



**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**

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

\_\_\_\_\_ *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 own any digital assets like Bitcoin or NFTs? Please list below.	
Do you have children over age 18 who need a health care directive and financial power of attorney?	

*Please list the name and contact information for the following:*

Financial Advisor		CPA / Tax Advisor	
Bank		Life Insurance Agent	
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.*