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BASIC INFORMATION FOR ESTATE PLANNING

Family Data:

Today's Date _____

Your Complete Name: _____

Citizenship: US () Other ()

Spouse's Name: _____

Citizenship: US () Other () Dates of Birth: (You) _____ (Spouse) _____

Address: _____ City: _____ State and Zip: _____ County: _____

Your Email: _____ Phone: Home () _____ Cell () _____

Spouse's Email: _____ Phone: Home () _____ Cell () _____

Social Security Numbers: (You) _____ (Spouse) _____

Marital Status, please check one: ☐ single ☐ engaged ☐ married ☐ divorced ☐ widowed
Date of Marriage: _____ Date of Divorce: _____ Date of Death: _____

Number of Children: _____ Children from Previous Marriage: _____

***Please include ALL children, regardless of whether they are included in your estate plan.*

Child's Full Name: _____ Gender: _____ Date of Birth: _____

Address if Different: _____

Email: _____ Phone: Home () _____ Work () _____ Cell () _____

Single _____ Married _____ Divorced _____ Spouse's Name: _____

How many children does this child have: _____ SSN: _____

Child of: [] You [] Spouse [] Both

Child's Full Name: _____ Gender: _____ Date of Birth: _____

Address if Different: _____

Email: _____ Phone: Home () _____ Work () _____ Cell () _____

Single _____ Married _____ Divorced _____ Spouse's Name: _____

How many children does this child have: _____ SSN: _____

Child of: [] You [] Spouse [] Both

Child's Full Name: _____ Gender: _____ Date of Birth: _____

Address if Different: _____

Email: _____ Phone: Home () _____ Work () _____ Cell () _____

Single _____ Married _____ Divorced _____ Spouse's Name: _____

How many children does this child have: _____ SSN: _____

Child of: ☐ You ☐ Spouse ☐ Both

Child's Full Name: _____ Gender: _____ Date of Birth: _____

Address if Different: _____

Email: _____ Phone: Home () _____ Work () _____ Cell () _____

Single _____ Married _____ Divorced _____ Spouse's Name: _____

How many children does this child have: _____ SSN: _____

Child of: ☐ You ☐ Spouse ☐ Both

Child's Full Name: _____ Gender: _____ Date of Birth: _____

Address if Different: _____

Email: _____ Phone: Home () _____ Work () _____ Cell () _____

Single _____ Married _____ Divorced _____ Spouse's Name: _____

How many children does this child have: _____ SSN: _____

Child of: ☐ You ☐ Spouse ☐ Both

If you are naming beneficiaries other than your children, please provide a separate list of their names, date of birth, address, and phone number.

Are there any potential beneficiaries with physical or psychological special needs?

How many grandchildren do you have? Please provide a list of your grandchildren's names and date of birth.

Is there anyone in your family who is at risk of needing long-term care?

Do you have any pets, and if so have you arranged for the pet's care upon your death?

Beneficiaries:

If married, is it your desire that everything goes to your spouse? ____ Yes ____ No

At death of both you and your spouse, or if not married, to whom would your assets pass?

____ Children in equal shares or ____ in unequal shares

____ Grandchildren

____ Other persons in percentage or amount. Name of person with percentage or amount: _____

____ Charities in percentage or amounts. Name of charities with percentage or amount: _____

Do you wish to name specific gifts of personal property to family or friends? ____ Yes ____ No

Do you have any pets? ____ Yes ____ No

If so, name of person designated to care for your pets? _____

Would you like to designate funding for the care of your pets? ____ Yes ____ No If so, please provide an amount: \$ _____ Would you like to leave instructions for care? If so, please provide separate sheet of paper with said instructions.

At what age would you feel comfortable permitting your beneficiaries to receive your inheritance?

If any potential beneficiary is a minor (less than 18) or under the age you specify, who should manage their assets if both spouses are deceased?

Primary trustee: _____ Relationship: _____

Address: _____

Telephone Number: _____

Backup trustee: _____ Relationship: _____

Address: _____

Telephone Number: _____

Who should be named Guardian for any minors or disabled children if both spouses are deceased?

Primary guardian: _____ Relationship: _____

Address: _____

Telephone Number: _____

Backup guardian: _____ Relationship: _____

Address: _____

Telephone Number: _____

Executor: Primary Executor: _____ Relationship: _____

Address: _____

Telephone Number: _____

Backup Executor: _____ Relationship: _____

Address: _____

Telephone Number: _____

Note that the surviving spouse is routinely appointed the primary executor.

Financial Power of Attorney: Primary agent: _____ Relationship: _____

Address: _____

Telephone Number: _____

Backup agent: _____ Relationship: _____

Address: _____

Telephone Number: _____

Health Care Power of
Attorney with Living Will:

Primary agent: _____ Relationship: _____

Address: _____ Email: _____

Phone: Home () _____ Work () _____ Cell () _____

Backup agent: _____ Relationship: _____

Address: _____ Email: _____

Phone: Home () _____ Work () _____ Cell () _____

Estimated size of your estate:

You

Spouse

Joint

House or other real estate \$ _____ \$ _____ \$ _____

Retirement plans (IRAs, 401(k)s, etc.) \$ _____ \$ _____ \$ _____

Non-retirement investments (cash, bank, stocks, etc.) \$ _____ \$ _____ \$ _____

Life insurance owned \$ _____ \$ _____ \$ _____

Possible inheritances \$ _____ \$ _____ \$ _____

Closely Held Business \$ _____ \$ _____ \$ _____

Personal property \$ _____ \$ _____ \$ _____

Safe Deposit Box \$ _____ \$ _____ \$ _____

Second house or vacation property \$ _____ \$ _____ \$ _____

Other (Describe) _____ \$ _____ \$ _____ \$ _____

Total \$ _____ \$ _____ \$ _____

Gross Monthly Income \$ _____ \$ _____