

# ESTATE PLANNING AND WILL INFORMATION FORM

## PERSON MAKING WILL:

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

Address \_\_\_\_\_

Phone No:(Home)\_\_\_\_\_ (Work)\_\_\_\_\_

Date of Birth:\_\_\_\_\_

## SPOUSE:

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

Address \_\_\_\_\_

Phone No:(Home)\_\_\_\_\_ (Work)\_\_\_\_\_

Date of Birth:\_\_\_\_\_

**CHILDREN – Please list all children, including any children not in your custody. If you do not plan to provide for a child in your will, the child must be specifically omitted by name.**

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

Address \_\_\_\_\_

Date of Birth:\_\_\_\_\_

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

Address \_\_\_\_\_

Date of Birth:\_\_\_\_\_

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

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Have any children received an advance on their inheritance or are any children financially indebted to you.**

\_\_\_\_\_

**If yes, do you want to make this an issue at the time of distribution of your estate?**

\_\_\_\_\_

**Is there any reason to treat your children other than equally?**

\_\_\_\_\_

**Are any of the children spendthrifts?** \_\_\_\_\_

**Are any children under a disability?** \_\_\_\_\_

**Please indicate if you have been married previously?** \_\_\_\_\_

**If any child should predecease parent, should his/her share pass through to his/her children? \_\_\_\_\_ . If so, please indicate grandchildren, if any. Include grandchildren born out of wedlock and indicate whether they should be entitled to inherit:**

Name	Date of Birth	Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18)**

**First Choice:**

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

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternate:**

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

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

**Do you wish to have a trust established for the benefit of your spouse and/or children? \_\_\_\_\_. If so, please indicate who the trustee(s) should be. (A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. In the event you predecease your children before they attain the age of 18, the courts would govern any inheritance of your children through a guardianship. Trusts are generally established if you have minor children.) You may name an individual, bank or trust company or both.)**

**First Choice:**

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

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternate:**

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

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

**Ages for distribution to children from the trust: (Example: 1/3 @ 21, 1/3 @25 and 1/3 @30), \_\_\_\_\_**

**How should your estate be distributed if your spouse and/or children do not survive you?**

---

---

**If you do not have children, please indicate to whom your estate should pass (beyond a spouse, if any) and share to each person:**

---

---

---

**Who should be Personal Representative (“Executor”) of your estate? (A personal representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.)**

**First Choice: (Spouse is usually named first)**

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

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternate:**

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

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

**Second Alternate:**

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

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

**ASSETS**

**Homestead:**

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

Owners: \_\_\_\_\_

Approximate Fair Market Value \_\_\_\_\_

Encumbrances:

Mortgage Holder: \_\_\_\_\_ Amount Owing: \_\_\_\_\_

2<sup>nd</sup> Mortgage: \_\_\_\_\_ Amount Owing: \_\_\_\_\_

Contract for Deed: \_\_\_\_\_ Amount Owing: \_\_\_\_\_

**Other Real Estate:**

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

Owners: \_\_\_\_\_

Approximate Fair Market Value \_\_\_\_\_

Encumbrances:

Mortgage Holder: \_\_\_\_\_ Amount Owing: \_\_\_\_\_

2<sup>nd</sup> Mortgage: \_\_\_\_\_ Amount Owing: \_\_\_\_\_

Contract for Deed: \_\_\_\_\_ Amount Owing: \_\_\_\_\_

**Bank Accounts/Investments**

**Checking:**

Account Owner: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**Checking:**

Account Owner: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**Savings:**

Account Owner: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**Savings:**

Account Owner: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**IRA's/Mutual Funds/Securities/401k's, ESOP's etc.**

Account Owner: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Approximate Avg. Balance: \_\_\_\_\_

**Life Insurance:**

Policy Owner: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Amount of Policy: \_\_\_\_\_

Beneficiary (ies) \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Amount of Policy: \_\_\_\_\_

Beneficiary (ies) \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Amount of Policy: \_\_\_\_\_

Beneficiary (ies) \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Amount of Policy: \_\_\_\_\_

Beneficiary (ies) \_\_\_\_\_

**Do you wish to make any specific bequests in your will other than by a list provided in your will?**

---

---

---

**Do you have a safe-deposit box?\_\_\_\_\_ If so, where?\_\_\_\_\_**

**Do you expect any inheritance in the near future?\_\_\_\_\_**  
**If so, please give details:\_\_\_\_\_**

**Do you have any other assets of any kind, such as business interests?\_\_\_\_\_. If so, please list: \_\_\_\_\_**

**Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?\_\_\_\_\_**

**Are you interested in preparing a Health Care Declaration (“living will”) stating your preferences for health care if you are in a terminal condition?\_\_\_\_\_**