

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

**DATE:** \_\_\_\_\_

CLIENT'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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**

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

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

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

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

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

| <b>WHO YOU WANT TO APPOINT:</b>                  |
|--|
| Primary Executor:<br>Address:<br>Relationship:   |
| Secondary Executor:<br>Address:<br>Relationship: |
| Third Executor:<br>Address:<br>Relationship:     |

**GUARDIAN FOR MINOR CHILDREN**-Who will provide care for children

| <b>WHO YOU WANT TO APPOINT:</b>                  |
|--|
| Primary Guardian:<br>Address:<br>Relationship:   |
| Secondary Guardian:<br>Address:<br>Relationship: |
| Third Guardian:<br>Address:<br>Relationship:     |

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

| <b>WHO YOU WANT TO APPOINT:</b>                 |
|---|
| Primary Trustee:<br>Address:<br>Relationship:   |
| Secondary Trustee:<br>Address:<br>Relationship: |
| Third Trustee:<br>Address:<br>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.

| <b>WHO YOU WANT TO APPOINT:</b>  |
|--|
| Primary Agent:<br>Address:<br>Relationship:  |
| Secondary Agent:<br>Address:<br>Relationship:  |
| Third Agent:<br>Address:<br>Relationship:  |
| 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.

| <b>WHO YOU WANT TO APPOINT:</b>  |
|--|
| Primary Agent:<br>Address:<br>Relationship:  |
| Secondary Agent:<br>Address:<br>Relationship:  |
| Third Agent:<br>Address:<br>Relationship:  |
| Effective: <input type="checkbox"/> at Disability <input type="checkbox"/> Immediately |

**LIVING WILL**-End of life instructions.

| <b>DO YOU WANT A LIVING WILL:</b>                        |
|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO |

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_