
PERSONAL INFORMATION:

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Contact Phone Numbers: (home) _____
(cell) _____

Home Address: _____

Email address: _____

County of Residence: _____

Employer: _____

Current Marital Status: _____

Did you and your current spouse sign an antenuptial agreement(s)? (If yes, please furnish a copy.)

Prior marriages (if any):

Name of former spouse(s): _____

Name of children from prior marriages (please provide additional information below): _____

How and when prior marriage(s) ended: _____

Amount of alimony or child support payment: _____

SPOUSE'S INFORMATION:

Spouse's Full Legal Name: _____

Spouse's Date Of Birth: _____

Spouse's Social Security Number: _____

Spouse's Contact Phone Numbers: (home) _____

(cell) _____

Spouse's Home Address: _____

Spouse's Email address: _____

Spouse's County of Residence: _____

Spouse's Employer: _____

Spouse's prior marriages (if any):

Name of former spouse(s): _____

Name of children from prior marriages (please provide additional information below): _____

How and when prior marriage(s) ended: _____

Amount of alimony or child support payment: _____

CHILDREN:

CHILD # 1

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Child of: _____

CHILD # 2

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Child of: _____

CHILD # 3

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Child of: _____

CHILD # 4

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Child of: _____

Do any of your children have special needs, (medical, educational, etc)? _____

LAST WILL AND TESTAMENT

****Please furnish a copy of your CURRENT WILL, if you have one.****

Appointment of Personal Representative:

Personal Representative: _____

First Successor Personal Representative: _____

Second Successor Personal Representative: _____

Spouse's Personal Representative: _____

Spouse' First Successor Personal Representative: _____

Spouse's Second Successor Personal Representative: _____

Specific Devises:

Property: _____

Beneficiary: _____

Contingent Beneficiary: _____

Property: _____

Beneficiary: _____

Contingent Beneficiary: _____

Spouse's Specific Devises:

Property: _____

Beneficiary: _____

Contingent Beneficiary: _____

Property: _____

Beneficiary: _____

Contingent Beneficiary: _____

Residuary Devise (All remaining property):

Beneficiary(ies): _____

Contingent Beneficiary(ies): _____

Beneficiaries under Age 18: _____

Spouse's Residuary Devise (All remaining property):

Beneficiary(ies): _____

Contingent Beneficiary(ies): _____

Beneficiaries under Age 18: _____

If you desire to have any portion of your estate pass to charity, please provide full name and address of the person or organization. _____

FOR FAMILIES WITH MINOR CHILDREN

Guardian: _____

First Successor Guardian: _____

Second Successor Guardian: _____

PROPERTY AND FINANCIAL INFORMATION

(Attach additional pages, if needed, or attach separate financial statement, if you have one, rather than completing items 1-7 below. But DO NOT skip the Disability Planning questions below.)

1. REAL ESTATE

Name(s) titled in/

Description/Nature of Property Estimated Value Jointly Owned?/With Whom?

REAL ESTATE TITLED IN FORMER/ALTERNATIVE NAME(S) _____

2. STOCKS, BOND & MARKETABLE SECURITIES

(If such assets are held in one or more brokerage accounts, attach copy of broker's statement, rather than completing this.)

Description No. of Shares/Face Value Current Value Jointly Owned?/With Whom?

3. CASH AND CASH EQUIVALENTS

Financial Institution Type of Account Approx. Balance Jointly Owned?/With Whom?

4. BUSINESS INTERESTS

Give name and form (corporation, partnership, sole proprietorship), percent of ownership interest, and estimated value of interest. _____

5. LIFE INSURANCE

Company	Type of Policy	Death Benefit Amt.	Insured	Beneficiary

6. RETIREMENT BENEFITS:

(Pensions, Profit Sharing, IRA's etc.)

7. OTHER PROPERTY

Do you expect to inherit money or property from anyone? If so, give details. _____

Do you have a beneficial interest in any trusts or have a power of appointment over any trust property? If so, give details. _____

8. DEBTS

Amount Owed	To Whom	Secured by Mortgage?	Debt Joint?

DISABILITY PLANNING

1. Living Will:

Agent: _____

Address: _____

Phone: _____

First Alternate Agent: _____

Address: _____

Phone: _____

Second Alternate Agent: _____

Address: _____

Phone: _____

2. Health Care Power of Attorney:

Agent: _____

Address: _____

Phone: _____

First Alternate Agent: _____

Address: _____

Phone: _____

Second Alternate Agent: _____

Address: _____

Phone: _____

3. Durable Power of Attorney

Agent: _____

First Alternate Agent: _____

Second Alternate Agent: _____

SPOUSE'S DISABILITY PLANNING

1. Living Will:

Agent: _____
Address: _____

Phone: _____

First Alternate Agent: _____
Address: _____

Phone: _____

Second Alternate Agent: _____
Address: _____

Phone: _____

2. Health Care Power of Attorney:

Agent: _____
Address: _____

Phone: _____

First Alternate Agent: _____
Address: _____

Phone: _____

Second Alternate Agent: _____
Address: _____

Phone: _____

3. Durable Power of Attorney

Agent: _____

First Alternate Agent: _____

Second Alternate Agent: _____

MISCELLANEOUS:

Accountant: _____

Insurance Agent: _____

Financial or Investment Advisor: _____

Physician: _____

Do you have a safe deposit box? _____ If so, where? _____

ATTORNEY NOTES:

Will – Simple – Specific Devise _____
Residual _____

Will for minor children – Distributions _____

Will – Pour over Trust

Living Trust

Disclaimer Bypass

Trustee _____ Successor _____