



Children/Beneficiaries

List all of your children, if any, regardless whether they will be beneficiaries under your estate plan. Also list any grandchildren, friends, or charities that you want to be beneficiaries of your estate.

1.			
Full Legal Name:	Relationship:	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2.			
Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
3.			
Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
4.			
Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
5.			
Full Legal Name:	Relationship	Birthdate (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability?	Reasonably Possible Future Disability?	Share of Estate(s):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Advisors

CLIENT #1 ADVISORS

Accountant

Accountant Name:

Firm Name:

Phone:

Financial Advisor

Financial Advisor Name:

Firm Name:

Phone:

Insurance Agent (Life, LTC, Umbrella)

Agent Name:

Firm Name:

Phone:

Private Banker/Trust Officer:

Banker/Officer Name:

Firm Name:

Phone:

Other Advisors:

Type of Advisor #1:

Advisor Name:

Firm Name:

Phone:

Type of Advisor #2:

Advisor Name:

Firm Name:

Phone:

CLIENT #2 ADVISORS

Accountant

Accountant Name:

Firm Name:

Phone:

Financial Advisor

Financial Advisor Name:

Firm Name:

Phone:

Insurance Agent (Life, LTC, Umbrella)

Agent Name:

Firm Name:

Phone:

Private Banker/Trust Officer:

Banker/Officer Name:

Firm Name:

Phone:

Other Advisors:

Type of Advisor #1:

Advisor Name:

Firm Name:

Phone:

Type of Advisor #2:

Advisor Name:

Firm Name:

Phone:



Summary of Assets

Assets	Client #1	Client #2	Title Held (H, W, Both)	Total Value
Checking, Savings, Money Market				\$
Certificates of Deposit				\$
Traditional IRA 401(k) 403(b), etc.				\$
Roth IRA 401(k)				\$
Non-Tax Deferred Brokerage Accounts				\$
Individual Stocks and Bonds				\$
Life Insurance (Death Benefit Values)				\$
Life Insurance (Cash Values)				\$
Real Estate Equity				\$
Annuities				\$
Stock Options (Current Value)				\$
Closely Held Business Interests				\$
Cars, Boats, Planes, etc.				\$
Valuable Tangible Personal Property				\$
Other:				\$
Other:				\$
Totals:	\$	\$		\$



Estate Plan Design Information

This section addresses the information we need to design your custom estate plan. The persons you name in the following sections will act for you if you become disabled and upon your death. All individual persons named should have a history of responsible behavior.

Guardian for Minor Children

If you have children under the age of 18, list in order of preference whom you wish to be guardian of your minor children. The guardians are named in your Will.

CLIENT #1 GUARDIANS	
First Choice	
Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice	
Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

CLIENT #2 GUARDIANS	
First Choice	
Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice	
Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

Executor

The Executor is the person or qualified corporation that is responsible for filing your Will with the probate court and administering your probate estate, if any. Spouses are often the first choice for each other.

CLIENT #1 EXECUTORS	
First Choice	
Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice	
Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>
Third Choice	
Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>

CLIENT #2 EXECUTORS	
First Choice	
Name:	
<input type="text"/>	
Relationship	Phone:
<input type="text"/>	<input type="text"/>
Second Choice	
Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>
Third Choice	
Name:	
<input type="text"/>	
Relationship:	Phone:
<input type="text"/>	<input type="text"/>



Trustee

If you set up a Living Trust or a Trust established under your Will, the Trustee is the person or qualified corporation that is responsible for managing your assets upon your disability and/or death. Spouses are often the first choice for each other.

CLIENT #1 TRUSTEE

First Choice

Name:

Relationship: Phone:

Second Choice

Name:

Relationship: Phone:

Third Choice

Name:

Relationship: Phone:

CLIENT #2 TRUSTEE

First Choice

Name:

Relationship: Phone:

Second Choice

Name:

Relationship: Phone:

Third Choice

Name:

Relationship: Phone:

Power of Attorney for Property | Finances Agent

The agent for your Power of Attorney for Property is the person who manages your financial affairs if you become disabled. If you have a Trustee, the same order should apply. Spouses are often the first choice for each other.

CLIENT #1 POA FOR PROPERTY/FINANCES AGENT

First Choice

Name:

Relationship: Phone:

Second Choice

Name:

Relationship: Phone:

Third Choice

Name:

Relationship: Phone:

CLIENT #2 POA FOR PROPERTY/FINANCES AGENT

First Choice

Name:

Relationship: Phone:

Second Choice

Name:

Relationship: Phone:

Third Choice

Name:

Relationship: Phone:



Power of Attorney for Health Care Agent

The agent for your Power of Attorney for Health Care is the person who makes health care decisions for you if you are not able to communicate decisions yourself. Spouses are often the first choice for each other.

CLIENT #1 POA FOR HEALTHCARE AGENT

First Choice

Name:

Relationship: Phone:

Second Choice

Name:

Relationship: Phone:

Third Choice

Name:

Relationship: Phone:

CLIENT #2 POA FOR HEALTHCARE AGENT

First Choice

Name:

Relationship: Phone:

Second Choice

Name:

Relationship: Phone:

Third Choice

Name:

Relationship: Phone:

Living Will

If you become terminally ill, and such illness is irreversible, and your death is imminent, do you want your doctors to **refrain** from using heroic measures (i.e., heart-lung machine, feeding tube, etc.) to keep you alive?

If you answer "YES," you are indicating that **you want a Living Will.**

If you answer "NO," you are indicating that **you do not want a Living Will.**

CLIENT #1 LIVING WILL

Yes

No

CLIENT #2 LIVING WILL

Yes

No

