

Date _____

INFORMATION SHEET
(Please Print)

Male/Spouse's Name:

Full Legal Name (inc. Middle Name) Birth Date Age

Signature:

(The way you sign legal documents) Social Security Number

Male/Spouse's Occupation:

Female/Spouse's Name:

Full Legal Name (inc. Middle Name) Birth Date Age

Signature:

(The way you sign legal documents) Social Security Number

Female/Spouse's Occupation:

Date of Marriage (if married) Number of Years

Home Address:

County of Residence

**Telephone & Email
Addresses:**

Home Email #1

Work Email #2

| Children – Full Name and Address (Attach list if children of other marriage (s).) | Birth Date and Age | Marital Status (M/S/D) | No. of Children |
|---|-------------------------------|-----------------------------------|----------------------------|
|---|-------------------------------|-----------------------------------|----------------------------|

Are all of the above persons U.S. Citizens? [] Yes [] No (Please note who is not above.)

Primary and Alternate Attorney-in-Fact (Durable Power of Attorney):

Male/Spouse:

Female/Spouse:

1.

1.

2.

2.

Primary and Alternate Health Care Surrogate(s):

Male/Spouse:

Female/Spouse:

1.

1.

2.

2.

Do you want a living will? Male: Yes No Female: Yes No

Do you want food and/or water to continue to be provided if terminally ill?

Male: Yes No Female: Yes No

Primary and Alternate Trustees and/or Co-Trustees:

Male/Spouse:

Female/Spouse:

1.

1.

2.

2.

Primary and Alternate Personal Representatives:

Male/Spouse:

Female/Spouse:

1.

1.

2.

2.

Primary and Alternate Guardians for Minor Children (if any):

Male/Spouse:

Female/Spouse:

1.

1.

2.

2.

ASSETS

| | Joint | Male/Sp. | Female/Sp. |
|--|----------|----------|------------|
| Real Property Address: | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Automobiles Year and Make: | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Savings and Checking Accounts: | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Certificates of Deposit: | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Mutual Funds/Money Market Accounts: | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Stocks and/or Bonds:

| | | | |
|-------|----------|----------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Valuable Personal Property:

| | | | |
|-------|----------|----------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Other Miscellaneous Contents:

| | | |
|----------|----------|----------|
| \$ _____ | \$ _____ | \$ _____ |
|----------|----------|----------|

| Insurance Company | Insured | Policy Owner | Beneficiary | Death Benefit |
|--------------------------|----------------|---------------------|--------------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| Profit Sharing/401(k) | Beneficiary | Value |
|------------------------------|--------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IRAs

Beneficiary

Value

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Assets

Husband/Wife/Joint

Value

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are either you or your spouse anticipating any inheritance within the next 5-10 years? [] Yes [] No

If yes, please estimate the amount. _____

LIABILITIES

Male/Female/Joint

Value

Home Mortgage

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

Notes

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

Loans on Life Insurance

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

Other Obligations

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

KEY ADVISORS

CPA:

| |
|-------|
| _____ |
| _____ |

BANKER:

| |
|-------|
| _____ |
| _____ |

FINANCIAL ADVISOR:

| |
|-------|
| _____ |
| _____ |

INSURANCE AGENT:

| |
|-------|
| _____ |
|-------|

Estate Planning Concerns

Please rate the following as to how important they are to you:

(H = high concern, S = some concerned, L = low concern, N/A = no concern or not applicable)

Description

Level of Concern

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting a spouse.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting any children or descendants

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death

Avoiding a guardianship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons, and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Protect children’s inheritance in the event of a surviving spouse’s remarriage.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns:

Important Family Questions

| (Please check "Yes" or "No" for your answer) | Yes | No |
|---|-----|----|
| Are you (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe:</i> _____ | | |
| Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i> | | |
| If married, have you and/or your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i> | | |
| Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i> | | |
| Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i> | | |
| Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | | |
| Are there any other charitable organizations for which you wish to make provisions at the time of your death? <i>If so, please explain below.</i> | | |
| If married, have you lived in any of the following states while married to each other? <i>If so, please respond and circle all such states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.</i> | | |
| Do any of your children receive governmental support or benefits? | | |
| Do you provide primary or other major financial support to adult children or others? | | |

ADDITIONAL RELEVANT INFORMATION
