

## PERSONAL INFORMATION WORKSHEET

Date: \_\_\_\_\_

### 1. Personal Data

Name: _____	Spouse (if applicable): _____
Address: _____ _____ Zip _____	Address: _____ _____ Zip _____
County of Residence _____	County of Residence _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Cell Phone # _____	Cell Phone # _____
Email Address _____	Email Address _____
Birth date _____	Birth date _____
Soc. Sec. No. _____	Soc. Sec. No. _____
Employer _____	Employer _____
Veteran: _____ Yes _____ No	Veteran: _____ Yes _____ No
U.S. Citizen: _____ Yes _____ No	U.S. Citizen: _____ Yes _____ No

### 2. Marriage

- A. Date of marriage: \_\_\_\_\_
- B. Have you and your spouse signed a Premarital Agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Have you or your spouse been divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No
- D. Have you or your spouse been widowed? \_\_\_\_\_ Yes \_\_\_\_\_ No

### 3. Children

- A. Please list ALL your children, noting if child is deceased (d), born out of wedlock (w), or you wish to omit from your estate plan (o). If you have more than four children, please list on back of form.

Name	Date of Birth	Notes
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

- B. Please answer these questions about your children.

- 1) Have any children received an advance on their inheritance or are any children financially indebted to you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Is there any reason NOT to treat your children equally? \_\_\_ Yes \_\_\_ No  
If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) Are any of the children mentally or physically disabled? \_\_\_ Yes \_\_\_ No  
If so, please list the child(ren). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4) Do you have any special concerns or objectives regarding your children?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5) Do you and your spouse have children by a previous marriage?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, list names. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4. Guardian(s): If needed for minor children:**

- A. First choice Full name (s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- B. Second choice Full name (s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

If more choices are desired, please list on back of sheet or on a separate form.

**5. Trustee(s): If any trusts are to be set up:**

- A. First choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- B. Second choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_

If more choices are desired, please list on back of sheet or on a separate form.

**6. Personal Representative (“Executor”)- full name and city & state of residence:**

- A. First choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- B. Second choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_

If more choices are desired, please list on back of sheet or on a separate form.

**7. Power of Attorney for Husband (if desired) - full name and street address:**

- A. First choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- B. Second choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_
- C. Third choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_

If more choices are desired, please list on back of sheet or on a separate form.

**8. Power of Attorney for Wife (if desired) - full name and street address:**

- A. First choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- B. Second choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- C. Third choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

If more choices are desired, please list on back of sheet or on a separate form.

**9. Health Care Decision Maker for Husband (if desired) - full name, street address and phone number:**

- A. First choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
- B. Second choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
- C. Third choice Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Should you have a terminal condition, do you wish to receive food and/or water orally, intravenously, and/or by a nasal gastric tube? \_\_\_\_\_ Yes \_\_\_\_\_ No

If more choices are desired, please list on back of sheet or on a separate form.

**10. Health Care Decision Maker for Wife (if desired) - full name, street address and phone number:**

- A. First choice      Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
- B. Second choice      Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
- C. Third choice      Full name (s): \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Should you have a terminal condition, do you wish to receive food and/or water orally, intravenously, and/or by a nasal gastric tube? \_\_\_\_\_ Yes \_\_\_\_\_ No

If more choices are desired, please list on back of sheet or on a separate form.

## ESTATE ANALYSIS WORKSHEET

1. **Assets** – Please specify amounts

	In Husband's Name	In Wife's Name	In Joint Names
Family Home	\$ _____	\$ _____	\$ _____
Other Real Estate:			
Checking Accounts			
Savings Accounts			
Money Market Accounts			
Certificates of Deposit			
Investment Management Accounts			
Mutual Funds			
Savings Bonds			
Stocks			
Treasury Notes			
Notes/Accounts Receivable			
Assets Held in Trust			
Annuities			
Business Interests			
Retirement Accounts: IRA, Pension, 401 (k), Other			
Life Insurance (see next page)			
Household Goods			
Automobiles			
Other Assets			
<b>TOTAL ASSETS</b>	\$ _____	\$ _____	\$ _____

2. **Liabilities** – Please specify amounts

	In Husband's Name	In Wife's Name	In Joint Names
Loans	\$	\$	\$
Mortgages			
Other Debts:			
<b>Total Liabilities</b>			

3. **Life Insurance Policies**

Company	Policy Number	Face Value	Cash Value	Insured	Owner	Beneficiary
<b>TOTALS</b>						

4. **Advisors**

Accountant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Financial Advisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## DISTRIBUTION WORKSHEET

*Please complete this worksheet to the best of your ability. If you have questions about the worksheet, they can be addressed in the office conference. It is not necessary that the worksheet be fully completed before the conference.*

1. Upon my or my spouse's passing, we would like our estate to pass as follows:

A. To the surviving spouse in its entirety.

B. \_\_\_\_% to the surviving spouse and \_\_\_\_% to our children, equally.

C. To our children equally.

D. As follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If both I and my spouse pass away, I would like my estate to pass as follows:

A. To our children equally.

B. \_\_\_\_% to our children and \_\_\_\_% to the following charitable organization: \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. As follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If any part of my estate passes to our children, it should be distributed as follows:

A. By outright distribution (all children must be over age 18).

B. In trust for distribution at a later date.

4. If any of my estate passes to a minor or is to be held in trust for another, it should be administered as follows:

A. Distributed at the discretion of my trustee until the beneficiary reaches age 21. At age 21, the trustee shall distribute income only. The principal of the trust should be distributed in the following percentages at the following ages (i.e. in one-thirds at ages 25, 28, and 31; or 100% at age 30, etc...): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. The trustee shall distribute trust assets in its direction with no distribution of income. The trust estate will be distributed in the following percentages at the following ages (i.e. in one-thirds at ages 25, 28 and 31; or 100% at age 30, etc...):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. The trust estate shall be distributed as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_