**SINGLE PRELIMINARY INFORMATION**

|  |
| --- |
|  Full Name: |
| Name you prefer to be called: | Citizen of US? Yes No, where? |
| Date of birth: | Last 3 Digits of SSN: DL#: |
|  Cell Phone: |  Email: |

|  |
| --- |
| Place of Employment: |
| Work Address: |  |
| City, State: | Zip Code: |
|  Work Phone |  Work Fax: |

|  |
| --- |
| Home Address: |
| City: I State: I Zip: |
| County of Residence: | Home Phone: |

|  |
| --- |
| Did anyone refer you to us? Yes No If yes, whom may we thank? |
|  Where will you be storing your completed documents? |

Do you want to include future children in your estate plan? Yes No

Do you plan to disinherit any children? \_\_\_\_\_Yes \_\_\_\_\_No; Do you have any predeceased children? \_\_\_\_Yes \_\_\_\_No

|  |
| --- |
| Children Age of Child Gender Grandchildren? |
| Name Address Phone |  |  |  |
| NameAddressPhone |  |  |  |
| NameAddressPhone |  |  |  |
| NameAddressPhone |  |  |  |
| NameAddressPhone |  |  |  |
| NameAddressPhone |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assets** | **Full Value** | **[Less Debt]** | **Net Value** | **Comments** |
| Life insurance |  |  |  |  |
|  |  |  |  |  |
| Retirement plans |  |  |  |  |
|  |  |  |  |  |
| Residence |  |  |  |  |
| Other real estate: Property #1 |  |  |  |  |
|  Property #2 |  |  |  |  |
|  Property #3 |  |  |  |  |
| Checking |  |  |  |  |
| Savings |  |  |  |  |
| CDs |  |  |  |  |
| Brokerage: Account #1 |  |  |  |  |
|  Account #2 |  |  |  |  |
|  Account #3 |  |  |  |  |
| Notes (loans to others) |  |  |  |  |
| Businesses: Business #1 |  |  |  |  |
|  Business #2 |  |  |  |  |
|  Business #3 |  |  |  |  |
| Vehicles |  |  |  |  |
| Personal effects |  |  |  |  |
| Potential inheritance (husband) |  |  |  |  |
| Potential inheritance (wife) |  |  |  |  |
| Other |  |  |  |  |
| Total |  |  |  |  |

Describe topics you want to discuss and how you want your estate to be distributed upon your death:

Any specific bequests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any **separate property** brought into the marriage or received during the marriage – for example: inheritance, personal injury settlement, gift? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who do you want to name as the **Executor(s)** of your estate?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Relation | Name | Relation |
| 1stExecutor |  |  |  |  |
| 2ndExecutor |  |  |  |  |
| 3rd Executor |  |  |  |  |
| 4thExecutor |  |  |  |  |

 Who do you want to name as **Trustee** of your trusts, if any? Age of children when termination of Contingent Trust shall end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Is there any beneficiary with special needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Name | Relation |
| 1stTrustee |  |  |
| 2ndTrustee |  |  |
| 3rd Trustee |  |  |

Who do you want to name as the **Guardian(s)** of your children (if you have children under age 18)? (Two persons may serve together as long as they are married.)

|  |  |  |
| --- | --- | --- |
|  | Name(s) | Relation |
| 1stGuardian(s) |  |  |
| 2ndGuardian(s) |  |  |
| 3rd Guardian(s) |  |  |

Who do you want to name as the **Guardian(s)** of yourself if you are unable to care for yourself?

|  |  |  |
| --- | --- | --- |
|  | Name(s) | Relation |
| 1stGuardian(s) |  |  |
| 2ndGuardian(s) |  |  |
| 3rd Guardian(s) |  |  |

Who do you want to name as **Agent(s)** on your **Durable Power of Attorney (DPA)**?

(A Durable Power of Attorney gives the person(s) named the power to sign your name if you are not

able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.) Do you want the DPA to be effective immediately or only upon declaration of incapacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Do you have any other POAs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Agent(s)

|  |  |  |
| --- | --- | --- |
| 1st Agent | Name: Relation:  | Address:   |
| 2nd Agent | Name: Relation:  | Address:   |
| 3rd Agent | Name: Relation:  | Address:   |

Who do you want to name as **Agent(s)** on your **Medical Power of Attorney**?

Agent(s)

|  |  |  |
| --- | --- | --- |
| 1st Agent | Name: Relation:  | Address:  Phone Number(s):   |
| 2nd Agent | Name: Relation:  | Address:  Phone Number(s):   |
| 3rd Agent | Name: Relation:  | Address:  Phone Number(s):   |

Who do you want to name on your **HIPAA** document, giving doctors authority to talk to those named?

Agent(s)

|  |  |  |
| --- | --- | --- |
| 1st Agent | Name: Relation:  | Address:   |
| 2nd Agent | Name: Relation:  | Address:   |
| 3rd Agent | Name: Relation:  | Address:   |

Who do you want to appoint as your **Agent** to **dispose of your remains**? Do you want to be cremated or buried?

Agent(s)

|  |  |  |
| --- | --- | --- |
| 1st Agent | Name: Relation:  | Address:   |
| 2nd Agent | Name: Relation:  | Address:   |
| 3rd Agent | Name: Relation:  | Address:   |

**Advanced Directive.** This document tells your family and your doctor if you want to be kept alive or allowed to die as gently as possible at the end of your life.