

**ESTATE PLANNING/WILL INFORMATION FORM**

1. You: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last Name First Middle

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last Name First Middle

Children: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last Name First Middle

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

2. Do you have a will now? \_\_\_\_\_ If so, when prepared? \_\_\_\_\_ Where? \_\_\_\_\_

3. Have you been married before? \_\_\_\_\_ If so, were children born of that marriage? \_\_\_\_\_  
If so, list their names and ages. \_\_\_\_\_  
\_\_\_\_\_

4. Has your spouse been married before? \_\_\_\_\_ If so, were children born of that marriage? \_\_\_\_\_  
If so, list their names and ages. \_\_\_\_\_  
\_\_\_\_\_

5. Are both spouses U.S. Citizens? \_\_\_\_\_ Is either spouse a veteran? \_\_\_\_\_

6. Do you wish to be cremated or buried? \_\_\_\_\_ Are there any other specific requests regarding this? \_\_\_\_\_  
Do you have a prepaid plan? \_\_\_\_\_ If so, what funeral home is the prepaid plan with? \_\_\_\_\_

7. What are your general goals for your estate on your death (please rank).  
\_\_\_\_\_ Support Surviving Spouse  
\_\_\_\_\_ Support children  
\_\_\_\_\_ Minimize taxes and probate costs  
\_\_\_\_\_ Charitable gifts  
\_\_\_\_\_ Support other family members  
\_\_\_\_\_ Other (please describe) \_\_\_\_\_

8. Are any of your heirs or beneficiaries disabled and/or receiving government benefits?  
\_\_\_\_\_

9. Is there personal or real property you want to specifically mention in your will and leave to someone other than those who will receive the balance of your estate (family heirlooms, collections, etc.)? \_\_\_\_\_

10. How do you wish to distribute the balance of your estate not disposed of by paragraph 9, above? \_\_\_\_\_

11. Who do you want to be your executor/personal representative?

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

12. If you have minor children and die at the same time as your spouse, who do you want to have act as guardian of your children?

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

13. Who do you want to have act as trustee of a trust for your children or other beneficiaries?

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

14. Apart from allowing the trustee to pay whatever is required toward the health, education and support needs of your children while they are under age 19, at what age(s) do you want your children to receive the trust principal? One approach is to pay it in three installments (i.e., 1/3<sup>rd</sup> at age 21, half of the balance at age 25, and the balance at age 30). Please state the ages and percentage to be distributed. \_\_\_\_\_

15. We recommend a Health Care Directive and Financial Durable Power of Attorney. Do you presently have:

General Power of Attorney: \_\_\_\_\_ Living Will: \_\_\_\_\_  
Durable Power of Attorney: \_\_\_\_\_ Medical Directive: \_\_\_\_\_

16. In the event of your incapacity, who would you name to act on your behalf for medical decisions?

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

17. In the event of your incapacity, who would you name to act on your behalf for financial decisions?

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

18. (a) Estate taxes are an important consideration in estate planning. Each U.S. citizen is permitted to transfer tax free an amount up to the exemption amount in lifetime gifts and at death. Current tax law sets the exemption at \$10 million and indexes it for inflation, but is set to sunset and return to \$5 million on January 1, 2026. (For example, the 2020 exemption amount is \$11.58 million.)

Because the estate tax computation usually excludes amounts passing to the surviving spouse, it is often advantageous to use up as much of your tax credit upon your death in order to minimize the tax impact to your surviving spouse at his/her death. A simple way to determine whether you are a candidate for such planning is to determine whether your net assets (including life insurance proceeds) *combined with those of your spouse* equal or exceed \$10 million. Please let us know.

(b) If your net assets *combined with those of your spouse* are likely to be equal or exceed the exemption amount upon your death, then you should consider the estate tax (i.e., The estate tax will take roughly 1/3 (or more) of the amount exceeding the exemption amount which does not go to either charity or a surviving spouse) in your planning. To provide you with a closer analysis of the estate tax prospects and your options, you need to provide a complete list of all assets you own that will transfer by reason of your death.

**(c) Beneficiary designations on insurance policy, pensions, and IRA's trump what is written in a will. Please check with your plan providers and bring all current beneficiary designations with you or you will need to do so shortly after we get started.**

**WE ALSO ASK THAT YOU BRING IN COPIES OF ALL REAL ESTATE DEEDS AT THE TIME OF YOUR APPOINTMENT.**

Asset	How Titled/Who Owns?	Liens	Net Value
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Real Property

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Personal Property

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Stocks, Bonds & Investments

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Insurance	Who Owns?	Face Value	Named Beneficiary
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Pensions/IRA

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Virtual Currency

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