**Estate Planning Information**

Today’s Date:

**Personal Information**

|  |  |
| --- | --- |
| **Your Name:** (First, Middle, Last) |  |
| **Home Address:**  |  |
| **City/State:** |  | **Zip Code:** |  |
| **Home Phone:** |  | **Work Phone:** |  |
| **Cell Phone:** |  | **Birth Date:** |  |
| **Email Address:** |  | **Marital Status:** |  |
| **Employer:** |  |

|  |  |
| --- | --- |
| **Spouse, Partner, or Significant Other:** (First, Middle, Last) |  |
| **Home Address:**  |  |
| **City/State:** |  | **Zip Code:** |  |
| **Home Phone:** |  | **Work Phone:** |  |
| **Cell Phone:** |  | **Birth Date:** |  |
| **Email Address:** |  | **Marital Status:** |  |
| **Employer:** |  |

**Children**

|  |  |
| --- | --- |
| **Name:**(First, Middle, Last) |  |
| [ ]  **Son/**[ ]  **Daughter of** [ ]  **Wife/**[ ]  **Husband/**[ ]  **Both** (Please Check Boxes) |
| **Home Address:**  |  |
| **City/State:** |  | **Zip Code:** |  |
| **Home Phone:** |  | **Work Phone:** |  |
| **Cell Phone:** |  | **Birth Date:** |  |
| **Email Address:** |  | **Marital Status:** |  |
| **No. of Children:** |  |  |  |
| **Names of Child’s Children:** |  |
| **Spouse, Partner, or Significant Other:** (First, Middle, Last) |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

|  |  |
| --- | --- |
| **Do any of your children have special needs?** **If yes, please describe.** |  |

**Deceased Children**

*Please provide information regarding deceased children, if any.*

|  |  |
| --- | --- |
| **Name:**(First, Middle, Last) |  |
| [ ]  **Son/**[ ]  **Daughter of** [ ]  **Wife/**[ ]  **Husband/**[ ]  **Both** (Please Check Boxes) |
| **Is this person survived by children? Yes** [ ]  **No** [ ]  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**Parents/Siblings**

*Please provide information regarding your parents and siblings.*

|  |  |
| --- | --- |
| **Name:**(First, Middle, Last) |  |
| **Relationship:** |  |
| **Home Address:**  |  |
| **City/State:** |  | **Zip Code:** |  |
| **Home Phone:** |  | **Email Address:** |  |
| **Name:**(First, Middle, Last) |  |
| **Relationship:** |  |
| **Home Address:**  |  |
| **City/State:** |  | **Zip Code:** |  |
| **Home Phone:** |  | **Email Address:** |  |
| **Name:**(First, Middle, Last) |  |
| **Relationship:** |  |
| **Home Address:**  |  |
| **City/State:** |  | **Zip Code:** |  |
| **Home Phone:** |  | **Email Address:** |  |
| **Name:**(First, Middle, Last) |  |
| **Relationship:** |  |
| **Home Address:**  |  |
| **City/State:** |  | **Zip Code:** |  |
| **Home Phone:** |  | **Email Address:** |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**Assets and Liabilities**

|  |  |
| --- | --- |
| **What is the estimated value of your estate?**  |  |
| **Do you have a safety deposit box? If yes, where is it located?** |  |

|  |  |
| --- | --- |
| **Real Estate:** |  |
| **Property Address:**  |  |
| **Ownership:** (Please indicate if jointly held) |  |
| **Mortgage Balance:**  |  |
| **Purchase Price:**  |  |
| **Value:**  |  |
| **Real Estate:** |  |
| **Property Address:**  |  |
| **Ownership:** (Please indicate if jointly held) |  |
| **Mortgage Balance:**  |  |
| **Purchase Price:**  |  |
| **Value:**  |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**Bank accounts**

|  |  |
| --- | --- |
| **Financial Institution:**  |  |
| **Account No.:** (Last 4-digits)  |  |
| **Type of Account:**  |  |
| **Ownership:**  |  |
| **Value:**  |  |
| **Financial Institution:**  |  |
| **Account No.:** (Last 4-digits) |  |
| **Type of Account:**  |  |
| **Ownership:**  |  |
| **Value:**  |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**Investment and retirement account**

*Please include tax deferred accounts, life insurance and annuities.*

|  |  |
| --- | --- |
| **Financial Institution:**  |  |
| **Account No.:** (Last 4-digits)  |  |
| **Type of Account:**  |  |
| **Ownership:** (Please indicate if jointly held or payable on death)  |  |
| **Value:**  |  |
| **Financial Institution:**  |  |
| **Account No.:** (Last 4-digits)  |  |
| **Type of Account:**  |  |
| **Ownership:** (Please indicate if jointly held or payable on death)  |  |
| **Value:**  |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**Other Securities (Non-Retirement)**

*Please list any bonds, mutual funds, stocks, or other securities that you own and that have not already been included in the accounts listed above.*

|  |  |
| --- | --- |
| **Company/Issuer:**  |  |
| **Quantity:**  |  |
| **Ownership:** (Please indicate joint owner or payable on death beneficiary)  |  |
| **Value:**  |  |
| **Company/Issuer:**  |  |
| **Quantity:**  |  |
| **Ownership:** (Please indicate joint owner or payable on death beneficiary)  |  |
| **Value:**  |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**life insurance/annuities**

|  |  |
| --- | --- |
| **Company:**  |  |
| **Owner/Insured:**  |  |
| **Beneficiary Designation:**  |  |
| **Contingent Beneficiary** (if any)**:**  |  |
| **Death Benefit:**  |  |
| **Company:**  |  |
| **Owner/Insured:**  |  |
| **Beneficiary Designation:**  |  |
| **Contingent Beneficiary** (if any)**:**  |  |
| **Death Benefit:**  |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**Retirement accounts**

*Please list any annuities, IRAs, profit sharing plans, Keogh plans, pension plans, or other deferred compensation arrangements.*

|  |  |
| --- | --- |
| **Retirement Account/Plan:**  |  |
| **Owner:**  |  |
| **Beneficiary Designation:** |  |
| **Contingent Beneficiary** (if any)**:**  |  |
| **Value:**  |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**business interests**

*Please list any interest that you have in any closely held business entity.*

|  |  |
| --- | --- |
| **Business Name and Type:**(Corp, Pship, LLP, LLC, etc.)  |  |
| **Ownership/% of Ownership:**  |  |
| **Basis:** |  |
| **Buy/Sell or Other Operating Agreement:**  |  |
| **Value:**  |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

**Personal Property**

*Please list any significant items of personal property, such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc., below.*

|  |  |
| --- | --- |
| **Item:**  |  |
| **Ownership:**  |  |
| **Value:**  |  |
| **Item:**  |  |
| **Ownership:**  |  |
| **Value:**  |  |
| **Item:**  |  |
| **Ownership:**  |  |
| **Value:**  |  |

To add additional sections, mouse over this section, click to highlight, then click the blue “+” in the lower right-hand corner.

|  |  |
| --- | --- |
| **Who referred you to this office?**  |  |