

ESTATE PLANNING BASIC INFORMATION WORKSHEET

HUSBAND OR CLIENT 1 FULL LEGAL NAME:					
WIFE OR CLIENT 2 FULL LEGAL NAME:					
MILY INFO	RMATION				
M or F	DATE OF BIRTH	DEATH			
PRIOR MARRIAG	 GE:				
M or F	DATE OF BIRTH	DEATH			
R MARRIAGE:					
M or F	DATE OF BIRTH	DEATH			
	M or F PRIOR MARRIAC M or F M or F PRIOR MARRIAC M or F	M or F DATE OF BIRTH PRIOR MARRIAGE: M or F DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH			

STEP 2: BENEFICIARIES Who would you like as your beneficiaries?

(Identify all individual(s) you would like to **inherit your estate**)

0 SAME AS CHILDREN LISTED ON PAGE 1

BENEFICIARY #1 NAME:	PHONE #
RELATIONSHIP:	
PERCENT % TO BE DISTRIBUTED (total must equal	1 100% among beneficiaries)
ADDRESS:	
BENEFICIARY #2 NAME:	PHONE #
RELATIONSHIP:	
PERCENT % TO BE DISTRIBUTED (total must equal	1 100% among beneficiaries)
ADDRESS:	
BENEFICIARY #3 NAME:	PHONE #
RELATIONSHIP:	
PERCENT % TO BE DISTRIBUTED (total must equal	1 100% among beneficiaries)
ADDRESS:	
BENEFICIARY #4 NAME:	PHONE #
RELATIONSHIP:	
PERCENT % TO BE DISTRIBUTED (total must equal	1 100% among beneficiaries)
ADDRESS:	
BENEFICIARY #5 NAME:	PHONE #
RELATIONSHIP:	
PERCENT % TO BE DISTRIBUTED (total must equal	1 100% among beneficiaries)
ADDRESS:	

STEP 3: SUCCESSOR TRUSTEES/EXECUTORS

Who would you like to serve as the TRUSTEE OF YOUR TRUST and EXECUTOR of your Will?

(A TRUSTEE is the individual or professional appointed to oversee the administration of your TRUST after you can no longer do so. AN EXECUTOR is the individual appointed to oversee the administration of your estate pursuant to the WILL)

AGENT #1 NAME:	
RELATIONSHIP:	
ADDRESS & PHONE:	
AGENT #2 NAME:	
RELATIONSHIP:	
ADDRESS & PHONE:	
AGENT #3 NAME:	
RELATIONSHIP:	
ADDRESS & PHONE:	

STEP 4: GUARDIANSHIP

Who would you like to serve as **GUARDIAN OF MINOR CHILDREN?** (The **GUARDIAN** is the individual appointed to care for minor children, usually a family member or close friend)

GUARDIAN #1 NAME:	
GUARDIAN #2 NAME:	
STE	CP 5: FINANCIAL POWER OF ATTORNEY
	(The FINANCIAL POWER OF ATTORNEY is the person designated to handle your financial affairs)
	FOR HUSBAND OR CLIENT 1:
AGENT #1 NAME:	
AGENT #2 NAME:	
	FOR WIFE OR CLIENT 2:
AGENT #1 NAME:	
AGENT #2 NAME:	
AGENT #3 NAME:	

STEP 6: HEALTHCARE POWER OF ATTORNEY

Who would you like to serve as your **POWER OF ATTORNEY FOR HEALTH CARE DECISIONS** as well as **CONSERVATOR OF YOUR PERSON?**

(The **POWER OF ATTORNEY FOR HEALTHCARE** is the person designated to carry out your end-of-life decisions. A **CONSERVATOR** is the individual appointed to oversee your care if you are incapacitated or unable to manage your affairs)

FOR HUSBAND OR CLIENT 1:

AGENT #1 NAME:	
AGENT #2 NAME:	
AGENT #3 NAME:	
ADDRESS & PHONE:	
	FOR WIFE OR CLIENT 2:
AGENT #1 NAME:	
AGENT #2 NAME:	
ADDRESS & PHONE:	
AGENT #3 NAME:	

STEP 7: DISTRIBUTIONS

DISTRIBUTION TO UNDER-AGED BENEFICIARIES (at what age would you like your beneficiaries to be in control of their sole and separate trust?)

O Hold in Trust until Age (enter age)
OR
O Staged Distribution:
@ Age 25 or, 25% or, and
@ Age 30 or, 50% or, and
@ Age 35 or, Remainder of Trust Share or
ADDITIONAL DISTRIBUTIONS:
O Early withdraw of share for BUSINESS or PROFESSION: \$10,000 or \$
O Early withdraw of share for PRIMARY HOME PURCHASE: \$20,000 or
\$
O Early withdraw of share for EDUCATION
OTHER COMMENTS OR ACTION DESIRED:

ASSET LIST – BASIC

A. Real Property (Physical Address – may attach copy of deeds):			
B. Per	rsonal Property (to be specifically distrib		

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