ESTATE PLANNING ORGANIZER

PERSONAL INFORMATION

FIRST NAME *
LAST NAME *
E-mail: *
Phone Number: *
Street Address
City, State and Zip Code

How did you hear about our Firm?

Occupation

Marital Status
□ Single
□ Married
□ Unmarried but Living Together
□ Registered Domestic Partners

If married - Name of Spouse/Partner
Spouse/Partner email & phone number

If married - is this a First Marriage?
□ Yes
□ No

Do you have Child(ren)?
□ Yes
□ No

If you have Child(ren), list full legal names and dates of birth

Children: (Name & Date of Birth)

Name	Date of Birth
1)	
2)	
3)	

4)	

If Child(ren) are MINOR - list names of **two (2) Guardians you designate & Contact Information**

Name	Contact Information
1)	
2)	

Do you or your spouse have **children from other relationships or marriages**? If so, please provide names and dates of births:

Name	Date of Birth
1)	
2)	
3)	
4)	

FAMILY DYNAMIC - Tell us more about your family members:

_____
_____
_____

PRIOR ESTATE PLANNING DOCUMENTS

Do you have an existing will? □Yes   □No

If married, does your spouse have an existing will? □Yes   □No

Do you have an existing Trust? □Yes   □No

Your Spouse? □Yes   □No

Existing Power of Attorney? □Yes   □No

Your Spouse? □Yes   □No

Assets

Real Property
□Yes
□ No

List Real Property Address(es):

Address	How Title Is Held
1)	
2)	
3)	
4)	

Separate Property
List all Separate Property held by you or your spouse:

Your Separate Property: (Address/APN)

Address/APN	How Title Is Held
1)	
2)	
3)	
4)	

Your Spouses' Separate Property: (Address/APN)

Address/APN	How Title Is Held
1)	
2)	
3)	
4)	

List names of your Banks (checking, savings, investment accounts, Security Deposit Box) and Approx. Account values:
Bank Accounts:

Bank Accounts/Security Deposit Box	Approximate Value
1)	
2)	
3)	
4)	

List your Retirement Accounts and Approx. values (401(k), IRA, Annuity, Pension)

Accounts	Approximate Value
1)	
2)	
3)	
4)	

List your Life Insurance Policies and Approx. death benefit:

Policy	Benefits
1)	
2)	
3)	
4)	

List names of LLCs, Corps, Partnerships that you have an interest in:

LLC. Name	Members/Property In LLC. Name
1)	
2)	
3)	
4)	

List other assets: Timeshare-Mineral rights-Boat-Mobile home-Airplane

Asset Type	Address/Location
1)	
2)	
3)	
4)	

List Intellectual Property: Royalty contracts, Trademarks, Copyright

Description	Valid Dates
1)	
2)	
3)	
4)	

List Art, Collectibles and approx. value

Description	Address/Location
1)	
2)	
3)	
4)	

Are you a Beneficiary of someone else's Trust or Will? □Yes   □No

Description	Value
1)	
2)	
3)	
4)	

THE PEOPLE YOU PLACE IN CHARGE OF PROPERTY MANAGEMENT:

Names of two Successor Trustees, Executors and Financial Agents

Name	Contact Information
1)	
2)	

Do you have <u>pets / companion</u> animal(s) that will need to be cared for if you die?

□No
□Yes

If YES - you may name a <u>Pet Custodian</u>

THE PEOPLE YOU PUT IN CHARGE OF MEDICAL DECISIONS:

Names of <u>two Agents for Health Care Decisions</u>

Name	Contact Information
1)	
2)	

Are you looking to set up an <u>Advance Dementia Directive</u>?
Spouse 1 - □Yes   □No
Spouse 2 - □Yes   □No

<u>Termination of Life Support</u> - indicate for each Spouse:
Spouse 1 - □Yes, pull the plug   □ No, prolong life at all costs
Spouse 2 - □Yes, pull the plug   □ No, prolong life at all costs

Are you an organ donor? - Indicate for each spouse:

Spouse 1: □Yes, I wish to <u>donate my organs</u> for transplant and therapy
        □ Yes, also for research and education (donate your body to science)
        □ No, I am not an organ donor

Spouse 2: □Yes, I wish to <u>donate my organs</u> for transplant and therapy
        □ Yes, also for research and education (donate your body to science)
        □ No, I am not an organ donor

<u>Disposition of Last Remains</u> - indicate for each Spouse:
Spouse 1 –□ Burial   □ Cremation

Spouse 2 – –□ Burial   □ Cremation

WHO GETS WHAT WHEN YOU DIE

Describe how you wish your assets divided and distributed on your death:
(Do you wish to specifically exclude someone from inheriting from you?