



ESTATE PLANNING INFORMATION

PART I | GENERAL INFORMATION

Name: _____

Address: _____

Telephone: (_____) _____ Email: _____

GENERAL INFORMATION CONCERNING YOUR SPOUSE (if applicable)

Name: _____

Address: _____

Telephone: (_____) _____ Email: _____

I prefer to have my draft documents sent to me via: Email Mail

PART II | GENERAL INFORMATION – CHILDREN (if applicable)

Full Name	Gender	Date of Birth
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

PART III | GENERAL INFORMATION RELATING TO WILLS AND TRUSTS

Do you have a prenuptial agreement? Yes No

EXECUTOR

Name of Executor(s): _____ City and State of Executor: _____

Alternate(s): _____ City and State of Alternate: _____

For Spouse (if applicable):

Name of Executor(s): _____ City and State of Executor: _____

Alternate(s): _____ City and State of Alternate: _____

CHILDREN'S TRUST

Do you want a trust set up for your children? Yes No (If No, please skip to Part IV below)

Typically, spouses want all their assets to go to the surviving spouse, and if the surviving spouse predeceases or disclaims their inheritance, then the assets will go into a children's trust. Is this how you wish for your assets to be disbursed?

Yes No (If No, please provide details in Part VI, below)

Distribution Method (select one):

When each child reaches age _____, distribute entire share

When each child reaches ages _____ and _____, distribute in two equal installments

When each child reaches ages _____ and _____ and _____, distribute in three equal installments

TRUSTEE

If you desire to have a trust, you will need to select a Trustee of that trust.

Name of Trustee(s): _____ City and State of Trustee: _____

Alternate(s): _____ City and State of Alternate: _____

For Spouse (if applicable):

Name of Trustee(s): _____ City and State of Trustee: _____

Alternate(s): _____ City and State of Alternate: _____

PART IV | GUARDIAN FOR MINOR CHILDREN (if applicable)

GUARDIAN

Name of Guardian(s): _____ City and State of Guardian: _____

Alternate(s): _____ City and State of Alternate: _____

PART V | POWERS OF ATTORNEY (POA)

FINANCIAL POWER OF ATTORNEY

Name of Financial POA: _____ City and State of POA: _____

Alternate(s) Financial POA: _____ City and State of Alternate: _____

When do you want the **Financial Power of Attorney to go into effect**? Upon Disability Immediately

For Spouse (if applicable):

Name of Financial POA: _____ City and State of POA: _____

Alternate(s) Financial POA: _____ City and State of Alternate: _____

When does **your spouse** want the **Financial Power of Attorney to go into effect**? Upon Disability Immediately

COMBINED LIVING WILL AND POWER OF ATTORNEY REGARDING HEALTH CARE DECISIONS

Name of Health Care POA: _____ City and State of POA: _____

Alternate(s) Health Care POA: _____ City and State of Alternate: _____

For Spouse (if applicable):

Name of Health Care POA: _____ City and State of POA: _____

Alternate(s) Health Care POA: _____ City and State of Alternate: _____

PART VI | BENEFICIARY INFORMATION

Disaster Clause (in the event no beneficiaries survive):

Do you want your estate to go to your heirs at law? Yes No

Do you want one-half of your estate to go to each spouse's heirs at law? Yes No

Other: _____

Any additional information regarding distributions, concerns, or questions can be written here: _____
