



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.

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

Spouse 1: Name _____ Date of Birth: _____
 Telephone Number _____ U.S. Citizen? Yes _____ No _____
 Street Address _____ Apt _____ County _____
 City _____ State _____ Zip _____

Spouse 2: Name _____ Date of Birth: _____
 Spouse's Telephone Number _____ U.S. Citizen? Yes _____ No _____

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.

Name of Child	Date of Birth	Address	Child of

4. 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: _____

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 you: _____

Address: _____

Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

6. Specific Gifts. If you have any specific gifts you would like to make in your estate plan, please describe them below:

7. Distribution of Your Assets. The distribution of your assets can take many forms. Below is a selection of common distribution plans, but your will or trust can be customized to fit whatever plan you have for your assets. Please give a brief description of how you'd like your assets to be distributed, or alternatively choose from **one** of the distribution options below:

Description of how I would like my assets distributed:

All assets to the surviving spouse upon the death of the first spouse. After the death of the second spouse all assets divided equally between children.

All assets to the surviving spouse upon the death of the first spouse. After the death of the second spouse all assets divided equally between children, however each child shall have a trustee hold their share until they reach age: (choose one) 25, 30, ____ (other).

8. 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: _____

Alternate Trustee: _____

9. Financial Inventory. Use approximate values under each person showing ownership of each asset. **NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.**

ASSETS	SPOUSE 1	SPOUSE 2	JOINT	BENEFICIARY
Home				
Other Real Estate				
Checking Account				
Savings Account				

Life Insurance (Face)				
Retirement Accounts				
Profit Sharing / 401K				
Personal Property				
Automobile				
IRA				
Pension				
Stocks & Bonds				
Closely Held Business Interest				
Other Assets:				
TOTAL ASSETS				

LIABILITIES	SPOUSE 1	SPOUSE 2	JOINT
Home Mortgage			
Other Mortgages			
Other Debts (describe):			
TOTAL LIABILITIES			

10. Beneficiary Designations.

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary

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

11. 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 if you are interested in trust funding.

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 & Streat, 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.

12. Financial Advisors

Accountant: _____

Address: _____

Telephone: _____

Financial Advisor: _____

Address: _____

Telephone: _____

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.

Spouse 1 Attorney-in-Fact:

Name: _____

Address: _____

Successor Attorney-in-Fact:

Name: _____

Address: _____

Second Successor or Co-Attorney-in-Fact:

Name: _____

Address: _____

Spouse 2 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. Your Agent will make health care decisions for you if you cannot make them yourself:

A. Who would you like to name as your Health Care Agent?

Spouse 1 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 2 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?

Spouse 1 Yes ____ No ____

Spouse 2 Yes ____ No ____

If yes, have you agreed in another document, e.g., driver's license, to make the donation?

Spouse 1 Yes ____ No ____

Spouse 2 Yes ____ No ____

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

Spouse 1 _____

Spouse 2 _____