

ESTATE PLANNING INFORMATION SHEET

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: _____

Prior marriage(s), if applicable (date of marriage and spouse's name):

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.

	Value	Title	Description
Cash			
Real Estate			
Savings Accounts			

	Value	Title	Description
Checking Accounts			
Money Market Funds or CDs			
Automobiles			
Furniture			
Life Insurance¹			
Stocks in Corporations			
Governmental / Municipal or Savings Bonds			
Business Interests (i.e. partnerships or sole proprietorships)			

¹ 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.

	Value	Title	Description
Jewelry			
Other			

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

	Value	Title	Description
Loans			
Mortgages			
Credit Cards			
Guarantees			
Pledges to Charities			
Other			

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).

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

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

VI. MISCELLANEOUS

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

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.
