

ESTATE PLANNING

NAMES

Mr. _____
Social Security Number _____

Ms./Mrs. _____
Social Security Number _____

Address _____

Home Phone _____
Work Phone _____

E-mail _____

Cell Phone _____

Fair Market Value of Home (for trusts only) _____

Legal Insurance Plan (if applicable) _____

Company Name _____

First Contact Date _____

Member Name _____

Member # _____

CHILDREN

Names and Ages: _____

Age of Receipt of Inheritance for Children: _____

Trustees for Children (who controls the money?):

1st Choice _____

2nd Choice _____

Address _____

Address _____

CHILDREN

Guardians for Children (who raises the children?):

1st Choice _____

2nd Choice _____

Address _____

Address _____

Trustee/Personal Representative

For Mr. _____

For Ms./ Mrs. _____

1st Choice _____

1st Choice _____

Address _____

Address _____

2nd Choice _____

2nd Choice _____

Address _____

Address _____

General Durable Power of Attorney
(who controls your money and assets if you are unable)

For Mr. _____

For Ms./ Mrs. _____

1st Choice _____

1st Choice _____

Address _____

Address _____

2nd Choice _____

2nd Choice _____

Address _____

Address _____

BENEFICIARY DESIGNATION
(who receives your money and assets?)

ADDITIONAL INFORMATION