

ESTATE PLANNING GUIDE

Today's Date: _____

Do you have an existing estate plan? YES NO
(If yes, please include a copy of your existing estate planning documents)

Information about yourself

Full Legal Name	
Nickname(s)	
Date of Birth	
Social Security Number	

Are you married? YES NO

Date of marriage: _____

Do you have a prenuptial agreement? YES NO
(If yes, please include a copy of the agreement)

If you were previously married, indicate whether:

_____ Prior marriage ended in divorce
_____ Prior marriage ended with death of spouse

Information about your spouse

Spouse's Full Legal Name	
Nickname(s)	
Date of Birth	
Social Security Number	

If previously married, indicate whether:

_____ Prior marriage ended in divorce
_____ Prior marriage ended with death of spouse

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Information about your family

Children who are of this Relationship

Child's Full Legal Name	Date of Birth	Address

Children by previous Relations (Include children who have passed away)

Child's Full Legal Name	Date of Birth	Address	Child's Parent

Have any of the children identified above been adopted by the spouse of this relationship? YES NO

Please indicate which children have been adopted by placing an "*" next to their name.

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Information about your family Continued

Grandchildren/Great Grandchildren

Grandchild's Full Legal Name	Parent of the Child

Are any of the children special needs children? YES NO

Child's Full Legal Name	Describe the condition qualifying the child for special needs

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Appointments

Who do you & your spouse trust to manage your assets if the both of you are unable?

Name	Relation to You	Address

If you are appointing two or more people to act together, will you authorize them to act independently of each other permitting either person to act without the consent of the other?

YES NO

Who do you & your spouse trust to take care of your children if the both of you are unable?

Name	Relation to You	Address

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Appointments Continued

Who do you trust to make your medical decisions if you are unable?

Name	Relation to You	Address

If you are appointing two or more people to act together, will you authorize them to act independently of each other permitting either person to act without the consent of the other?

YES NO

If your spouse wishes to appoint different people to make their medical decisions than you have appointed for yourself, please have your spouse complete the following information:

Who does your spouse trust to make their medical decisions if you are unable?

Name	Relation to You	Address

If you are appointing two or more people to act together, will you authorize them to act independently of each other permitting either person to act without the consent of the other?

YES NO

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Distribution of your assets when you pass away

Gifts of specific assets

Distribution of remaining assets

Alternative distribution of assets if beneficiaries predecease you

Specific distribution provisions for minor children or special needs

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Specific List of Assets Continued

Real estate and mineral interests

Address	Name on title of property	mortgage amount	property value

Life insurance policies (include accidental death policies)

Company name	Person Insured	Beneficiary Designations	
		Primary	Contingent

Business Ownership Interests

Business Name	Ownership Interest	Other Information