



ESTATE PLANNING CLIENT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

County: _____

Home Phone: __ (____) _____

Cellular Phone: __ (____) _____

Email address: _____

U.S. Citizen? ____ Yes ____ No

U.S. Resident? ____ Yes ____ No

Currently Married? ____ Yes ____ No

Spouse Name: _____

Do you have any minor children? ____ Yes ____ No

Do you have a preference as to cremation ____ or burial ____?

Power of Attorney:

Whom do you want to name as your Attorney-in-Fact, to be able to make financial decisions on your behalf?

Name: _____

Relationship to you: _____

Street Address: _____

City/State/Zip: _____

County: _____

Home Phone: __ (____) _____

Cellular Phone: __ (____) _____

Email address: _____

Whom do you want to name as your Alternate Attorney-in-Fact, to be able to make financial decisions on your behalf, if your Primary Attorney-in-Fact is unable to serve?

Name: _____

Relationship to you: _____

Street Address: _____

City/State/Zip: _____

County: _____

Home Phone: __ (____) _____

Cellular Phone: __ (____) _____

Email address: _____

Health Care Power of Attorney:

Whom do you want to name as your Health Care Surrogate / Health Care Attorney-in-Fact, to make medical decisions on your behalf if you are unable to do so?

Primary:

Name: _____

Relationship to you: _____

Street Address: _____

City/State/Zip: _____

County: _____

Home Phone: __ (____) _____

Cellular Phone: __ (____) _____

Email address: _____

First Alternate (If the person named above is unable to serve):

Name: _____

Relationship to you: _____

Street Address: _____

City/State/Zip: _____

County: _____

Home Phone: __ (____) _____

Cellular Phone: __ (____) _____

Email address: _____

Last Will & Testament:

Name:	Address:	Telephone & Email:
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a) Initial Personal Rep Name:

_____	_____	_____
_____	_____	_____

b) Successor Personal Representative:

_____	_____	_____
_____	_____	_____

c) Second Successor Personal Representative:

_____	_____	_____
_____	_____	_____

d) Primary beneficiary of your estate:

Name:	Address:	Percentage of share to be given to this beneficiary:
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_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

e) If any of the above beneficiaries should die before you, who will receive their share?

Name:	Address:	Percentage of share to be given to this beneficiary:
_____	_____	_____ %
_____	_____	_____ %

Trustee & Successor Trustee Over any Trust to be Created:

Name:	Address:	Telephone & Email:
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a) Initial Trustee Name:

_____	_____	_____
_____	_____	_____

b) Successor Trustee:

_____	_____	_____
_____	_____	_____

c) Second Successor Trustee:

_____	_____	_____
_____	_____	_____

Preneed Guardianship:

If the need for a guardian of my person or property ever arises, I wish to nominate the following person(s) to serve as my guardian:

Name of Primary

Address

Name of Alternate, if Primary Cannot Serve

Address

Living Will Declaration:

Would you like to have a Living Will?

Yes _____

No _____

Deed:

Property Address: _____

Grantor(s)

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

Grantee(s):

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____