



ESTATE PLANNING CLIENT INFORMATION
[Strictly Confidential]

Address: _____

County: _____ Home Phone: _____

Spouse1 Legal Name: _____

Other Names used by Spouse1: _____

Are you married to the person named below as Spouse2: Yes No

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Social Security No.: _____

US citizen? Yes No. If no, what nationality: _____

Employment: _____ Work #: _____

Spouse2 Legal Name: _____

Other Names used by Spouse2: _____

Are you married to the person named above as Spouse1: Yes No

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Social Security No.: _____

US citizen? Yes No. If no, what nationality: _____

Employment: _____ Work #: _____

Prior Marriages?

Spouse1: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Spouse2: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN OF THIS MARRIAGE: None **AGE or DOB**

_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: _____ Range of Ages: _____

CHILDREN FROM PRIOR MARRIAGE: **SPOUSE1 SPOUSE2 AGE**

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage? No Yes

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Any deceased children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| If yes, survived by issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |

- Do you have any relatives (other than children) who depend on you for all or part of their support?
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?
- Do you wish to disinherit any of your children, grandchildren or any other close relative?
- Do you have an existing Marital Property Agreement?
- Do either of you expect to inherit substantial assets (\$100,000 +)?
- Do you have existing Wills?
- Do you have any existing trusts?
- Have you ever filed a Federal Gift Tax Return?
- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to your children before the second spouse's death?
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?
- The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death (Name and Address):

(Please Provide Names and Addresses)

- The name of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable):

- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

(Please Provide Names and Addresses)

- The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf (Health Care Surrogate):

(Please Provide Names and Addresses)

- The name of the person(s) other than your spouse that you want to make any financial decisions on your behalf while you are alive (Power of Attorney):

BURIAL WISHES

SPOUSE1:

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

SPOUSE2:

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

ESTIMATED* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>SPOUSE1 SEP. PROP.</u>	<u>SPOUSE2 SEP. PROP.</u>	<u>COMMUNITY PROPERTY</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "S1" Spouse1; "S2" Spouse2; or "S" survivor
- "Owner" will be "C" community property; "S1" Spouse1 or "S2" Spouse2
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "S1" Spouse1; "S2" Spouse2; "C" child, "O" other

INSURED (S1/S2/S)	OWNER (S1/S2/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (S1/S2/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between myself and my spouse in the matters about which we are consulting you. If either of us desire to have separate counsel or desire you not to be involved at all, that spouse shall notify you. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications.

Dated: _____

Spouse1 Signature

Spouse2 Signature