

SINGLE PRELIMINARY INFORMATION

Full Name:	
Name you prefer to be called:	Citizen of US? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	State:	Zip:
County of Residence:	Home Phone:	

Did anyone refer you to us? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			

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
1 st Executor				
2 nd Executor				
3 rd Executor				
4 th Executor				

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
1 st Trustee		
2 nd Trustee		
3 rd 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
1 st Guardian(s)		
2 nd Guardian(s)		
3 rd 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
1 st Guardian(s)		
2 nd Guardian(s)		
3 rd 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)

1 st Agent	Name: _____ Relation: _____	Address: _____ _____
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____
3 rd Agent	Name: _____ Relation: _____	Address: _____ _____

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

Agent(s)

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

1 st Agent	Name: _____ Relation: _____	Address: _____ _____
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____
3 rd 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)

1 st Agent	Name: _____ Relation: _____	Address: _____ _____
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____
3 rd 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.