**Estate Planning Form** Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | You: | Spouse/significant other: |
| Full Legal Name:(First, Middle, Last) |  |  |
| Address:(Street or P.O. Box) |  |  |
| City/State/Zip: |  |  |
| Cell Phone #: |  |  |
| Email address: |  |  |
| Date of Birth: |  |  |
| Employer/job title: |  |  |
| Marital Status:(if widowed, when?) |  Married  Single Divorced Legally separated Widowed |  Married  Single Divorced Legally separated Widowed |
| Previously married? |  |  |
| Check documents you currently have: |  Will  Living Will Living Trust Healthcare Power of Attorney Property Power of Attorney |  Will  Living Will Living Trust Healthcare Power of Attorney Property Power of Attorney |
| Prenuptial agreement? (Provide a copy) |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | Child 1: | Child 2: |
| Full Legal Name:(First, Middle, Last) |  |  |
| Address:(Street or P.O. Box) |  |  |
| City/State/Zip: |  |  |
| Cell Phone #: |  |  |
| Email address: |  |  |
| Date of Birth: |  |  |
| Status: |  Married Single Needs Special Care Dependent |  Married Single Needs Special Care Dependent |

**Things to Consider Prior to Your Appointment**

**Will**

**Executor**

|  |  |  |
| --- | --- | --- |
|  | Executor: | Successor Executor: |
| Full Legal Name:(First, Middle, Last) |  |  |
| Address:(Street or P.O. Box) |  |  |
| City/State/Zip: |  |  |
| Cell Phone #: |  |  |
| Email address: |  |  |
| Relationship: |  |  |

**Guardian for Minor Children**

|  |  |  |
| --- | --- | --- |
|  | Guardian: | Successor Guardian: |
| Full Legal Name:(First, Middle, Last) |  |  |
| Address:(Street or P.O. Box) |  |  |
| City/State/Zip: |  |  |
| Cell Phone #: |  |  |
| Email address: |  |  |
| Relationship: |  |  |

**Powers of Attorney**

**Healthcare Power of Attorney**

|  |  |  |
| --- | --- | --- |
|  | Healthcare Power of Attorney: | Successor Healthcare POA: |
| Full Legal Name:(First, Middle, Last) |  |  |
| Address:(Street or P.O. Box) |  |  |
| City/State/Zip: |  |  |
| Cell Phone #: |  |  |
| Email address: |  |  |
| Relationship: |  |  |

**Property Power of Attorney**

|  |  |  |
| --- | --- | --- |
|  | Property Power of Attorney: | Successor Property POA: |
| Full Legal Name:(First, Middle, Last) |  |  |
| Address:(Street or P.O. Box) |  |  |
| City/State/Zip: |  |  |
| Cell Phone #: |  |  |
| Email address: |  |  |
| Relationship: |  |  |

**Real Estate**

|  |  |  |
| --- | --- | --- |
|  | Property 1: | Property 2: |
| Address: |  |  |
| City/State/Zip: |  |  |
| Value: |  |  |
| Ownership: |  Joint Property Husband’s Property Wife’s Property |  Joint Property Husband’s Property Wife’s Property |

**Accounts:**

|  |  |  |
| --- | --- | --- |
|  | What establishment: | Value: |
| Checking: |  |  |
| Checking: |  |  |
| Savings: |  |  |
| Savings: |  |  |
| Life Insurance: |  |  |
| Retirement: |  |  |