

**ESTATE PLANNING INFORMATION SHEET (COUPLE)**

Date: \_\_\_\_\_

What are your three (3) main goals for this consultation?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I. CLIENT INFORMATION**

**CLIENT**

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

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

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

Veteran?  Yes  No

If Yes, Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Date of Marriage, if applicable: \_\_\_\_\_

Prior marriage(s), if applicable: \_\_\_\_\_

**CO-CLIENT**

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

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

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

Veteran?  Yes  No

If Yes, Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

**II. FAMILY INFORMATION** (Please list all children whether by present marriage, former marriage, adoption, or estranged.)

**A. Full Name of Child:** \_\_\_\_\_  Male  Female

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

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

Home Phone: \_\_\_\_\_ Alt. Phone:  Work  Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

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

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

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

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

**B. Full Name of Child:** \_\_\_\_\_  Male  Female

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

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

Home Phone: \_\_\_\_\_ Alt. Phone:  Work  Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

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

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

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

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

**C. Full Name of Child:** \_\_\_\_\_  Male  Female

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

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

Home Phone: \_\_\_\_\_ Alt. Phone:  Work  Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

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

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

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

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

**Make additional copies of this page, if needed.**

**II. FAMILY INFORMATION (continued)**

Are any of the above children or grandchildren:

1. From a prior marriage?  Yes  No

If yes, please elaborate. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Adopted?  Yes  No

If yes, please elaborate. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Under a mental or physical disability?  Yes  No

If yes, please elaborate. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Do you or any of your family members have significant health problems?  Yes  No

If yes, please elaborate. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Are there any difficult family dynamics that could impact your planning?  Yes  No

If yes, please elaborate. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. ASSETS** – Do you own any of the following assets? If yes, please indicate ownership, value, and a brief description using the following chart.

	<b>Client</b>	<b>Co-Client</b>	<b>Joint</b>
<b>Cash</b>			
<b>Real Estate</b>			
<b>Savings Accounts</b>			

	<b>Client</b>	<b>Co-Client</b>	<b>Joint</b>
<b>Checking Accounts</b>			
<b>Money Market Funds or CDs</b>			
<b>Automobiles</b>			
<b>Furniture</b>			
<b>Life Insurance<sup>1</sup></b>			
<b>Stocks in Corporations</b>			
<b>Governmental / Municipal or Savings Bonds</b>			
<b>Business Interests (i.e. partnerships or sole proprietorships)</b>			

<sup>1</sup> In case of insurance, please make the following information available: (1) owner, (2) company, (3) type, (4) face amount (5) cash value, and (6) loans against.

	<b>Client</b>	<b>Co-Client</b>	<b>Joint</b>
<b>Jewelry</b>			
<b>Other</b>			

**IV. LIABILITIES** - Do you have any of the following liabilities? If yes, please indicate ownership, amount, and a brief description using the following chart.

	<b>Client</b>	<b>Co-Client</b>	<b>Joint</b>
<b>Loans</b>			
<b>Mortgages</b>			
<b>Credit Cards</b>			
<b>Guarantees</b>			
<b>Pledges to Charities</b>			
<b>Other</b>			

**V. PERSONNEL**

A. Consider the appointment of an individual or corporate (financial institution) Executor, Executrix, or Co-Executors (consider also the names of two successors).

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B. Consider the appointment of an individual or corporate Trustee or Co-Trustees, if applicable (consider also the names of two successors).

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C. Consider the appointment of a guardian for the person and/or property of any minors or incapacitated persons.

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**VI. MISCELLANEOUS**

A. Do you desire to make any specific bequests to any particular individuals or charities?

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B. Have you ever filed a Federal Gift Tax Return?  Yes  No

If yes, for which calendar year(s)? \_\_\_\_\_

C. Do you have any other legal issues I should be aware of?  Yes  No

If yes, please elaborate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If either client has any property interests not described above, please explain the nature of the interests and the estimated value of each.

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