

---

SECTION I. PERSONAL DATA

---

PLEASE USE CARE. YOUR DOCUMENTS WILL BE DRAFTED USING INFORMATION ON THIS FORM.

YOUR NAME: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

HOME ADDRESS:

Street Address \_\_\_\_\_

City State Zip County: \_\_\_\_\_

RELATIONSHIP INFORMATION:

Do you have any Prior Marriages?  Yes  No.

If so, are there any outstanding settlement agreements?  Yes  No

List names of prior spouse(s), and approx.. date(s) of dissolution (please attach copy of final order):

---

GENERAL BACKGROUND INFORMATION

Do you presently have a will?  Yes  No

Do you presently have a trust?  Yes  No

Do you presently have a durable power of attorney?  Yes  No

Do you presently have an advanced health care directive?  Yes  No

Do you own a farm or business?  Yes  No

If yes, do any of your children work in the business with you?  Yes  No

Do you own a long-term care insurance policy?  Yes  No

GIFTS: Have you ever:  Made a gift in excess of \$10,000 in any one year to anyone?

Filed a gift tax return? *If so, please provide us with a copy.*

SECTION I. PERSONAL DATA

PLEASE USE CARE. YOUR DOCUMENTS WILL BE DRAFTED USING INFORMATION ON THIS FORM.

YOUR NAME: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

HOME ADDRESS:

Street Address \_\_\_\_\_

City State Zip County: \_\_\_\_\_

RELATIONSHIP INFORMATION:

Do you have any Prior Marriages?  Yes  No.

If so, are there any outstanding settlement agreements?  Yes  No

List names of prior spouse(s), and approx.. date(s) of dissolution (please attach copy of final order):  
\_\_\_\_\_

GENERAL BACKGROUND INFORMATION

Do you presently have a will?  Yes  No

Do you presently have a trust?  Yes  No

Do you presently have a durable power of attorney?  Yes  No

Do you presently have an advanced health care directive?  Yes  No

Do you own a farm or business?  Yes  No

If yes, do any of your children work in the business with you?  Yes  No

Do you own a long-term care insurance policy?  Yes  No

GIFTS: Have you ever:  Made a gift in excess of \$10,000 in any one year to anyone?

Filed a gift tax return? *If so, please provide us with a copy.*

**YOUR CHILDREN**

NAME: \_\_\_\_\_

Adult  Yes  No Birthdate: \_\_\_\_\_ US Citizen:  Yes  No

Gender  Male  Female Marital Status:  Never Married  Married  Divorced  Widowed

Of this relationship?  Yes  No If no, list names of parents: \_\_\_\_\_

NAME: \_\_\_\_\_

Adult  Yes  No Birthdate: \_\_\_\_\_ US Citizen:  Yes  No

Gender  Male  Female Marital Status:  Never Married  Married  Divorced  Widowed

Of this relationship?  Yes  No If no, list names of parents: \_\_\_\_\_

NAME: \_\_\_\_\_

Adult  Yes  No Birthdate: \_\_\_\_\_ US Citizen:  Yes  No

Gender  Male  Female Marital Status:  Never Married  Married  Divorced  Widowed

Of this relationship?  Yes  No If no, list names of parents: \_\_\_\_\_

NAME: \_\_\_\_\_

Adult  Yes  No Birthdate: \_\_\_\_\_ US Citizen:  Yes  No

Gender  Male  Female Marital Status:  Never Married  Married  Divorced  Widowed

Of this relationship?  Yes  No If no, list names of parents: \_\_\_\_\_

**OTHER PERSONS YOU WISH TO LEAVE PROPERTY TO:**

NAME: \_\_\_\_\_

Gender  Male  Female Adult  Yes  No US Citizen:  Yes  No

Relationship to you: \_\_\_\_\_

NAME: \_\_\_\_\_

Gender  Male  Female Adult  Yes  No US Citizen:  Yes  No

Relationship to you: \_\_\_\_\_

(Attach additional page if needed)

**YOUR PROFESSIONAL ADVISORS:**

**ACCOUNTANT:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**FINANCIAL PLANNER/ADVISOR:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**LIFE INSURANCE AGENT:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**OTHER LEGAL COUNSEL:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**OTHER (NAME AND ROLE):** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

May we communicate with your advisors in the course of our representation?  Yes  No

**SECTION II. YOUR DISTRIBUTION PLAN**

**SPECIFIC GIFTS.** List any special gifts either of you wish to give to a particular person or organization, such as a piece of jewelry to a particular child or friend, or a gift to a charity or church upon your death.

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

**REMAINING ASSETS.** Please list below to whom you would like to give your remaining property to (after any specific gifts listed above are distributed).

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

Do you want assets to be distributed to younger beneficiaries outright or in stages, ie. at ages 25, 30, 35  
 Yes  No

**ALTERNATE DISTRIBUTION.** If none of your beneficiaries listed above survive you, your property will pass to your legal heirs (other close family members) according to State law unless you name alternates. If you prefer to name alternate beneficiary(ies) in this unlikely event, please list name(s) and relation to you.

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

**ADDITIONAL INFORMATION REGARDING YOUR BENEFICIARIES**

Are there any beneficiaries you may want to benefit, but you have concerns that the person may not be able to properly manage the money now and for the future?  Yes  No

*If so, please check off all that apply:*

- Physical or mental disabilities  Substance abuse  
 Inability to save or manage money or excess debt  Other concerns (education, medical, marital.)

Do you anticipate that anyone is likely to contest/disagree with your distribution plan?  Yes  No

---

**SECTION III. SUCCESSOR FIDUCIARIES**

---

**NAME THE PERSON(S) WHOM YOU WISH TO ACT IN THE FOLLOWING CAPACITIES:**

**PERSONS TO HANDLE YOUR FINANCIAL AFFAIRS AND PROPERTY.**

Please list below name(s) of people you trust to manage your property and carry out your wishes when you and your spouse/partner are no longer able to. Unless otherwise indicated, the same person will serve as your backup trustee to administer and distribute your trust property for the benefit of you and your beneficiaries, executor under your will, guardians of the estate to manage finances of any minor children, and agent under your durable power of attorney for asset management in case of incapacity.

**FIRST SUCCESSOR:** \_\_\_\_\_

Gender  Male  Female      Adult  Yes  No      US Citizen:  Yes  No

Relationship to you: \_\_\_\_\_      To serve in all roles per above?  Yes  No

**NEXT SUCCESSOR:** \_\_\_\_\_

Gender  Male  Female      Adult  Yes  No      US Citizen:  Yes  No

Relationship to you: \_\_\_\_\_      To serve in all roles per above?  Yes  No

**MINOR CHILDREN GUARDIAN OF PERSON**

(With whom any minor child would reside if you and their other natural parent is unable to care for them.)

**FIRST GUARDIAN(S) OF PERSON:** \_\_\_\_\_

Gender  Male  Female      Adult  Yes  No      US Citizen:  Yes  No

Relationship to you: \_\_\_\_\_

**BACKUP GUARDIAN(S) OF PERSON:** \_\_\_\_\_

Gender  Male  Female      Adult  Yes  No      US Citizen:  Yes  No

Relationship to you: \_\_\_\_\_

---

**SECTION IV. HEALTH CARE MATTERS**

---

YOUR NAME: \_\_\_\_\_

**HEALTH CARE AGENTS:**

Who should make medical decisions on your behalf (including decisions regarding medical consents, end of life care, and nursing home admission) if you are unable to make these decisions yourself?

FIRST AGENT: \_\_\_\_\_

Gender  Male  Female      Adult  Yes  No      Relationship to you: \_\_\_\_\_

BACKUP AGENT: \_\_\_\_\_

Gender  Male  Female      Adult  Yes  No      Relationship to you: \_\_\_\_\_

**Special Instructions:** Unless you specify otherwise, your health care agent will have broad powers to make health care and other decisions related to your personal care for you in the event of incapacity. If you want to learn more, the following article is a provides an overview of issues surrounding medical and end of life care: [http://www.coalitionccc.org/documents/ENG\\_FYW\\_2011\\_web.pdf](http://www.coalitionccc.org/documents/ENG_FYW_2011_web.pdf). You may also want to discuss your thoughts/concerns with your significant others and your physician.

Please let us know your wishes on the following and any other questions/instructions you have. You will have an opportunity to discuss your wishes more fully when we meet. If you are not sure, leave blank for now.

Do you wish to be kept alive by machine if in terminal condition or persistent vegetative state?  Yes  No

Do you wish to be an organ donor?  Yes  No

Do you want your agent to be permitted to authorize an autopsy?  Yes  No

List any other Special Instructions (i.e. quality of life concerns, cremation, burial instructions, etc.):

---

---

---

SECTION IV. HEALTH CARE MATTERS

---

YOUR NAME: \_\_\_\_\_

HEALTH CARE AGENTS:

Who should make medical decisions on your behalf (including decisions regarding medical consents, end of life care, and nursing home admission) if you are unable to make these decisions yourself?

FIRST AGENT: \_\_\_\_\_

Gender  Male  Female      Adult  Yes  No      Relationship to you: \_\_\_\_\_

BACKUP AGENT: \_\_\_\_\_

Gender  Male  Female      Adult  Yes  No      Relationship to you: \_\_\_\_\_

Special Instructions: Unless you specify otherwise, your health care agent will have broad powers to make health care and other decisions related to your personal care for you in the event of incapacity. If you want to learn more, the following article is a provides an overview of issues surrounding medical and end of life care: [http://www.coalitionccc.org/documents/ENG\\_FYW\\_2011\\_web.pdf](http://www.coalitionccc.org/documents/ENG_FYW_2011_web.pdf). You may also want to discuss your thoughts/concerns with your significant others and your physician.

Please let us know your wishes on the following and any other questions/instructions you have. You will have an opportunity to discuss your wishes more fully when we meet. If you are not sure, leave blank for now.

Do you wish to be kept alive by machine if in terminal condition or persistent vegetative state?  Yes  No

Do you wish to be an organ donor?  Yes  No

Do you want your agent to be permitted to authorize an autopsy?  Yes  No

List any other Special Instructions (i.e. quality of life concerns, cremation, burial instructions, etc.):

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

**SECTION V. ASSETS**

**REAL PROPERTY:** (Please attach copy of grant deeds if available)

Address	Title (ie. community property, joint tenancy)	Approx. Loan Balance	Est. Market Value

**BANK ACCOUNTS:** (Please attach copy of account statements)

Bank Name Account Type	Title (ie. community property, joint tenancy)	Account Number	Approx. balance

**BROKERAGE ACCOUNTS:** (Please attach copy of account statements)

Institution Account Type	Title (ie. community property, joint tenancy)	Account Number	Approx. balance

(Attach additional page if needed)



**RETIREMENT ASSETS:** (Please attach copy of account statements)

Institution Name Type (ie. IRA, 401K..)	Owner	Beneficiaries	Approx. balance

**LIFE INSURANCE POLICIES/ANNUITIES:** (Please attach copy of policy information)

Carrier Name	Owner/Insured	Beneficiaries	Payout Amount

**BUSINESS INTERESTS, PARTNERSHIPS, ETC.**(Please describe and give estimated value)

---

---

**OTHER SIGNIFICANT ASSETS** (ie. notes receivable, valuables...Please describe and give estimated value)

---

---

**OTHER SIGNIFICANT LIABILITIES** (ie. notes payable) (Please describe and give estimated owed)

---

---

(Attach additional page if needed)

---

**SECTION VI. CONTACT INFORMATION**

---

Please provide contact information for all your children and other beneficiaries, together with all persons you have named as your fiduciaries in Sections III and IV of this memo (i.e. your successor trustees, guardians for your children, and your health care agents). For children living with you, write "home" in address block.

Name	Address	US Citizen Y/N	Home Phone	Alt Phone

(Attach additional page if needed)

---

**SECTION VII. OTHER INFORMATION AND QUESTIONS**

---

Please provide any other information or concerns, whether personal or financial, of which we should be aware:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---