



**Estate Planning and Will Information Form**

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation. Please include middle initials in all names.

**1. Testator (Person(s) making Will)**

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

Social Security No. \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Street Address \_\_\_\_\_ Apt \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse:

Spouse's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Soc. Sec. No. \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse's Telephone Number \_\_\_\_\_

Spouse's Email Address \_\_\_\_\_

**2. Marriage**

a. Have you and your spouse signed a Premarital Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you have, please provide a copy.

b. Have you or your spouse been divorced? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please provide a copy of the Divorce Decree.

**3. Children**

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Identify any child who is not a biological or adopted child of both you and your spouse.

Name of Child	Date of Birth	Address	Child of


- a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please plan to prepare to discuss.
- b. Is there any reason NOT to treat your children equally? If so, please explain.

c. Are any of the children under a disability?

d. Do you have any special concerns or objectives regarding your children?

e. Do you have anyone other than a child who is dependent on you?

f. Guardians. Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

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

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

Alternate Guardian: \_\_\_\_\_

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

**4. Other or Charitable Beneficiaries.** Are there any other persons or charitable organizations you would like to make a beneficiary of your estate? If yes, please identify:

\_\_\_\_\_

\_\_\_\_\_

**5. Personal Representative.** Who should be personal representative (“executor”) of your estate? A personal representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate. Generally, individuals choose their spouse as their first choice personal representative.

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

Relationship to you: \_\_\_\_\_

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

Alternate Personal Representative: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

**Spouse's Personal Representative (if different from the above)**

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

Relationship to spouse: \_\_\_\_\_

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

Alternate Personal Representative: \_\_\_\_\_

Relationship to spouse: \_\_\_\_\_

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

**6. Trusts.**

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee.

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

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

Alternate Trustee: \_\_\_\_\_

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

**7. Financial Inventory**

Use approximate values under each person showing ownership of each asset. BRING SUPPORTING DATA FOR EACH ASSET, i.e., bank statements, retirement reports, stock and bond account reports, etc. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	SELF	SPOUSE	JOINT
Home			
Other Real Estate			

Checking Account			
Savings Account			
Money Market Account			
Automobile			
Personal Property			
Stocks & Bonds			
Closely Held Business Interest			
Life Insurance (Face):			
On self's life			
On spouse's life			
Retirement Accounts:			
IRA			
Pension			
Profit Sharing/401k			
Income			
Spouse's Income			

Other Assets:			
TOTAL			

LIABILITIES	SELF	SPOUSE	JOINT
Home Mortgage			
Other Mortgages			
Debts TO Family Members			
Other Debts (describe):			
TOTAL LIABILITIES			

**7. Beneficiary Designations:**

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary
1.				

2.				
3.				
4.				
5.				

b. Do your retirement plan(s) have a death benefit? Yes \_\_\_\_ No \_\_\_\_\_. If so, who is the named beneficiary?

**8. Personal Property**

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, boats, airplanes, collectibles, etc. Be sure to include any items listed on an insurance rider.

Description

Approximate Value

**9. Real Property.** Please provide us with a copy of the deed or title to your home and to any other real estate that you own.

I do not have a copy of a deed or any title documentation to any real estate that I own. By checking this box, I acknowledge that Sanford, Pierson, Thone & Streen, PLC may have to request such documentation from a governmental agency in order to prepare an estate plan, and that I agree that I will be responsible for paying any fees associated with ordering such documentation. These fees will not exceed \$25.00.

**10. Safe Deposit Box**

Do you have a safe deposit box? Yes \_\_\_\_ No \_\_\_\_ If so, where? \_\_\_\_\_

Does anyone else have access to your box? \_\_\_\_\_

**11. Financial Advisors**

Accountant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**12. Primary Physician**

Who is your primary physician?

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

Clinic: \_\_\_\_\_

Who is your spouse's primary physician?

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

Clinic: \_\_\_\_\_

**13. Power of Attorney.** Are you interested in preparing a Power of Attorney granting another person (your "Attorney-in-Fact") the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? Generally, spouses appoint each other, plus at least one successor Attorney-in-Fact.

Attorney-in-Fact:

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

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

Successor Attorney-in-Fact:

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

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

Second Successor or Co-Attorney-in-Fact:

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

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

Spouse's Attorney-in-Fact:

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

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

Spouse's Successor Attorney-in-Fact:

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

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

Spouse's Second Successor or Co-Attorney-in-Fact:

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

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

**14. Health Care Directive**

- a. Who would you like to name as your Health Care Agent? Your Agent will make health care decisions for you if you cannot make them yourself:

Health Care Agent:

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

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

Telephone Number: \_\_\_\_\_

Successor or Co-Agent:

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

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

Telephone Number: \_\_\_\_\_

Second Successor or Co-Agent:

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

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

Telephone Number: \_\_\_\_\_

Spouse's Health Care Agent:

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

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

Telephone Number: \_\_\_\_\_

Spouse's Successor or Co-Agent:

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

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

Telephone Number: \_\_\_\_\_

Spouse's Second Successor or Co-Agent:

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

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



Telephone Number: \_\_\_\_\_

b. Do you want to donate any organs upon your death?  Yes  No.

Spouse?  Yes  No

If yes, have you agreed in another document, e.g., driver's license, to make the donation?  Yes  No.

Spouse?  Yes  No

c. Please indicate how you want the disposition of your remains after you die, e.g., cremation, regular burial, etc.:

Please indicate the same for your spouse:

d. Do you or your spouse have other living wills or health care powers of attorney forms which you want to revoke? We recommend revocation to keep your wishes and desires clear.

e. Do you or your spouse have any other instructions regarding your health care, living arrangements, burial, etc.? If so, please indicate:

## 15. Discussion Items

- Current Will. Do you now have a will or revocable trust? If so, provide a copy.
- Predeceased Child. If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any.

Do you wish to include grandchildren born out of wedlock? Yes \_\_\_\_\_ No \_\_\_\_\_.

- Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children? If you'd like a trust established for your children, please indicate the age at which you would like the trust assets disbursed to the children. For example, 1/3 at age 21, 1/3 at age 25, 1/3 at age 30.
- Specific Gifts. Do you wish to make any specific bequests to charities or individuals?
- Prior Gifts. Have you made any gifts worth more than \$14,000 to any one person?
- No Family Survivors. How should your estate be distributed if your spouse and/or children do not survive you? (For example: family, charity, etc.)
- No Children. If you do not have children, to whom should your estate pass (beyond a spouse, if any)?

- Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.
- Future Inheritances
- Transfer on Death Deed
- Medical Assistance
- Probate avoidance
- Estate taxes
- Beneficiary designations
- Electronic accounts