

ESTATE PLANNING INFORMATION
(Please use Full Legal Names Including Middle Names)

DATE: _____

CLIENT'S NAME _____ DOB: _____

ADDRESS _____

EMAIL: _____ PHONE: _____

SPOUSE/PARTNER'S NAME _____ DOB: _____

EMAIL: _____ PHONE: _____

MARRIED: Y / N IS THIS A FIRST MARRIAGE: Y / N LENGTH OF MARRIAGE: _____

CHILDREN/HEIRS/BENEFICIARIES

Name: _____		DOB: _____	
Address: _____		Relationship: _____	
Step Child: Y / N	Adopted: Y / N	Married: Y / N	#Children _____

Name: _____		DOB: _____	
Address: _____		Relationship: _____	
Step Child: Y / N	Adopted: Y / N	Married: Y / N	#Children _____

Name: _____		DOB: _____	
Address: _____		Relationship: _____	
Step Child: Y / N	Adopted: Y / N	Married: Y / N	#Children _____

Name: _____		DOB: _____	
Address: _____		Relationship: _____	
Step Child: Y / N	Adopted: Y / N	Married: Y / N	#Children _____

Name: _____		DOB: _____	
Address: _____		Relationship: _____	
Step Child: Y / N	Adopted: Y / N	Married: Y / N	#Children _____

ASSETS-REAL PROPERTY

HOME/RENTALS/VACATION HOMES/FARMLAND/OTHER LAND/TIME SHARES

Please provide copy of deed for all pieces of real estate.

Type of Property:_____	Owned by:_____	Value:_____
Address:_____	_____	Mortgage:_____
City:_____	County: _____	State:_____ Zip:_____

Type of Property:_____	Owned by:_____	Value:_____
Address:_____	_____	Mortgage:_____
City:_____	County: _____	State:_____ Zip:_____

Type of Property:_____	Owned by:_____	Value:_____
Address:_____	_____	Mortgage:_____
City:_____	County: _____	State:_____ Zip:_____

Type of Property:_____	Owned by:_____	Value:_____
Address:_____	_____	Mortgage:_____
City:_____	County: _____	State:_____ Zip:_____

ASSETS-BUSINESS INTERESTS

DO YOU OWN ANY PART OF A BUSINESS? YES OR NO

NAME OF BUSINESS:_____

TYPE OF BUSINESS:_____

OWNERSHIP INTEREST:_____ VALUE:_____

ASSETS-FINANCIAL

CHECKINGS/SAVINGS/CDs/STOCKS/MUTUAL FUNDS/OTHER INVESTMENT ACCOUNTS

Type of Account:_____	Owned by:_____	Value:_____
Name of Bank/Institution:_____	_____	
Pay on Death Designation? Y / N	Payee Name:	

Type of Account:_____	Owned by:_____	Value:_____
Name of Bank/Institution:_____	_____	
Pay on Death Designation? Y / N	Payee Name:	

CHECKINGS/SAVINGS/CDs/STOCKS/MUTUAL FUNDS/OTHER INVESTMENT ACCOUNTS Cont.

Type of Account:_____	Owned by:_____	Value:_____
Name of Bank/Institution:_____	_____	
Pay on Death Designation? Y / N	Payee Name:	

Type of Account:_____	Owned by:_____	Value:_____
Name of Bank/Institution:_____	_____	
Pay on Death Designation? Y / N	Payee Name:	

Type of Account:_____	Owned by:_____	Value:_____
Name of Bank/Institution:_____	_____	
Pay on Death Designation? Y / N	Payee Name:	

Type of Account:_____	Owned by:_____	Value:_____
Name of Bank/Institution:_____	_____	
Pay on Death Designation? Y / N	Payee Name:	

ASSETS-FINANCIAL-Life Insurance

Type of Insurance:_____	Owned by:_____	Value:_____
Insurance Company:_____	_____	
Beneficiary:	Contingent Beneficiary:	

Type of Insurance:_____	Owned by:_____	Value:_____
Insurance Company:_____	_____	
Beneficiary:	Contingent Beneficiary:	

Type of Insurance:_____	Owned by:_____	Value:_____
Insurance Company:_____	_____	
Beneficiary:	Contingent Beneficiary:	

Type of Insurance:_____	Owned by:_____	Value:_____
Insurance Company:_____	_____	
Beneficiary:	Contingent Beneficiary:	

ASSETS-RETIREMENT ACCOUNTS

IRAs/401k/PENSIONS/KPERS/KP&F

Type of Account: _____	Owned by: _____	Value: _____
Institution: _____		
Beneficiary: _____	Contingent Beneficiary: _____	

Type of Account: _____	Owned by: _____	Value: _____
Institution: _____		
Beneficiary: _____	Contingent Beneficiary: _____	

Type of Account: _____	Owned by: _____	Value: _____
Institution: _____		
Beneficiary: _____	Contingent Beneficiary: _____	

Type of Account: _____	Owned by: _____	Value: _____
Institution: _____		
Beneficiary: _____	Contingent Beneficiary: _____	

Type of Account: _____	Owned by: _____	Value: _____
Institution: _____		
Beneficiary: _____	Contingent Beneficiary: _____	

ASSETS-MOTOR VEHICLES

AUTOMOBILES/MOTORCYCLES/BOATS/TRAILORS/ANYTHING WITH A TITLE

Year: _____	Make: _____	Model: _____	Value: _____
Owned by: _____			

Year: _____	Make: _____	Model: _____	Value: _____
Owned by: _____			

Year: _____	Make: _____	Model: _____	Value: _____
Owned by: _____			

Year: _____	Make: _____	Model: _____	Value: _____
Owned by: _____			

Year: _____	Make: _____	Model: _____	Value: _____
Owned by: _____			

OTHER ASSETS

INCLUDE PERSONAL PROPERTY ITEMS OF VALUE OVER \$5,000 OR SPECIAL SIGNIFICANCE

Description of Asset:	Value:
Description of Asset:	Value:
Description of Asset:	Value:
Description of Asset:	Value:
Description of Asset:	Value:
Description of Asset:	Value:
Description of Asset:	Value:
Description of Asset:	Value:
Description of Asset:	Value:
Description of Asset:	Value:

LOCATION OF SAFE DEPOSIT BOX _____

PROPERTY DISTRIBUTIONS

PERSONAL PROPERTY: Includes items that do not have a deed, title, or money.			
NAME	RELATIONSHIP	PASS TO LINEAL DESCENDANTS YES/NO	PERCENT
1			
2			
3			
4			

SPECIFIC BEQUESTS: Includes specific items other than personal property or dollar amounts			
NAME	RELATIONSHIP	PASS TO LINEAL DESCENDANTS YES/NO	ITEM or AMOUNT
1			
2			
3			
4			

REMAINDER OF ESATE: Think of all other assets going into a pot to be divided.			
NAME	RELATIONSHIP	PASS TO LINEAL DESCENDANTS YES/NO	PERCENT
1			
2			
3			
4			

LAST RESORT CLAUSE: If everyone named as beneficiary of Remainder predeceased you, who inherits?	
Circle one: HEIRS AT LAW (closest surviving relative) or CHARITY	
Name of Charity:	
Location of Charity:	

EXECUTOR-for Will: person to administer estate through probate process

WHO YOU WANT TO APPOINT:	WHO YOUR SPOUSE WANTS TO APPOINT:
Primary Executor: Address: Relationship:	Primary Executor: Address: Relationship:
Secondary Executor: Address: Relationship:	Secondary Executor: Address: Relationship:
Third Executor: Address: Relationship:	Third Executor: Address: Relationship:

GUARDIAN FOR MINOR CHILDREN-Who will provide care for children

WHO YOU WANT TO APPOINT:	WHO YOUR SPOUSE WANTS TO APPOINT:
Primary Guardian: Address: Relationship:	Primary Guardian: Address: Relationship:
Secondary Guardian: Address: Relationship:	Secondary Guardian: Address: Relationship:
Third Guardian: Address: Relationship:	Third Guardian: Address: Relationship:

TRUSTEE-who will manage assets of trust or assets of minor children

WHO YOU WANT TO APPOINT:	WHO YOUR SPOUSE WANTS TO APPOINT:
Primary Trustee: Address: Relationship:	Primary Trustee: Address: Relationship:
Secondary Trustee: Address: Relationship:	Secondary Trustee: Address: Relationship:
Third Trustee: Address: Relationship:	Third Trustee: Address: Relationship:

Do any beneficiaries need limitations placed on their receipt of inheritance due to competency, disability or other reason? YES or NO

At what ages do you want beneficiaries to receive inheritance? (Standard is to make distributions for health, education and welfare throughout; then at age 25, one-third of remaining inheritance is distributed outright; at age 30, one-half of what is remaining; at age 35, final payout.)

FINANCIAL POWER OF ATTORNEY-person to manage financial matters if you are alive but unable to manage your affairs.

WHO YOU WANT TO APPOINT:	WHO YOUR SPOUSE WANTS TO APPOINT:
Primary Agent: Address: Relationship:	Primary Agent: Address: Relationship:
Secondary Agent: Address: Relationship:	Secondary Agent: Address: Relationship:
Third Agent: Address: Relationship:	Third Agent: Address: Relationship:
Effective: <input type="checkbox"/> at Disability <input type="checkbox"/> Immediately	Effective: <input type="checkbox"/> at Disability <input type="checkbox"/> Immediately

HEALTHCARE POWER OF ATTORNEY-person to manage healthcare decisions if you are alive but unable to make your own healthcare decisions.

WHO YOU WANT TO APPOINT:	WHO YOUR SPOUSE WANTS TO APPOINT:
Primary Agent: Address: Relationship:	Primary Agent: Address: Relationship:
Secondary Agent: Address: Relationship:	Secondary Agent: Address: Relationship:
Third Agent: Address: Relationship:	Third Agent: Address: Relationship:
Effective: <input type="checkbox"/> at Disability <input type="checkbox"/> Immediately	Effective: <input type="checkbox"/> at Disability <input type="checkbox"/> Immediately

LIVING WILL-End of life instructions.

DO YOU WANT A LIVING WILL:	DOES YOUR SPOUSE WANT A LIVING WILL:
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CLIENT SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: _____ DATE: _____