



1. Do any of your children have a disability? \_\_\_\_\_  
\_\_\_\_\_
2. If you have minor children, please list your first two choices of guardians for the children.

First Choice of Guardian:

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

Address : \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Can this person act as a trustee for the child(ren)?  Yes  No

Second Choice of Guardian:

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

Address : \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Can this person act as a trustee for the child(ren)?  Yes  No

**Administration of the Estate**

Whom do you wish to act as Personal Representative of your estate? The Personal Representative is the person who will be responsible for administering your will, paying your debts, collecting your assets, and settling your estate.

First Choice of Personal Representative:

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

Address : \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Can this person act as a trustee for the child(ren)?  Yes  No

Second Choice of Personal Representative:

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

Address : \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Assuming that a trust is appropriate for your estate plan, who should act as the trustee of your estate? A trustee is the person or entity who is responsible for managing the assets placed into the trust. You may name an individual, bank or trust company, or both to act as your trustee.

First Choice of Trustee:

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

Address : \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Can this person act as a trustee for the child(ren)?  Yes  No

Second Choice of Trustee:

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

Address : \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Other**

1. Professionals: Please give the name and address of the person / institution for those services that you use, described below:

a. Accountant: \_\_\_\_\_

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

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

b. Financial Advisor: \_\_\_\_\_

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

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

**General Bequests**

In this section, indicate how you would like the majority of your property distributed. Please list your first choice and an alternative in the event your first choice predeceases you. Generally, though you do not have to do it this way, most people leave their property to their spouse first, then to their children.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Financial Inventory**

For each asset listed, please provide the location, ownership, approximate value, and the source of the approximate value. Also, where possible, please provide the (i.e. – bank statements, property tax statements for all property, copies of deeds to real estate you own, retirement reports, stock and bond account reports, etc.)

<b><u>Asset</u></b>	<b><u>Location of Item</u></b> (address for real property)	<b><u>Who owns the Property?</u></b> (H/W/J)	<b><u>Approximate Value</u></b>	<b><u>Source of Value</u></b>
Home				
Other Real Estate: Please identify type of real estate here:				
Other Real Estate: Please identify type of real estate here:				
Checking Account 1	Please give name and address of financial institution:			
Checking Account 2	Please give name and address of financial institution:			
Savings Account 1	Please give name and address of financial institution:			
Savings Account 2	Please give name and address of financial institution:			

<u>Asset</u>	<u>Location of Item</u> (address for real property)	<u>Who owns the Property?</u> (H/W/J)	<u>Approximate Value</u>	<u>Source of Value</u>
Automobile 1				
Automobile 2				
Stocks and Bonds				
Other Financial Holding Please identify type here:				
Other Financial Holding Please identify type here:				
Business Interests				
Retirement Account Identify what kind of account:				
Retirement Account Identify what kind of account:				
Jewelry				
Collectibles				
Recreational Vehicles				

<u>Asset</u>	<u>Location of Item</u> (address for real property)	<u>Who owns the Property?</u> (H/W/J)	<u>Approximate Value</u>	<u>Source of Value</u>
Other Asset (identify)				
Other Asset (identify)				
Other Asset (identify)				
Other Asset (identify)				
Other Asset (identify)				

**Liabilities**

<u>Liability</u>	<u>Location of Liability</u> Name and Address of entity to which the debt is owed	<u>Whose Debt?</u> (H/W/J)	<u>Approximate Amount</u>	<u>Source of Value</u>
Home Mortgage				
2 <sup>nd</sup> Mortgage/HELOC				

<b><u>Liability</u></b>	<b><u>Location of Liability</u></b> Name and Address of entity to which the debt is owed	<b><u>Whose Debt?</u></b> (H/W/J)	<b><u>Approximate Amount</u></b>	<b><u>Source of Value</u></b>
Mortgage on Other Real Estate: Identify which property:				
Debts owed <u>to</u> Family	Please give name and address of financial institution:			
Other Debts Please Identify:	Please give name and address of financial institution:			
Other Debts Please Identify:				
Other Debts Please Identify:				

**Asset Beneficiary Designations**

<b><u>Asset with Beneficiary:</u></b> (Give Policy Name and #)	<b><u>Designated Beneficiary:</u></b> (Name and Address)	<b><u>Owner of Policy</u></b> (H/W)	<b><u>Insured</u></b>	<b><u>Face Value</u></b>
Life Insurance				
Spouse's Life Insurance				
Retirement Plans w/ Death Benefit				

Retirement Plans w/ Death Benefit				
--------------------------------------	--	--	--	--



**Health Care Directive Information**

Please designate an individual to serve as your health care agent. Your health care agent is responsible to make decisions for you in the event of your incapacity and ensure your wishes are followed.

For: \_\_\_\_\_ (h/w) Organ Donor: \_\_\_\_\_ (yes/no)

Primary Health Care Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Alternate Health Care Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

For: \_\_\_\_\_ (h/w) Organ Donor: \_\_\_\_\_ (yes/no)

Primary Health Care Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Alternate Health Care Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

**Legal/Financial Power of Attorney Information**

Please designate an individual to serve as your Power of Attorney. This individual will serve as your agent and use this document to act on your behalf in legal and financial matters.

For: \_\_\_\_\_ (h/w)

Primary Agent: : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Secondary Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

For: \_\_\_\_\_ (h/w)

Primary Agent: : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Secondary Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

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

\_\_\_\_\_ Client

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

\_\_\_\_\_ Spouse