

## **Estate Planning Form**

Today's Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Marital Status: Married Single Divorced Legally Separated Widowed

Check the documents you currently have:

- Will
- Living Will
- Living Trust
- Healthcare Power of Attorney
- Property Power of Attorney

### **Your Spouse**

Spouse's Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Have you been previously married?      YES      NO

If you are widowed, what date did this occur? \_\_\_\_\_

Check the documents your Spouse currently has:

- Will
- Living Will
- Living Trust
- Healthcare Power of Attorney
- Property Power of Attorney

Do you or your spouse have a prenuptial agreement that identifies and disposes of separate spousal property?      YES      NO  
(If yes, please provide a copy.)

**Your Children** – Please list all children (including deceased children or children of a prior marriage.)

1. Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:

- Married
- Single
- Needs Special Care
- Dependent

2. Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:

- Married
- Single
- Needs Special Care
- Dependent

3. Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:

- Married
- Single
- Needs Special Care
- Dependent

4. Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:

- Married
- Single
- Needs Special Care
- Dependent

5. Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:

- Married
- Single
- Needs Special Care
- Dependent

**Things to Consider Prior to Your Appointment:**

**Executor:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Successor Executor:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Your Guardian for Minor Children**

**Guardian:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Successor Guardian:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Powers of Attorney

**Healthcare Power of Attorney:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Successor Healthcare Power of Attorney:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Property Power of Attorney:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Successor Power of Attorney:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Estate Finances

**Real Estate:**

Main Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Value of Asset: \$ \_\_\_\_\_

- Joint Property
- Husband's Property
- Wife's Property

Second Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Value of Asset: \$ \_\_\_\_\_

- Joint Property
- Husband's Property
- Wife's Property

Farmland: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Value of Asset: \$ \_\_\_\_\_

- Joint Property
- Husband's Property
- Wife's Property

**Checking Account(s):**

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Savings Accounts/CDs/Money Market Funds/Credit Union Accounts:**

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Retirement (IRA/401 (k)/403 (b)): \_\_\_\_\_