

CHILDREN

	<u>Full Legal Name</u>	<u>Date of Birth/Age</u>	<u>Married?</u>	<u>City & State of Residence</u>	<u>Children? If Yes, Names & Ages</u>
1.			Y/N		
2.			Y/N		
3.			Y/N		
4.			Y/N		
5.			Y/N		

Please write “Yes” or “No” for each of the following questions.

- A. Any stepchildren? _____
- B. Any adopted children? _____
- C. Any deceased children? _____ If so, did they leave children now living? _____
- D. Does any child or other family member have a physical or mental condition requiring special treatment? _____ If yes, please explain: _____
- E. Any prior marriages? _____
 If yes, date of divorce: _____
 If you are a widow/er, date and place of spouse's death: _____
- F. Please explain any alimony and/or support payments made in accordance with either a Court Order or separation agreement.
- G. Do you have any existing estate planning documents, such as a Will, Trust, Advance Medical Directive or Power of Attorney? _____

II. Last Will & Testament

A. Personal Representative or Executor

Who do you want to act as your Personal Representative or Executor? This person is the person who will wind up your affairs upon your death.

Primary Personal Representative Name, Phone Number and Address _____

Alternate Personal Representative Name, Phone Number and Address _____

B. Distribution

1. Who do you want to receive the majority of your assets upon your death?
2. Do you own an asset(s) that should be specifically given to a particular beneficiary? For example: your grandfather's pocket watch.
3. Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement?
4. Would you like to make any specific gifts to any religious, charitable or educational institutions?
5. In the event you and your immediate family die in a common disaster, who should receive your assets?

C. Trust for Descendants

1. Do you want your assets left to your heirs to be held in trust? _____
2. If yes, at what age or ages do you want your heirs to get your assets? For example, your children could receive $\frac{1}{2}$ at 25 and $\frac{1}{2}$ at 30, or $\frac{1}{4}$ at 30 and the rest at 35.

3. Who would be the Trustee(s) for your Child/Children's Trusts?

Primary Trustee(s)
for Child(ren)
Name, Phone Number
and Address

Alternate Trustee(s)
for Child(ren)
Name, Phone Number
and Address

D. Pets

1. Would you like to include any pets in your Will? Yes or No

2. Who would you like to take care of your pets? _____

3. If you want to provide financial assistance for the caretaker, what amount would you like to provide? _____

III. Guardianship for Minor Children

A. If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children.

Primary Guardian(s)
of Minor Child(ren)
Name, Phone Number
and Address

Alternate Guardian(s)
of Minor Child(ren)
Name, Phone Number
and Address

B. Would you like to provide financial assistance to your Guardian(s) to defray the costs of caring for your minor children? Yes or No

IV. Financial Power of Attorney

Who do you want to manage and invest your assets for you if you are unable to do so? This person is your financial agent or power of attorney and you give this person the power to handle your affairs and to represent your financial interests. By granting someone power of attorney over your affairs, you give a written authorization for the agent to represent or act on your behalf in private affairs, business, or other legal matters.

Primary Financial Agent(s) Name, Phone Number and Address _____

Alternate Financial Agent(s) Name, Phone Number and Address _____

V. Advance Medical Directive

- A. Who do you want to make medical decisions for you if you are unable to communicate your desires? This person is your health care agent or proxy under your Advance Medical Directive.

Primary Agent(s) for Advance Medical Directive Name, Phone Number and Address _____

Alternate Agent(s) for Advance Medical Directive Name, Phone Number and Address _____

- B. Do you want to be an organ donor? _____

VI. Burial Instructions

- A. Do you want to be cremated or buried? Circle one. Buried or Cremated

- B. Who do you want to make burial decisions for you?

Name of Person(s) _____
Phone number and Address _____

X. Real Estate

A. Primary Residence

- 1. Do you rent or own your home? _____
- 2. If you own, what is the fair market value? _____
- 3. What is your approximate mortgage balance? _____

B. Vacation Property

- 1. Do you own any vacation property? _____
- 2. If so, where is it located? _____
- 3. What is the fair market value of this property? _____
- 4. What is your approximate mortgage balance? _____

C. Other Real Estate Holdings

- 1. Do you own any other real estate holdings? _____
- 2. If so, please explain below:

- 3. What is the fair market value of this property _____
- 4. What is your approximate mortgage balance? _____

XI. Summary of Assets & Liabilities

ASSETS (Please put current comments)	Client (separate)	Jointly Owned (with whom?)
A. Cash and Bank Accounts		
B. Salary		
C. Anticipated Bonus		
D. Notes or Accounts Receivable Payable to You		
E. Closely-Held Business Interests		
F. Miscellaneous (e.g., personal effects, collections, patents, trademarks, etc.)		
G. Bonds		
H. Stocks and Mutual Funds <i>*not retirement accounts</i>		
I. Employee and Retirement Benefits 1 st Beneficiary: _____ 2 nd Beneficiary: _____		
J. Insurance/Life Insurance 1 st Beneficiary: _____ 2 nd Beneficiary: _____		
TOTAL ASSETS		
LIABILITIES		
A. Real Estate Mortgages		
B. Notes to Financial Institutions		
C. Other Obligations		
D. Charitable Pledges		
E. Tax Liabilities		
TOTAL LIABILITIES		
NET WORTH		