

General Information	Spouse #1		Spouse #2	
Legal Name				
	Street Address		Street Address	
Primary Address	City		City	
	State	ZIP	State	ZIP
	Street Address		Street Address	
Secondary Address	City		City	
	State	ZIP	State	ZIP
	Street Address		Street Address	
Mailing Address (if different than above)	City		City	
,	State	ZIP	State	ZIP
Home Telephone				
Work Telephone				
Cell Phone				
Email				
Employer				
Position				
	Street Address		Street Address	
Employer Address	City		City	
	State	ZIP	State	ZIP
Employer Telephone				
Date of Birth				
Place of Birth				
Citizenship				
Veteran?				
Marital Status				
Previous Divorce?				
Prenuptial Agreement?				
Current Will?				
Current Health Care Proxy?				
Current Power of Attorney?				



Assets			
Name of Bank	Name of Account Holder	Amount in Account	
Name of Brokerage Firm	Name of Account Holder	Amount in Account	
Location of Real Property	Name on Title	Approximate Value,	/Mortgage Amount
		Value	Mortgage
		Value	Mortgage
Co-op Mgmt Agent Contact			
Retirement Assets	Name of Beneficiary	Amount in Account	•
Life Insurance Policies	Name of Beneficiary	Value	
Other Assets	Description	Value	



Children and Grandchildren				
Names of Children	Date of Birth/Address	Marital Status/Spouse Name if applicable		
Names of Grandchildren	Date of Birth/Address	Name of Parents		
Other Beneficiaries	Date of Birth/Address			
Do any of your children, grandchildren or beneficiaries have special needs?				
Are any of your children or grandchildren from another marriage?				



Fiduciaries	Spouse #1		Spouse #2		
	Name		Name		
	Street Address		Street Address		
Executor/Rev Trust Successor	City		City		
Trustee (You are the initial Rev Trust Trustee)	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		
	Name		Name		
Successor Executor/ Rev. Trust Second Successor Trustee	Street Address		Street Address		
	City		City		
Second Successor Trustee	State	ZIP	State	ZIP	
	Phone		Phone	Phone	
	Email		Email		
	l		l		
	Name		Name		
	Street Address		Street Address		
Credit Shelter Co-Trustee (Your spouse is the other	City		City		
Co-Trustee)	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		
	Name		Name		
	Street Address		Street Address		
Successor Credit Shelter	City		City		
Co-Trustee	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		
	l		İ		
	Name		Name		
	Street Address		Street Address		
Minors' Trustee(s)	City		City	т	
(Assuming both parents pass)	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		



Fiduciaries (continued)	Spouse #1		Spouse #2		
	Name		Name		
	Street Address		Street Address		
Alternate Minors' Trustee(s)	City		City		
(,	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		
Minors' Trust Ages & Percentages (ex.20% @25, 50%@30, bal @35)					
	Name		Name	Name	
	Street Address		Street Address		
C and a set Minera	City		City		
Guardian of Minors	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		
	Name		Name		
	Street Address		Street Address		
	City		City		
Successor Guardian of Minors	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		
	Nama		Name		
	Name		Name		
	Street Address		Street Address		
Health Care Rep (One only each spouse)	City		City		
(One only each spouse)	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		
	Name		Name		
	Street Address		Street Address		
Successor Health Care Rep	City		City		
Tabbasa Maarin Care Nep	State	ZIP	State	ZIP	
	Phone		Phone		
	Email		Email		





Spouse #1

Fiduciaries (continued)

Fluuciaries (continueu)	Spouse #1		Spouse #2	
	Name		Name	
	Street Address		Street Address	
Power of Attorney	City		City	
	State	ZIP	State	ZIP
	Phone		Phone	
	Email		Email	
	Name		Name	
o you have any burial/	Street Address		Street Address	
	City		City	
SuccessorPOA	State	ZIP	State	ZIP
	Phone		Phone	
	Email		Email	
Beneficiary allocations 1. Tangible Persor furniture, pets t	cremation plans?_ :: nal Property bequ to specific people)	ests (specific iten	ns such as jewelry	, clothing,

Spouse #2

I understand that the attorney draftsperson is relying on the information above to prepare an estate plan and estate planning documents.

3. Remainder beneficiaries (names and percentages):



Date:	 	 	
Print Name:			
Sign:			