

## Estate Plan Information Form for Married Clients

Please provide the following information about yourself:

**Spouse #1:**

**Full Legal Name:**

**Date of Birth:**

**Spouse #2:**

**Full Legal Name:**

**Date of Birth:**

Home Address:

Telephone #s:                      Home:  
   Spouse #1 cellular:  
   Spouse #2 cellular:

E-Mail Address(es):

Have either of you been married previously? If so, how did marriage end (divorce/spouse's death)? If by divorce, please provide copy of divorce decree and any marital property settlement agreement.

Please provide the full legal names, relationship and age for the immediate relatives of each of you (children, grandchildren, parents).

Please identify if children or grandchildren listed above are descendants of both of you or only one of you (and if one, which one of you):

Please identify any other relatives, friends or charitable organization for whom you wish to make provisions at your death in your estate plan:

Goals for Disposing of Assets at Your Death. In general, how would you like your assets to pass upon the death of the first of you to die? Upon the second of you to die? Who should inherit, and in what percentages or dollar amounts? Are there particular assets you want to pass to one or more particular individuals, and, if so, should that happen only after the second of you dies, or upon the death of one of you regardless of whether the other survives? Please provide your overall thoughts and planning goals in the space below.

Are any of the people you wish to provide for at your death not US citizens or permanent residents (green card holders)? If yes, please identify those individuals:

Are there particular issues or situations concerning your intended beneficiary about which we should be aware (special needs beneficiaries, issues regarding one of your intended beneficiaries, family situation, creditor issues for you or a beneficiary)? If so, please note below with a brief explanation.

Management of Financial Affairs (Power of Attorney):

Please consider who you wish to authorize to manage your financial affairs for you if you become incapacitated during your life or are for any reason unable to manage your financial affairs for yourself. **Indicate the name, address and phone number of the individual you would designate** to hold this authority, and, if possible, a second individual to serve as the “back-up” if your first choice cannot serve in that role for any reason:

Primary choice: \_\_\_\_\_

Secondary choice: \_\_\_\_\_

Health Care Decision-Making (Health Care Directive):

Please consider who you wish to authorize to make medical decisions for you if you become incapacitated during your life or are for any reason unable to make or communicate your own wishes regarding medical care and treatment. **Indicate the name, address and phone number of the individual** you would designate to hold this authority, and, if possible, a second individual to serve as the “back-up” if your first choice cannot serve in that role for any reason:

Primary choice: \_\_\_\_\_

Secondary choice: \_\_\_\_\_

## Schedule of Assets

Description	Spouse 1 Value	Spouse 2 Value	Jointly Owned Value \$
<b>(a) Real estate that you own,</b>			
Address of property:			
<b>(b) Tangible items</b>			
Jewelry			
Furniture			
Vehicle(s)			
Other			
<b>(c) Cash (including checking/savings accounts)</b>			
Name of bank(s)			
<b>(d) Stocks, bonds or other investments</b>			
Name of institution where account(s) maintained:			
<b>(e) Retirement savings (identify type of account)</b>			
Name of company where account(s) maintained			
<b>(f) Any money owed to you by others</b>			
<b>(g) Any other assets you own not included above</b>			
<b><i>TOTALS</i></b>			

Please indicate if any of the assets you identified above are owned by you together with another individual or individuals other than your spouse (for example, a bank account or real property owned jointly with a child) – if so, identify the co-owner(s).

Please indicate if any bank or investment account listed above has one or more beneficiaries identified to receive that account upon your death:

If you hold life insurance, please fill in the information below:

Name of insurer	Coverage amount	Type of insurance (term or life insurance)	Current cash surrender value (if any)	Policy Owner	Beneficiary of the policy and relationship to you
	\$		\$		

List any significant debts you have currently (mortgage, credit cards, other):

If you own a home, does anyone else live there with you and is dependent on you for their housing needs?

Do you support any other persons financially? If so, please provide details: