



General Information	Spouse #1	Spouse #2	
Legal Name			
Primary Address	Street Address	Street Address	
	City	City	
	State	ZIP	State
Secondary Address	Street Address	Street Address	
	City	City	
	State	ZIP	State
Mailing Address (if different than above)	Street Address	Street Address	
	City	City	
	State	ZIP	State
Home Telephone			
Work Telephone			
Cell Phone			
Email			
Employer			
Position			
Employer Address	Street Address	Street Address	
	City	City	
	State	ZIP	State
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	





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



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





Fiduciaries (continued)	Spouse #1	Spouse #2		
Power of Attorney	Name	Name		
	Street Address	Street Address		
	City	City		
	State	ZIP	State	ZIP
	Phone	Phone		
	Email	Email		
SuccessorPOA	Name	Name		
	Street Address	Street Address		
	City	City		
	State	ZIP	State	ZIP
	Phone	Phone		
	Email	Email		

Do you want to be an organ donor? \_\_\_\_\_.

Do you have any burial/cremation plans? \_\_\_\_\_. If so, please provide:

\_\_\_\_\_

**Beneficiary allocations:**

1. Tangible Personal Property bequests (specific items such as jewelry, clothing, furniture, pets to specific people): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Specific bequests (specific assets to specific people):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Remainder beneficiaries (names and percentages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



**REITER**  
— LAW FIRM —

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_