

**ESTATE PLANNING INFORMATION**  
**(Please use Full Legal Names Including Middle Names)**

CLIENT'S LEGAL NAME \_\_\_\_\_

SPOUSE/PARTNER'S LEGAL NAME \_\_\_\_\_

INFORMATION REGARD CHILDREN – PLEASE SPECIFY BELOW IF ANY CHILDREN ARE STEP CHILDREN OR IF ANY HAVE BEEN ADOPTED

CHILD'S LEGAL NAME AND DOB \_\_\_\_\_

\_\_\_\_\_

CHILD'S LEGAL NAME AND DOB \_\_\_\_\_

\_\_\_\_\_

CHILD'S LEGAL NAME AND DOB \_\_\_\_\_

\_\_\_\_\_

CHILD'S LEGAL NAME AND DOB \_\_\_\_\_

\_\_\_\_\_

LIST AND LOCATION/HOLDER OF ASSETS WITH EQUITY GREATER THAN \$20,000  
 (THIS INFORMATION IS OPTIONAL AND IS ONLY RELEASED TO YOUR EXECUTOR/TRUSTEE AND IS ONLY MEANT TO ASSIST THEM IN LOCATING YOUR ASSETS AT DEATH)

Type of Property	Location	Holder	Phone Number
#1			
#2			
#3			
#4			
#5			
#6			
#7			
#8			

LOCATION OF SAFE DEPOSIT BOX \_\_\_\_\_

EXECUTOR (WILL)

Name	Address	Relationship	Phone
#1			
#2			
#3			

TRUSTEE (TRUST OR TESTAMENTARY TRUST)

Name	Address	Relationship	Phone
#1			
#2			
#3			

GUARDIAN FOR MINOR CHILDREN

Name	Address	Relationship	Phone
#1			
#2			
#3			

FINANCIAL POWER OF ATTORNEY

Name	Address	Relationship	Phone
#1			
#2			
#3			

HEALTH CARE POWER OF ATTORNEY

Name	Address	Relationship	Phone
#1			
#2			
#3			

DO YOU WANT LIVING WILL (DO NOT RESUSCITATE): YES / NO

PROPERTY DISTRIBUTIONS

Name	Address	Phone Number	Item or %
1			
2			
3			
4			
5			
6			

AT WHAT AGE WOULD YOU LIKE YOUR HEIRS TO RECEIVE THEIR INHERITANCE?  
(STANDARD IS DISTRIBUTIONS FOR HEALTH, EDUCATION, MAINTENANCE AND WELFARE ONLY UNTIL AGE 25 AND THEN AN OUTRIGHT DISTRIBUTION OF ONE-THIRD OF REMAINING ASSETS AT AGE TWENTY FIVE, ONE HALF OF REMAINING ASSETS AT AGE THIRTY AND REMAINDER AT AGE THIRTY FIVE)

DO ANY OF YOUR HEIRS NEED TO HAVE LIMITATIONS PLACED UPON THEIR RECEIPT OF FUNDS DUE TO COMPETENCY OR OTHER ISSUES?

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (If same for both parties)