

Data Sheet for Estate Plan

***Note:** Please use names as usually done for business and as you want them to appear in your Wills — Not necessarily full names.

Spouse A's Name: _____ Age: _____

State and County of residence: _____

Citizenship: _____ USA _____ Other: _____

Email address: _____

Spouse B's Name: _____

_____ Age: _____

State and County of residence: _____

Citizenship: _____ USA _____ Other: _____

Email address: _____

Address:

Home: _____

Phone: _____ Mobile: _____

Business: _____

Phone: _____ Fax: _____

Children of this marriage: (First name, middle initial and last name)

Name	Age	Name of Spouse	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there children of either you or your spouse from a previous marriage?

Yes _____	(please list below)	No _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any deceased children? Yes _____ (please list on separate sheet) No _____

Prior marriage of either spouse? Yes _____ (please list on separate sheet) No _____

DATA SHEET FOR ESTATE PLAN

Have any children been adopted? Yes _____ (please designate) No _____

Any marriage agreements settling the property rights from a previous marriage?
Yes _____ (please list on separate sheet) No _____

Do you have a premarital agreement with regard to property rights?
Yes _____ (attach copy of agreement) No _____

Grandchildren:

Name of Grandchild	Name of Parent
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proposed Personal Representative:

Spouse A:	Spouse B:
1st choice: _____	_____
2nd choice: _____	_____
3rd choice: _____	_____

Proposed Trustee:

Spouse A:	Spouse B:
1st choice: _____	_____
2nd choice: _____	_____
3rd choice: _____	_____

Proposed Guardian of Minor Children:

1st choice: _____	3rd choice: _____
2nd choice: _____	

DATA SHEET ESTATE PLAN

Attorney in Fact (Agent) - Durable Financial Powers of Attorney:

Spouse A:	Spouse B:
1st choice: _____	_____
2nd choice: _____	_____
3rd choice: _____	_____

Do you want this person to be able to make gifts of your property if you are incapacitated?

Yes _____ No _____

Attorney in Fact (Agent) - Durable Health Care Powers of Attorney:

Spouse A:	Spouse B:
1st choice: _____	_____
2nd choice: _____	_____
3rd choice: _____	_____

If a Trust for children is desired, age of distribution: _____

Do you prefer distribution all at once or in staggered amounts? _____

Do you or your spouse expect to inherit something from parents or others?

Yes _____ No _____

If Yes, what type and value of property? _____

If none of your children are living at the time of your spouse's death, where do you want your estate to go?

SUMMARY OF ASSETS AND LIABILITIES

	Gross Estate	Spouse A	Spouse B	Joint
A	Real Estate	_____	_____	_____
B	Stocks and bonds	_____	_____	_____
C	Family corporations	_____	_____	_____
D	Mtgs, notes & cash	_____	_____	_____
E	Insurance on client (payable to spouse)	_____	_____	_____
F	Insurance on client (taxable - to others)	_____	_____	_____
G	Jointly owned property (with spouse)	_____	_____	_____
H	Jointly owned property (with others)	_____	_____	_____
I	Family partnerships	_____	_____	_____
J	Other miscellaneous property	_____	_____	_____
K	Transfers during clients life	_____	_____	_____
L	Powers of Appointment	_____	_____	_____
M	Annuities	_____	_____	_____
N	Qualified plan benefits (to spouse)	_____	_____	_____
O	Qualified plan benefits (to others)	_____	_____	_____
	Total	_____	_____	_____