

**ESTATE PLANNING DOCUMENTS PREPARATION FORM**

**FAMILY INFORMATION**

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Client Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Retired date:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Spouse Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Retired date:** \_\_\_\_\_

**Client's Children:** (Adopted, Married, Divorced, Deceased, Disabled)

| <u>Name</u> | <u>DOB</u> | <u>A / M / Div / D / Dis</u> |
|-------------|------------|------------------------------|
| _____       | _____      | _____                        |
| _____       | _____      | _____                        |
| _____       | _____      | _____                        |
| _____       | _____      | _____                        |

**Spouse's Children** (from other marriage):

| <u>Name</u> | <u>DOB</u> | <u>A / M / Div / D / Dis</u> |
|-------------|------------|------------------------------|
| _____       | _____      | _____                        |
| _____       | _____      | _____                        |
| _____       | _____      | _____                        |
| _____       | _____      | _____                        |

**Client's Grandchildren: (Adopted, Married, Deceased, Disabled)**

Name \_\_\_\_\_ DOB \_\_\_\_\_ A / M / Div / D / Dis

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**Spouse's Grandchildren: (Adopted, Married, Deceased, Disabled)**

Name \_\_\_\_\_ DOB \_\_\_\_\_ A / M / Div / D / Dis

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**SPECIAL CIRCUMSTANCES:**

**Retirement Account Trust (for large IRA, 401K)?** Yes / No (discuss with us)

**Special Needs Trust for disabled child/grandchild?** Yes / No (discuss with us)

Client has pre-marital agreement? Y / N (Provide copy to us)

Disinherit family member? \_\_\_\_\_

Child/grandchild/other beneficiary not able to handle money? \_\_\_\_\_

Other/Notes: \_\_\_\_\_

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**FIDUCIARIES**

**Executor of Will:** (note if Co-Executors to serve together)

|              |                 |               |
|--------------|-----------------|---------------|
| <u>Name:</u> | <u>Address:</u> | <u>Phone:</u> |
| #1: _____    | _____           | _____         |
| #2: _____    | _____           | _____         |
| #3: _____    | _____           | _____         |

**Successor Trustee(s) of Revocable Living Trust:** (after Client and Spouse as Trustees)

|              |                 |               |
|--------------|-----------------|---------------|
| <u>Name:</u> | <u>Address:</u> | <u>Phone:</u> |
| #1: _____    | _____           | _____         |
| #2: _____    | _____           | _____         |
| #3: _____    | _____           | _____         |

**Trustee of Trust for Incapacitated Spouse:** (note if Co-Trustees to serve together)

|              |                 |               |
|--------------|-----------------|---------------|
| <u>Name:</u> | <u>Address:</u> | <u>Phone:</u> |
| #1: _____    | _____           | _____         |
| #2: _____    | _____           | _____         |
| #3: _____    | _____           | _____         |

**Trustee of Special Needs Trust for disabled child/grandchild:** (note if Co-Trustees to serve)

|              |                 |               |
|--------------|-----------------|---------------|
| <u>Name:</u> | <u>Address:</u> | <u>Phone:</u> |
| #1: _____    | _____           | _____         |
| #2: _____    | _____           | _____         |
| #3: _____    | _____           | _____         |

**Trustee of Minor/Descendants/Spendthrift Trust:** (note if Co-Trustees to serve together)

|              |                 |               |
|--------------|-----------------|---------------|
| <u>Name:</u> | <u>Address:</u> | <u>Phone:</u> |
| #1: _____    | _____           | _____         |
| #2: _____    | _____           | _____         |
| #3: _____    | _____           | _____         |

**Guardian of young or disabled child:** (note if Co-Guardians to serve together)

|              |                 |               |
|--------------|-----------------|---------------|
| <u>Name:</u> | <u>Address:</u> | <u>Phone:</u> |
| #1: _____    | _____           | _____         |
| #2: _____    | _____           | _____         |
| #3: _____    | _____           | _____         |

**DURABLE POWER OF ATTORNEY**

**AGENT:** (note if Co-Agents to serve together)

**Name #1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name #2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name #3:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name #4:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**When effective:**

\_\_\_ Immediate \_\_\_ Springing (only after statements by): one / two doctor statements

**Client Assets (check all that apply):**

\_\_\_ Residence \_\_\_ Non-residence real estate \_\_\_ Rental property \_\_\_ Vehicles

\_\_\_ Bank accounts \_\_\_ CDs, savings accounts \_\_\_ Investment accounts

\_\_\_ Retirement acct (IRA, 401k) \_\_\_ Stocks, bonds \_\_\_ Life Insurance

\_\_\_ Business interest \_\_\_ Partnership interest

**Agent Powers:**

\_\_\_ No limits ("I trust my agent to do what I would do")

**OR**

\_\_\_ Make loans from Client funds: Yes / No \_\_\_ Must get consent from \_\_\_\_\_

\_\_\_ Sell property: Yes / No \_\_\_ Must get consent from \_\_\_\_\_

\_\_\_ Make gifts from Client's funds: Yes / No \_\_\_ Must get consent from \_\_\_\_\_

\_\_\_ Provide financial/medical support for: \_\_\_ Spouse \_\_\_ Others: \_\_\_\_\_

\_\_\_ Pay education costs for: \_\_\_ Children \_\_\_ Grandchildren \_\_\_ Other: \_\_\_\_\_

\_\_\_ Continue business or partnership \_\_\_ Care for pets / work animals

\_\_\_ Other restrictions on Agent: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

