

SECTION I: PERSONAL AND FAMILY INFORMATION

	<u>You</u>	<u>SPOUSE</u>
1. Legal Name:	_____	_____
2. Other Names Used:	_____	_____
3. Home Address:	_____	_____
	Street	Street
	_____	_____
	City, County	City, County
	_____	_____
	State, Zip	State, Zip
4. Home Telephone:	() _____	() _____
5. Cell Phone:	() _____	() _____
6. Occupation/Business:	_____	_____
7. Business Address:	_____	_____
	Street	Street
	_____	_____
	City, County	City, County
	_____	_____
	State, Zip	State, Zip
8. Business Telephone:	() _____	() _____
9. Email Address:	_____	_____
10. Social Security No:	_____	_____
11. Date of Birth:	_____	_____
12. Place of Birth:	_____	_____
13. USA Citizen?	_____	_____
14. Date of Marriage:	_____	_____
15. Place of Marriage:	_____	_____
16. Residence at time of Marriage:	_____	_____
17. Military Service?	Yes_____ No_____	Yes_____ No_____
18. What year did you take up residence in your current state of residence?	_____	_____
19. While married to each other have you lived in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?	Yes_____ No_____	Yes_____ No_____
If so, in which states and what years?	_____	

	<u>You</u>	<u>SPOUSE</u>
20. Are there any prior marriages? If so, please list the name and social security number of the former spouse, the date the marriage ended, and whether the marriage ended by annulment, divorce, or death.	Yes_____ No_____	Yes_____ No_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
21. Do you have any support or settlement obligations from prior marriages? If so, please provide copies.	Yes_____ No_____	Yes_____ No_____
22. Do you have a prenuptial or postnuptial agreement? If so, please provide copies.	Yes_____ No_____	Yes_____ No_____
23. Are either of you the beneficiary of any trust? If so, please provide details.	Yes_____ No_____	Yes_____ No_____
	_____	_____
24. Do you or your spouse have a power of appointment under any trust? If so, please provide details.	Yes_____ No_____	Yes_____ No_____
	_____	_____
25. Do you or your spouse anticipate receiving an inheritance? If so, please provide details.	Yes_____ No_____	Yes_____ No_____
	_____	_____
26. Do you have a doctor/family physician?	Yes_____ No_____	Yes_____ No_____
Please provide name and contact information.	_____	_____
	_____	_____
27. Is your doctor/family physician aware that you have a Power of Attorney for Health Care?	Yes_____ No_____	Yes_____ No_____
28. Does your doctor/family physician have a copy of your Power of Attorney for Health Care?	Yes_____ No_____	Yes_____ No_____

FAMILY INFORMATION

29. **Living Children/Grandchildren**

FIRST CHILD

SECOND CHILD

Full name:	<hr/>	<hr/>
Date of Birth:	<hr/>	<hr/>
Address:	<hr/>	<hr/>
Phone:	() <hr/>	() <hr/>
Child of:	<input type="checkbox"/> Current marriage <input type="checkbox"/> Previous marriage of you <input type="checkbox"/> Previous marriage of spouse	<input type="checkbox"/> Current marriage <input type="checkbox"/> Previous marriage of you <input type="checkbox"/> Previous marriage of spouse
Adopted?	Yes_____ No_____	Yes_____ No_____
Is child dependent?	Yes_____ No_____	Yes_____ No_____
Special needs or disability?	Yes_____ No_____	Yes_____ No_____
Government Benefits?	Yes_____ No_____	Yes_____ No_____
Spouse's name, if married:	<hr/>	<hr/>
	<u>Name:</u> <u>Date of Birth:</u>	<u>Name:</u> <u>Date of Birth:</u>
Children (your grandchildren), if any:	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

THIRD CHILD

FOURTH CHILD

Full name:	<hr/>	<hr/>
Date of Birth:	<hr/>	<hr/>
Address:	<hr/>	<hr/>
Phone:	() <hr/>	() <hr/>
Child of:	<input type="checkbox"/> Current marriage <input type="checkbox"/> Previous marriage of you <input type="checkbox"/> Previous marriage of spouse	<input type="checkbox"/> Current marriage <input type="checkbox"/> Previous marriage of you <input type="checkbox"/> Previous marriage of spouse
Adopted?	Yes_____ No_____	Yes_____ No_____
Is child dependent?	Yes_____ No_____	Yes_____ No_____
Special needs or disability?	Yes_____ No_____	Yes_____ No_____
Government Benefits?	Yes_____ No_____	Yes_____ No_____
Spouse's name, if married:	Yes_____ No_____	Yes_____ No_____
	<u>Name:</u> <u>Date of Birth:</u>	<u>Name:</u> <u>Date of Birth:</u>
Children (your grandchildren), if any:	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

*If you have more than four children, you can make a copy of the prior page, fill out and attach.

Do you expect to give birth to or adopt any other children? Yes _____ No _____ Uncertain _____

30. **Deceased Children/Surviving Grandchildren**

	<u>FIRST DECEASED CHILD</u>	<u>SECOND DECEASED CHILD</u>
Full name:	_____	_____
Date of Birth:	_____	_____
Date of Death:	_____	_____
Child of:	<input type="checkbox"/> Current marriage <input type="checkbox"/> Previous marriage of you <input type="checkbox"/> Previous marriage of spouse	<input type="checkbox"/> Current marriage <input type="checkbox"/> Previous marriage of you <input type="checkbox"/> Previous marriage of spouse
Adopted?	<input type="checkbox"/> <u>Yes</u> <u>No</u>	<input type="checkbox"/> <u>Yes</u> <u>No</u>
Name of child's surviving spouse, if any:	_____	_____
Surviving children (your grandchildren), if any:	<u>Name:</u> <u>Date of Birth:</u> _____ _____	<u>Name:</u> <u>Date of Birth:</u> _____ _____
Home address of spouse/children:	_____	_____
Phone:	() _____	() _____

31. **Parents**

Your Parents:

Full Name(s)	Deceased? Yes/No	If Living, Address and Phone Number	Are you Providing Support?
_____	_____	_____	Yes _____ No _____
_____	_____	_____	Yes _____ No _____

Spouse's Parents:

Full Name(s)	Deceased? Yes/No	If Living, Address and Phone Number	Are you Providing Support?
_____	_____	_____	Yes _____ No _____
_____	_____	_____	Yes _____ No _____

32. **Siblings**

Your Siblings:

Full Name(s) (Sibling and Spouse, if any)	Deceased? Yes/No	If Living, Address and Phone Number	Name(s) of Living Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spouse's Siblings:

Full Name(s) (Sibling and Spouse, if any)	Deceased? Yes/No	If Living, Address and Phone Number	Name(s) of Living Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER BENEFICIARY INFORMATION

33. Other family members or others you want to benefit.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Birthdate (if minor)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FUNERAL AND BURIAL INFORMATION**You****SPOUSE**

34. Do you or your spouse have prearranged funeral and burial plans? Yes_____ No_____ Yes_____ No_____
- If so, with what mortuary or other institution? _____
- Please provide a copy of or identify the contract by date and institution. _____
35. Do you or your spouse have a cemetery lot(s)? If so, where? Yes_____ No_____ Yes_____ No_____
36. Do you or your spouse request organ donation? Yes_____ No_____ Yes_____ No_____
37. Do you or your spouse prefer cremation? Yes_____ No_____ Yes_____ No_____
38. Do you or your spouse have specific wishes concerning a funeral service? Yes_____ No_____ Yes_____ No_____
39. Do you or your spouse have a preference for or have you preselected a type of headstone? Yes_____ No_____ Yes_____ No_____

You

SPOUSE

40. Who do you or your spouse wish to designate as the person to arrange for calling family, friends, business associates, upon your death? _____
41. Do you have a list of individuals that should be contacted and applicable contact information? Yes_____ No_____ Yes_____ No_____
42. Who should author your obituary notice? In which papers and for how long should the notice run? _____
43. Have you notified your family members about matters addressed in Questions 34-42 above? Yes_____ No_____ Yes_____ No_____
44. Please provide any other details about your funeral and burial you wish to express. _____

SECTION II: FINANCIAL INFORMATION

Directions: Complete this section by supplying your estimate of today's fair market value for the assets and liabilities noted below. If you have a recent personal financial statement, you may include that with this checklist. However, in any event please complete the questions on retirement benefits (#9) and cash value insurance (#10), annuities (#11), and all life insurance policies (#14).

Financial Advisors: Accountant: _____
Life Insurance: _____
Property/Casualty Insurance: _____
Brokers: _____
Bankers: _____
Investment Advisers: _____
Other: _____

Do you have a home safe? Yes _____ No _____ Who has access/combination to safe? _____

Safety Deposit Box: Location: _____
Title: _____

Who has been given access to the box under the box contract? _____

Where is the key located or who has possession of the box key? _____

In general, what documents are kept in the safety deposit box? _____

If spouse has separate financial advisor, please provide information below.

Financial Advisors: Accountant: _____
Life Insurance: _____
Property/Casualty Insurance: _____
Brokers: _____
Bankers: _____
Investment Advisers: _____
Other: _____

Do you have a home safe? Yes _____ No _____ Who has access/combination to safe? _____

Safety Deposit Box: Location: _____
Title: _____

Who has been given access to the box under the box contract? _____

Where is the key located or who has possession of the box key? _____

In general, what documents are kept in the safety deposit box? _____

ASSETS**OWNERSHIP BY:**YouSPOUSEJOINT

1.	Real Estate:	A. Residence	\$ _____	\$ _____	\$ _____
		B. Other (describe)	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
2.	Bank accounts and certificates:		\$ _____	\$ _____	\$ _____
3.	Securities (stock and bonds):		\$ _____	\$ _____	\$ _____
4.	Subchapter S and other closely held stock, partnership interests (describe):	_____	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
5.	Farm Assets (describe):	_____	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
6.	Installment Notes:		\$ _____	\$ _____	\$ _____
	Obligor(s):	_____	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
7.	Accounts receivable, mortgages receivable, and other notes: (please list details on separate sheet)		\$ _____	\$ _____	\$ _____
8.	Other Assets:	Automobiles:	\$ _____	\$ _____	\$ _____
		Household Items:	\$ _____	\$ _____	\$ _____
		Collections:	\$ _____	\$ _____	\$ _____
		Memberships with Residual Beneficiary:	\$ _____	\$ _____	\$ _____
		Misc. (identify):	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____
		_____	\$ _____	\$ _____	\$ _____

Are jewelry or other valuable personal property items included on an insurance rider?

Yes _____ No _____

ASSETS (#1-8):

\$ _____

\$ _____

\$ _____

	<u>YOU</u>	<u>SPOUSE</u>	<u>WHO IS DEATH BENEFICIARY? PRIMARY /CONTINGENT</u>
9. Retirement Benefits (describe, i.e., Keogh, I.R.A., etc.): _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
10. Cash Value of Life Insurance Policies which you own, whether on your life or the life of others: List Policies and Insured	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
11. Annuities/Death Benefit? List Contracts	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
<u>ASSETS (#9-11):</u>	\$ _____	\$ _____	
<u>GRAND TOTAL (#1-11 for you and spouse) (#1-8 for joint):</u>	\$ _____	\$ _____	\$ _____

LIABILITIES

12. Real Estate Mortgage:	\$ _____	\$ _____	\$ _____
13. Loans and Other Liabilities: Please list the credit card accounts which you and your spouse utilize	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<u>TOTAL LIABILITIES:</u>	\$ _____	\$ _____	\$ _____
<u>TOTAL NET WORTH:</u>	\$ _____	\$ _____	\$ _____

14. All Life Insurance policies under which you are either an insured, an owner, or a beneficiary:

	<u>Company/ Policy No.</u>	<u>Type (Whole, Term, Variable, etc.)</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Value</u>
a.	_____	_____	_____	_____	_____	\$ _____
b.	_____	_____	_____	_____	_____	\$ _____
c.	_____	_____	_____	_____	_____	\$ _____
d.	_____	_____	_____	_____	_____	\$ _____
e.	_____	_____	_____	_____	_____	\$ _____
f.	_____	_____	_____	_____	_____	\$ _____

15. Do you own any property as a joint tenant with right of survivorship with someone other than your spouse? If so, please describe the asset and financial contribution of you and the other joint tenant to the acquisition and maintenance of this account.

16. If your spouse has predeceased you, was a federal estate tax return for your spouse's estate filed with the IRS? Yes_____ No_____ If so, please provide a copy of that return.

17. Have you or your spouse ever filed gift tax returns with the IRS? Yes_____ No_____ For what years?_____ Please provide copies.

18. Listing of accounts with automatic payments/utilities/memberships?_____

SECTION III: YOUR CURRENT ESTATE PLAN

1. Fiduciaries:

You

SPOUSE

- | | | |
|--|------------------------------------|------------------------------------|
| a. Personal Representative (Executor): | Initial: _____
Successor: _____ | Initial: _____
Successor: _____ |
| b. Guardian: | Initial: _____
Successor: _____ | Initial: _____
Successor: _____ |
| c. Conservator: | Initial: _____
Successor: _____ | Initial: _____
Successor: _____ |
| d. Trustee: | Initial: _____
Successor: _____ | Initial: _____
Successor: _____ |

2. Disposition of Estate: What general disposition have you currently made for your estate? Would you like to change this in any respect? How?

3. Previous Gifts Made By You, or Received By You: (Do not include gifts of less than \$10,000, or gifts to charity unless in the form of "planned giving" techniques).

<u>Recipient</u>	<u>Nature of Gift</u>	<u>Value</u>	<u>Date of Gift</u>	<u>Gift Tax Return Filed?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Trusts. Have you created trusts for the benefit of others during your lifetime? If so, please provide details.

5. Charitable Interests: Identify charities in which you are currently interested and which you may like to benefit.

6. Powers of Attorney: Have you given a power of attorney to another?

If so, to whom and when? _____

Is this power still effective? _____

7. Power of Attorney for Health Care: Have you given a power of attorney to another?

If so, to whom and when? _____

Is this power still effective? _____

8. Do you currently have a "Living Will"? Yes _____ No _____

9. Do you have a desire to create or change documents described at 6, 7 or 8? Describe. _____
10. Have you created a Charitable Checkbook and/or Donor Advised Fund? If so, where, and who are designated successors? _____

SECTION IV: LOCATION OF AND ACCESS TO IMPORTANT DOCUMENTS

WHERE ARE THE FOLLOWING DOCUMENTS LOCATED AND WHO HAS ACCESS?

- ☐ Current estate planning documents: _____
- ☐ Life Insurance Policies (or copies), and any insurance studies prepared _____
- ☐ Deeds to all real property; property tax statements (evidence of parcel or other identifying numbers) _____
- ☐ Annuity agreements _____
- ☐ Prior gift tax returns, if any _____
- ☐ Last Federal income tax return _____
- ☐ Copies of trust agreements in which you or your spouse are donor or beneficiary _____
- ☐ Summary descriptions of pension and/or profit-sharing plan(s) _____
- ☐ Copies of Beneficiary Designations for Pension and/or profit-sharing plans, if any _____
- ☐ "Buy and Sell" agreements; other agreements concerning business interests _____
- ☐ Divorce decrees, if any _____
- ☐ Antenuptial or other marital agreements _____

DIGITAL ASSETS:

WHO HAS OR WHERE ARE:

- ☐ Passwords for access to electronic financial records/accounts? _____
- ☐ Who has been authorized to access social media accounts in the event of your death? _____
- ☐ Have you completed forms required by each site to allow access to another party in the event of your death? Yes _____ No _____