

**ESTATE PLANNING
CONFIDENTIAL INFORMATION SHEET**

Date: _____

Marital Status: Single Married Divorced Widow Widower Domestic Partner

Would you and your spouse/partner like to be jointly represented by this firm? Yes No

	Client # 1	Client # 2 (Spouse/Partner)
Full Legal Name*		
Former/Other Name		
Social Security #		
Residence Address		
County of Residence		
Mailing Address		
Residence Phone		
Cell Phone		
Business Phone/Fax		
Email Address		
Birthdate		
Birthplace		
Citizenship		
Occupation		

***Please include your middle name, if any.**

- | | | | |
|----|---|-----|----|
| 1. | Is there a physical possibility of more children? | Yes | No |
| 2. | Do you have a child with a learning disability? | Yes | No |
| 3. | Do you have adopted children? | Yes | No |
| 4. | Do any of your children have special education, medical, or physical needs? | Yes | No |

Please indicate name(s): _____

- | | | | |
|----|---|-----|----|
| 5. | Are any of your children institutionalized? | Yes | No |
|----|---|-----|----|

LIST ALL CHILDREN

Child 1: _____ DOB: _____ SSN: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____ Year of Adoption: _____

If Child is from a former marriage, please indicate whether the parent is Client #1 ___ or Client #2 ___

Married: Yes No Spouse's Name: _____

Their children's names and ages: _____

Child 2: _____ DOB: _____ SSN: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____ Year of Adoption: _____

If Child is from a former marriage, please indicate whether the parent is Client #1 ___ or Client #2 ___

Married: Yes No Spouse's Name: _____

Their children's names and ages: _____

Child 3: _____ DOB: _____ SSN: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____ Year of Adoption: _____

If Child is from a former marriage, please indicate whether the parent is Client #1 ___ or Client #2 ___

Married: Yes No Spouse's Name: _____

Their children's names and ages: _____

Child 4: _____ DOB: _____ SSN: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____ Year of Adoption: _____

If Child is from a former marriage, please indicate whether the parent is Client #1 ___ or Client #2 ___

Married: Yes No Spouse's Name: _____

Their children's names and ages: _____

Former Marriage(s)	Client # 1	Client # 2
Former Spouse Name		
Date of Marriage		
Date of Divorce		
Date of Death		
Former Spouse Name		
Date of Marriage		
Date of Divorce		
Date of Death		

Parents	Client # 1	Client # 2
Name		
Address		
Age		
Phone Number		
Email Address		
State of Health		
Financially Dependent?		

Expected Inheritances	Client # 1	Client # 2
From		
Approximate Value		
From		
Approximate Value		

It is important to include all contact information requested. If the same person is indicated several times, it is only necessary to enter their full information once.

For couples, it is assumed that the first choice for all designations is your spouse/partner.

Trustee (to manage funds for minor children or to manage funds after death of spouse):

1st Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

Personal Representative (carries out the terms of your will):

1st Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

Guardian (to care for minor children):

1st Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____



Attorney-In-Fact (to manage your financial affairs if you are unable):

1st Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

Health Care Representative (makes health care decisions when you are unable):

This section should be filled out if you are retaining our firm to draft an Advanced Directive on your behalf.

1st Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

Person to make decisions regarding disposition of remains

1st Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Email: _____



Do you have a burial plan?

Yes No

If so, please provide details: _____

Do you want specific funeral arrangements?

Yes No

If applicable, please specify: _____

Charitable Bequests. Do you have any colleges, hospitals, religious organizations or other charities or non-profits that you wish to benefit in your estate plan? If so please provide the name, the dollar amount, or the percentage of your estate that you wish to leave these organizations.

Name of Organization	Address and TIN if known	Percentage or Dollar Amount

Specific Gifts (Monetary gifts or specific distributions - you wish to leave to individuals):

Name	Percentage or Dollar Amount		Relationship

Residue of Estate (list who is to receive estate after you have made your general, specific, and charitable gifts):

Name	Percentage or Dollar Amount	Relationship

It is common for clients to hold assets in trust for their beneficiaries. At what age or ages do you think your beneficiaries will be able to manage their inheritance?

Age: ____ Percentage ____

Age: ____ Percentage ____

Age: ____ Percentage ____

Ultimate Beneficiaries (in the event something should happen to you, your spouse, and your heirs, including children or grandchildren, persons or organizations that would receive the residue):

Name	Percentage or Dollar Amount	Relationship

Important Family Questions:

1. Do any of your family members receive governmental support or benefits? Yes No
2. Are you or your spouse receiving social security, disability, or other governmental benefits? Yes No
3. Do you provide primary or other major financial support to adult children? Yes No
4. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
5. Have you and your spouse ever signed a pre-or post-marriage contract?
(Please furnish a copy) Yes No
6. Have you or your spouse been widowed?
(If a federal estate tax returns or a state death tax return was filed, please furnish a copy) Yes No
7. Have you and your spouse lived in any of the following community property states during marriage (please circle):

Arizona	New Mexico	California	Texas	Idaho
Washington	Louisiana	Wisconsin	Nevada	Alaska

During what periods of time did you reside there? _____
8. Have you or your spouse ever filed federal or state gift tax returns?
(Please furnish copies of these returns) Yes No
9. Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements?
(Please furnish copies of these documents) Yes No
10. Are both you and your spouse United States citizens? Yes No
 - 10a. If you answered "No", are either you or your spouse:
 - A resident.
 - Nonresident alien.

Estate Summary:

	Client # 1	Client # 2	Joint
Real Estate	\$	\$	\$
Bank Accounts	\$	\$	\$
Investments	\$	\$	\$
Retirement Accounts	\$	\$	\$
Business Interests	\$	\$	\$
Receivables	\$	\$	\$
Miscellaneous	\$	\$	\$
Life Insurance	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

Please provide us with current copies of all your banking, brokerage and investment accounts, statements, retirement, and life insurance policies. This documentation needs to include the name and address of the financial institution or insurer, your account representative or contact person.