name	His/Hers/ Ours	Date of Birth Or Age	Address (Include Street & City/State/Zip/Phone number)
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 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?**

<b>Specific Bequests</b>
<b>Remainder of Estate</b> – <i>Default is spouse and then children.</i>
<b>Trust</b> – <i>For children with payout at age (30 / 35/ 40).</i>
<b>Who receives your estate if you and all of your children die?</b>
<b>Any to charity?</b>

**ASSET INVENTORY**

Item	Spouse	Spouse	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:			
<b>TOTAL GROSS ESTATE</b>			
Other Debts (credit cards, auto loans, etc.)			
<b>NET WORTH</b>			

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

\_\_\_\_\_ Spouse \_\_\_\_\_ Spouse

**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.*