

ESTATE PLANNING ORGANIZER

Personal Information

Date_____

Full Legal Name

Social Security Number_____

Home Address

Date of Birth_____

Mailing Address (if different)

Citizenship_____

Occupation/Employer

Previous Spouse? _____

Business Address

Divorced/Widowed/Date _____

Business Telephone

Home Telephone_____

Business Telephone_____

Cell Telephone_____

E-mail Address_____

Date of Marriage_____

Spouse

Full Legal Name of Spouse

Social Security Number_____

Occupation/Employer

Date of Birth_____

Business Address

Citizenship_____

Business Telephone

Previous Spouse? _____

Divorced/Widowed/Date _____

Cell Phone_____

E-mail Address_____

Accountant:_____

Address:_____

Telephone Number:_____ E-mail:_____

Banker/Investment Advisor: _____

Address: _____

Telephone Numbers: _____ E-Mail: _____

Life Insurance Agent: _____

Address: _____

Telephone Numbers: _____ E-Mail: _____

Existing Plan

Please describe any estate planning or marital documents currently in force, including the date signed _____

Inheritance

Please describe any cash gifts, inheritances, notes receivable, legal judgments or other monetary assets which you expect to receive, including the source, amount and type _____

Children

Name
Adopted____ Gender _____
Needs Special Care____
Related to: You____ Spouse____ Both____

Date of Birth _____
Social Security Number _____
Address _____

Home Telephone _____
Office Telephone _____
Cell Telephone _____

Name
Adopted____ Gender _____
Needs Special Care____
Related to: You____ Spouse____ Both____

Date of Birth _____
Social Security Number _____
Address _____

Home Telephone _____
Office Telephone _____
Cell Telephone _____

Name _____
Adopted____ Gender _____
Needs Special Care____
Related to: You____ Spouse____ Both____
Telephone_____

Date of Birth _____
Social Security Number _____
Address _____

Home Telephone _____
Office _____
Cell Telephone _____

Name _____
Adopted____ Gender _____
Needs Special Care____
Related to: You____ Spouse____ Both____

Date of Birth _____
Social Security Number _____
Address _____

Home Telephone _____
Office Telephone _____
Cell Telephone _____

Name _____
Adopted____ Gender _____
Needs Special Care____
Related to: You____ Spouse____ Both____

Date of Birth _____
Social Security Number _____
Address _____

Home Telephone _____
Office Telephone _____
Cell Telephone _____

How many grandchildren do you have? _____

Related to: You____ Spouse____ Both____

Responsible Parties

Initial Trustees: Your spouse, if any, and you. **Successor Trustees:** Your choice of persons to succeed you as Trustees of your living trust and Executors of your Wills, in order of preference:

Trustee _____
Address _____

Relationship _____
Telephone Number _____

Trustee _____
Address _____

Relationship _____
Telephone Number _____

Trustee _____
Address _____

Relationship _____
Telephone Number _____

Agents. The successor trustees/executors named above are normally appointed as your agents under Durable Powers of Attorney and as successor Executors of your Wills.

Guardians. Your choice of persons to be appointed **guardians of the persons and estates** of your minor children, in order of preference

Guardian(s) _____ Relationship _____

Address: _____ Telephone Number _____

Guardian(s) _____ Relationship _____

Address: _____ Telephone Number _____

Guardian(s) _____ Relationship _____

Address: _____ Telephone Number _____

Health Care

Your choice of persons to be appointed as your **agents in an Advance Health Care Directive**, in order of preference

Agent _____ Relationship _____

Address _____ Home Telephone _____

Office Telephone _____

Cell Telephone _____

Agent _____ Relationship _____

Address _____ Home Telephone _____

Office Telephone _____

Cell Telephone _____

Agent _____ Relationship _____

Address _____ Home Telephone _____

Office Telephone _____

Cell Telephone _____

Please list any restrictions or preferences as to your health care and the disposal of your remains.

Spouse's choices; same as above _____, or

Agent _____
Address _____

Relationship _____
Home Telephone _____
Office Telephone _____
Cell Telephone _____

Agent _____
Address _____

Relationship _____
Home Telephone _____
Office Telephone _____
Cell Telephone _____

Agent _____
Address _____

Relationship _____
Home Telephone _____
Office Telephone _____
Cell Telephone _____

Please list any restrictions or preferences as to your health care and the disposal of your remains.

Assets

1. Real Property

_____ Title Vesting _____
Address _____

Purchase Price _____ Current Value _____ Liens _____ = _____
Equity

_____ Title Vesting _____
Address _____

Purchase Price _____ Current Value _____ Liens _____ = _____
Equity

_____ Title Vesting _____
Address _____

Purchase Price _____ Current Value _____ Liens _____ = _____
Equity

2. **Other Titled Property**, such as cars, boats, etc.

_____ Title Vesting _____
Purchase Price _____ Current Value _____ Liens _____ = _____
Equity

_____ Title Vesting _____
Purchase Price _____ Current Value _____ Liens _____ = _____
Equity

_____ Title Vesting _____
Purchase Price _____ Current Value _____ Liens _____ = _____
Equity

3. Please describe your closely held **corporate stock, partnership or limited liability company interests**, including the value and vesting _____

4. **Cash Accounts**

Institution:	Vesting:	Account Number	Approximate Balance
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a copy of the most recent statement for the above accounts.

5. **Brokerage Accounts**

Institution:	Vesting:	Account Number	Approximate Balance
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a copy of the most recent statement for the above accounts.

6. **IRA, Pension and Retirement Plan Accounts**

Institution:	Vesting:	Account Number	Approximate Balance
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a copy of the most recent statement for the above accounts.

7. **Safety Deposit Boxes.**

Do you have a **safety deposit box**? _____ Location _____ Holder _____

8. **Life Insurance and Annuity Policies**

Insuror	Policy No.	Owner	Beneficiary	Face Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach a copy of the declaration page for the above policies.

9. **Special Items of Value**, such as coin collections, antiques, art, jewelry, etc.

10. **Other Property.** What is your estimate of the value of any other property you own which is not included above? \$ _____

Liabilities

11. **Debts Payable** other than any mortgages and liens on the above assets, such as credit cards, personal loans, etc.

Debt	Amount Owed
_____	\$ _____
_____	_____
_____	_____
Total	_____
Total value of your property	\$ _____
Less amount owed	\$ _____
Difference = Net Estate	\$ _____

Elder Care

Is anyone currently giving you care, or you providing care to anyone? _____

Beneficiaries

Please describe any **specific bequests** you might wish to make to charities, foundations or religious or fraternal organizations _____

Please describe any specific bequests you might wish to make to **family members** or other persons _____

Whom do you want to receive the **rest of your estate** after these special bequests have been distributed, including dollar amounts, fractions or percentages? _____

At what ages do you wish your beneficiaries to receive their distributions: in installments, or all at once? (For instance, 1/3 at ages 25, 30 and 35.) _____

Do you need to provide for a parent, child or grandchild who needs special care? _____

Are they currently receiving government or other benefits? _____ Do you wish to provide for someone other than your children and grandchildren, such as a special friend or a pet? Please include full legal name, address, age and relationship. _____

Whom do you wish to receive your estate if you (and your spouse) should outlive the beneficiaries named above? _____

Do you wish to disinherit any of your heirs or relatives? _____

Do you wish to include adopted children or grandchildren as beneficiaries of your estate?____; children or grandchildren born out of wedlock?_____

Do you wish to place any restrictions on educational support for trust beneficiaries?_____

Questions

Please note any **questions or special instructions** not covered above for your attorney's consideration. _____

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October 4, 2011