

PERSONAL INFORMATION

Full Legal Name _____
 Nickname _____ Birth Date _____
 Home Address _____
 City, State, Zip _____
 County _____ E-Mail _____
 Home Phone _____ Cell Phone _____
 Employer _____ Business Phone _____
 Date of Marriage _____

Spouse's Legal Name _____
 Nickname _____ Birth Date _____
 Home Address _____
 City, State, Zip _____
 County _____ E-Mail _____
 Home Phone _____ Cell Phone _____
 Employer _____ Business Phone _____

ADVISORS

	Name	Telephone
Accountant:	_____	_____
Financial Advisor:	_____	_____
Life Insurance Agent:	_____	_____
Stock Broker:	_____	_____
Trustee (if any):	_____	_____
Who Referred You:	_____	

What are your primary objectives for estate planning at this time (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Protect children/grandchildren | <input type="checkbox"/> Ease of mind |
| <input type="checkbox"/> Reduce Estate Taxes | <input type="checkbox"/> Upcoming surgery; date if applicable _____ |
| <input type="checkbox"/> Avoid probate | <input type="checkbox"/> Upcoming travel plans |
| <input type="checkbox"/> Organize our affairs | <input type="checkbox"/> Have procrastinated long enough |
| <input type="checkbox"/> Make our financial planner happy | <input type="checkbox"/> Protect us and our assets if we become incapacitated |
| <input type="checkbox"/> Other _____ | |

CHILDREN AND/OR OTHER DEPENDENTS

Full Legal Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 Email: _____ Tel. Nos. (Home and Cell) _____

Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both Husband Only Wife Only

Full Legal Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 Email: _____ Tel. Nos. (Home and Cell) _____

Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both Husband Only Wife Only

Full Legal Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 Email: _____ Tel. Nos. (Home and Cell) _____

Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both Husband Only Wife Only

Full Legal Name _____
 Nickname _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 Email: _____ Tel. Nos. (Home and Cell) _____

Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both Husband Only Wife Only

NOMINATE PEOPLE TO ACT FOR YOU

GUARDIANS FOR YOUR CHILDREN (IF NEEDED)

Who would you appoint to care for your children if you are unable to care for them? If you do not know, I will help you decide who is appropriate.

Name and Address	Telephone Numbers	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRUSTEES FOR YOUR CHILDREN (IF NEEDED)

Who do you nominate to manage the inheritance you leave for your minor or young adult children?

Name and Address	Telephone Numbers	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL MANAGEMENT DURING YOUR INCAPACITY

Who do you nominate to manage your property and assets when you are incapacitated?

FOR HUSBAND

Name and Address	Telephone Numbers	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR WIFE

Name and Address	Telephone Numbers	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXECUTOR/ADMINISTRATOR OF YOUR ESTATE AFTER DEATH

Who do you nominate to administer your estate and distribute your property after your death?

FOR HUSBAND

Name and Address	Telephone Numbers	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR WIFE

Name and Address	Telephone Numbers	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL DECISION MAKERS

Who do you nominate to make medical decisions for you when you are unable to communicate your wishes?

FOR HUSBAND

Name and Address	Telephone Numbers	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR WIFE

Name and Address	Telephone Numbers	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

CARETAKER FOR YOUR PETS (IF NEEDED)

Who would you ask to care for your pets if you both are unable to care for them?

Name and Address	Telephone Numbers	Email
_____	_____	_____
_____	_____	_____

YOUR DISTRIBUTION PLANS

SPECIFIC GIFTS

Are there any specific assets or cash amounts that you would like to leave to certain people or charities? Indicate whether these gifts are to be made even if your spouse is alive.

FOR HUSBAND:

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?
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FOR WIFE:

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?
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DIVISION OF THE REST OF OUR PROPERTY

How would you like to divide the remainder of your estate after personal property and specific gifts have been distributed?

FOR HUSBAND:

- ALL TO MY WIFE, and then after her death to be divided between my children and/or grandchildren
- SOME TO MY WIFE AND SOME TO BE DIVIDED BETWEEN MY CHILDREN AND/OR GRANDCHILDREN
- TO MY CHILDREN AND/OR GRANDCHILDREN
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

FOR WIFE:

- ALL TO MY HUSBAND, and then after his death to be divided between my children and/or grandchildren
- SOME TO MY HUSBAND AND SOME TO BE DIVIDED BETWEEN MY CHILDREN AND/OR GRANDCHILDREN
- TO MY CHILDREN AND/OR GRANDCHILDREN
- DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

(Please check "Yes" or "No" for your answer)	Yes	No
Do any of your children receive governmental support or benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you support any charitable organizations now that you wish to make provisions for at the time of your death?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse currently the beneficiary of anyone else's trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse receiving Social security, Disability, or other governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children or others?	<input type="checkbox"/>	<input type="checkbox"/>
Have either of you or your spouse been divorced or widowed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement agreement? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever signed a pre- or post-marriage agreement or contract? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse been widowed? <i>(If a federal estate tax return or state death tax return was filed, please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
In what states have you lived with your current spouse? During what periods of time did you reside there? _____ _____		
Have you or your spouse ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse completed previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are both you and your spouse United States citizens?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have any on-going or new health concerns that we should discuss? <i>(Please explain)</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY INFORMATION

BANK ACCOUNTS

Documents to gather: Bank statements

Note: If account is in your name (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Bank or Credit Union	Type of Account	Account Number	Owner	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

REAL ESTATE

Documents to gather: Deeds or land contracts

General Description and Address	Owner	Fair Market Value	Mortgage
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

BROKERAGE & MUTUAL FUND ACCOUNTS (DO NOT INCLUDE RETIREMENT ACCOUNTS)

Documents to gather: Account statements

Note: If account is in your (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Brokerage Firm Or Mutual Fund	Type	Account Number	Owner	Current Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

529 COLLEGE SAVINGS PLANS

Note: If account is in your (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Owner	Beneficiary	Current Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

STOCK & BOND CERTIFICATES (NOT IN A BROKERAGE ACCOUNT)

Documents to gather: Stock certificates or statements

Company	Owner	Number of Shares	Fair Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

STOCK OPTIONS

ISO/NQSO	Company	Owner	Number of Shares	Strike Price	Current Stock Price
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

MORTGAGES OR PROMISSORY NOTES PAYABLE TO YOU

Documents to gather: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date Due	Owed To	Payment (per mo/yr)	Current Balance
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT

Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

_____	\$ _____
_____	\$ _____
_____	\$ _____

PARTNERSHIP & LLC INTERESTS

Documents to gather: Partnership or LLC agreement, certificate of partnership, or any documents you signed when purchasing the partnership/LLC interest. Include any buy/sell agreements.

Partnership Name	Percentage Owned		Owner	Net Value
	General Partner	Ltd Partner/Member		
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____

CORPORATE BUSINESS INTERESTS

Documents to gather: Stock certificates

Company	Number of shares	Buy/Sell Agreement (Y / N)	Percentage Ownership	Owner	Net Value
_____	_____	—	_____ %	_____	\$ _____
_____	_____	—	_____ %	_____	\$ _____
_____	_____	—	_____ %	_____	\$ _____
_____	_____	—	_____ %	_____	\$ _____

SOLE PROPRIETORSHIPS

Name of Business	Description of Business	Owner	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

FARM & RANCH INTERESTS (ENTER LAND VALUES IN REAL ESTATE)

Type: Livestock, machinery, leases and all business assets. If your farm or ranch operation is owned by a corporation, partnership, or LLC, enter it in the appropriate section. If it is in your name, enter it here. Describe each asset.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____

RETIREMENT ACCOUNTS

Type: Pension "P", Profit Sharing "PS", IRA, SIMPLE IRA, SEP, 401(K), Roth
Documents to gather: Statements and confirmations of beneficiary designations.

Type	Owner	Company	Beneficiary	% Vested	Value
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____	_____%	\$ _____

OIL, GAS & MINERAL INTERESTS

Type: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Documents to gather: Lease agreement, deed, royalty agreement, farm out agreement, pooling agreement or other agreement you signed to create your oil, gas or mineral interest.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

DIGITAL ASSETS

Type: Personal digital property with monetary value. This may include: digital or alternative cryptocurrencies, domain names, virtual property, and websites or blogs that generate revenue for you.

Description of Asset	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

INTELLECTUAL PROPERTY

Type: Personal intellectual property with monetary value. This may include musical compositions, published literature, artworks, inventions, patents, architectural designs, etc. (*indicate type below and give an estimated value*)

Description of Asset	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SIGNIFICANT PERSONAL PROPERTY

Type: Major personal effects such as motor vehicles, boats, jewelry, artwork, collections, antiques, firearms and all other valuable nonbusiness personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items*)

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

Type: Term, whole life, split dollar, group life, annuity (*Indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation".*)

Documents to gather: The policy itself, including all endorsements and amendments, and the original application you signed.

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____
