



## LET'S GET THE ESSENTIALS FOR YOUR ESTATE PLAN IN ORDER

### CLIENT #1

✔ Full Name: \_\_\_\_\_

✔ Email: \_\_\_\_\_

✔ Phone: \_\_\_\_\_

✔ Phone #2: \_\_\_\_\_

✔ Date of Birth: \_\_\_\_\_

✔ U.S. Citizen? Yes / No

✔ Legal Residence: \_\_\_\_\_

✔ Mailing Address: \_\_\_\_\_

✔ Married? Yes / No Date of Marriage: \_\_\_\_\_

### CLIENT #2

✔ Full Name: \_\_\_\_\_

✔ Email: \_\_\_\_\_

✔ Phone: \_\_\_\_\_

✔ Phone #2: \_\_\_\_\_

✔ Date of Birth: \_\_\_\_\_

✔ U.S. Citizen? Yes / No

✔ Legal Residence: \_\_\_\_\_

✔ Mailing Address: \_\_\_\_\_

✔ Married? Yes / No Date of Marriage: \_\_\_\_\_

### PLANS ALREADY IN PLACE

Do you have any of the following documents already in place? (Circle each)

1. Revocable Living Trust
2. Will
3. Financial Power of Attorney
4. Healthcare Power of Attorney

### CHILDREN / BENEFICIARIES

Lets name the people who will receive a portion of your estate when you pass away:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### OTHER BENEFICIARIES

Just in case you'd like to name other beneficiaries you can list them here:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### GUARDIANS

Let's name the people you'd like to care for your children in the event of your passing

1. \_\_\_\_\_ Email: \_\_\_\_\_
  2. \_\_\_\_\_ Email: \_\_\_\_\_
  3. \_\_\_\_\_ Email: \_\_\_\_\_
- 1.Phone #: \_\_\_\_\_ 2.Phone \_\_\_\_\_
- 3.Phone #: \_\_\_\_\_

### SUCCESSOR TRUSTEES

Who would you like to name as successor trustee? Must be 21 years of age

1. \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_
  2. \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_
  3. \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_
- 1.Phone #: \_\_\_\_\_ 2.Phone #: \_\_\_\_\_
- 3.Phone #: \_\_\_\_\_

Serve: Together / Separate (circle one)



# JUST A FEW MORE BASIC QUESTIONS. . . .

## TYPE OF ESTATE

- ✔ Do either Client #1 or Client #2 own assets valued at over \$2 million? Yes / No (circle one)
- ✔ Does either Client #1 or Client #2 own real estate? Yes / No (circle one)
- ✔ What is the approximate value of all of your assets? (exact values are not necessary, not asking about net worth, just your stuff like your home, furniture, IRAs,etc) \_\_\_\_\_

## LET'S MAKE ROOM FOR MORE CHILDREN/BENEFICIARIES

1. \_\_\_\_\_ DOB: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_ % of Esatate \_\_\_\_\_
2. \_\_\_\_\_ DOB: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_ % of Esatate \_\_\_\_\_
3. \_\_\_\_\_ DOB: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_ % of Esatate \_\_\_\_\_
4. \_\_\_\_\_ DOB: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_ % of Esatate \_\_\_\_\_
5. \_\_\_\_\_ DOB: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_ % of Esatate \_\_\_\_\_
6. \_\_\_\_\_ DOB: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_ % of Esatate \_\_\_\_\_

Would you like to make age based distributions? Yes / No (circle one)

Age 1: \_\_\_\_\_ % at age 1: \_\_\_\_\_      Age 2: \_\_\_\_\_ % at age 2: \_\_\_\_\_      Age 3: \_\_\_\_\_ % at age 3: \_\_\_\_\_

## FINANCIAL POWER OF ATTORNEY

Client #1-Let's name the people you'd like to make financial decisions in your behalf in the event that you need it

1. \_\_\_\_\_ Email: \_\_\_\_\_
2. \_\_\_\_\_ Email: \_\_\_\_\_
3. \_\_\_\_\_ Email: \_\_\_\_\_
- 1.Phone #: \_\_\_\_\_ 2.Phone #: \_\_\_\_\_
- 3.Phone #: \_\_\_\_\_

## HEALTHCARE POWER OF ATTORNEY

Client #1-Let's name the people you'd like to make medical decisions in your behalf in the event that you need it

1. \_\_\_\_\_ Email: \_\_\_\_\_
2. \_\_\_\_\_ Email: \_\_\_\_\_
3. \_\_\_\_\_ Email: \_\_\_\_\_
- 1.Phone #: \_\_\_\_\_ 2.Phone #: \_\_\_\_\_
- 3.Phone #: \_\_\_\_\_

## FINANCIAL POWER OF ATTORNEY

Client #2-Let's name the people you'd like to make financial decisions in your behalf in the event that you need it

1. \_\_\_\_\_ Email: \_\_\_\_\_
2. \_\_\_\_\_ Email: \_\_\_\_\_
3. \_\_\_\_\_ Email: \_\_\_\_\_
- 1.Phone #: \_\_\_\_\_ 2.Phone #: \_\_\_\_\_
- 3.Phone #: \_\_\_\_\_

## HEALTHCARE POWER OF ATTORNEY

Client #2-Let's name the people you'd like to make medical decisions in your behalf in the event that you need it

1. \_\_\_\_\_ Email: \_\_\_\_\_
2. \_\_\_\_\_ Email: \_\_\_\_\_
3. \_\_\_\_\_ Email: \_\_\_\_\_
- 1.Phone #: \_\_\_\_\_ 2.Phone #: \_\_\_\_\_
- 3.Phone #: \_\_\_\_\_



## LET'S LIST OUT SOME BASIC ASSETS

### BANK/CREDIT UNION ACCOUNTS

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1. Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type: \_\_\_\_\_
2. Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type: \_\_\_\_\_
3. Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type: \_\_\_\_\_
4. Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type: \_\_\_\_\_

### INVESTMENTS

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1. Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type: \_\_\_\_\_
2. Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type: \_\_\_\_\_
3. Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type: \_\_\_\_\_
4. Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type: \_\_\_\_\_

### PROPERTIES

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1. Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Plot #: \_\_\_\_\_
2. Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Plot #: \_\_\_\_\_
3. Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Plot #: \_\_\_\_\_
4. Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Plot #: \_\_\_\_\_
5. Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Plot #: \_\_\_\_\_

### SPECIFIC BEQUESTS

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Would you like to donate a certain asset, portion of your estate or amount of money to an institution (university, charity, religious organization, etc) or to a specific individuals or groups? Please list them below

1. Name: \_\_\_\_\_ Asset: \_\_\_\_\_
2. Name: \_\_\_\_\_ Asset: \_\_\_\_\_
3. Name: \_\_\_\_\_ Asset: \_\_\_\_\_
4. Name: \_\_\_\_\_ Asset: \_\_\_\_\_
5. Name: \_\_\_\_\_ Asset: \_\_\_\_\_
6. Name: \_\_\_\_\_ Asset: \_\_\_\_\_
7. Name: \_\_\_\_\_ Asset: \_\_\_\_\_