

Preparing for a Visit to Your Estate Planning Attorney

PARTIES

a. Your Full Name: _____ Date of Birth: __/__/__

Address: _____

b. If married, spouse's full name: _____ Date of Birth: __/__/__

Address: _____

c. Children (full name(s)): _____ Date of Birth: __/__/__

_____ Date of Birth: __/__/__

_____ Date of Birth: __/__/__

_____ Date of Birth: __/__/__

_____ Date of Birth: __/__/__

d. Stepchildren (full name(s)): _____ Date of Birth: __/__/__

_____ Date of Birth: __/__/__

_____ Date of Birth: __/__/__

_____ Date of Birth: __/__/__

_____ Date of Birth: __/__/__

e. If you were previously married and divorced, please describe any contractual commitments that you are required to provide your former spouse in the event of your death, such as life insurance: _____

ASSETS (If you need additional space, please use the attached form – last page.)

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
a. Cash Bank Balance	_____	_____	_____
b. Notes, accounts receivables, mortgages	_____	_____	_____
c. Stock	_____	_____	_____
d. Bonds	_____	_____	_____
e. Real Estate	_____	_____	_____
f. Total Life Ins. (death benefit)	_____	_____	_____
g. Employee 401(k) benefits (vested)	_____	_____	_____
h. Individual Retirement Accounts	_____	_____	_____
i. Annuities	_____	_____	_____
j. Tangible personal property	_____	_____	_____
k. Business Interests	_____	_____	_____
l. Other	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____

Potential Inheritances _____

LIABILITIES

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
a. Loans, notes	_____	_____	_____
b. Mortgages	_____	_____	_____
c. Loans on insurance policies	_____	_____	_____
d. Pledges	_____	_____	_____
e. Taxes	_____	_____	_____
f. Other	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____

ESTATE PLANNING DOCUMENTS

LAST WILL AND TESTAMENT

A. Specific Bequests (Do you desire to leave specific amounts of cash or specific items of personal property to named individuals or charities?):

Name of Beneficiary:

Item or Amount:

(If article, give location)

B. Charitable Bequests:

Name of Charity:

Amount/Percentage:

C. Specific Devises of Real Property:

Name of Beneficiary:

Description of Real Estate (Address):

D. List names of the person(s) you would like to name in your Will as your:

Executor/Executrix: _____

Substitute: _____

Trustee: _____

Substitute: _____

Guardian of Minor Children: _____

Substitute: _____

OTHER ESTATE DOCUMENTS

DURABLE POWER OF ATTORNEY (DEALS WITH FINANCIAL MATTERS)

Attorney in Fact: _____

Substitute: _____

HEALTH CARE POWER OF ATTORNEY AND MEDICAL DIRECTIVE (DEALS WITH HEALTHCARE MATTERS)

Attorney in Fact: _____

Address: _____

Telephone Numbers: _____ Home: _____ Alternate: _____

Substitute 1: _____

Address: _____

Telephone Numbers: _____ Home: _____ Alternate: _____

Substitute 2: _____

Address: _____

Telephone Numbers: _____ Home: _____ Alternate: _____

WHAT ARE YOUR MAIN CONCERNS, SUCH AS PROTECTING THE INTERESTS OF MINOR CHILDREN, AVOIDANCE OF ESTATE TAXES, ETC.:

ATTACHMENT

We realize that you cannot deal with all issues through this form. However, it is very important for you to have a clear understanding of your present insurance and retirement benefits. Please take the time to review your insurance policies/plans and provide the following:

	Insurance Company	Death Benefit	Owner of Policy	Present Beneficiary	Contingent Beneficiary
1.					
2.					
3.					
4.					

The same is important with respect to retirement benefits.

	Describe Plan	Present Value	Owner	Beneficiary	Second Beneficiary
1.	401(k)				
2.	401(k)				
3.	IRA				
4.	IRA				
5.	Other				

Other additions from schedule, such as listing of stocks and bonds owned outside a retirement plan: