



1. Client Contact Information

Full Name _____ Phone Number _____

Spouse _____ Phone Number _____

Email Address _____

Residence Address _____

Additional Real Property _____

2. Do you already have any Estate Planning Documents prepared? _____

3. Which Estate Planning Package do you want to proceed with?

___ Revocable Living Trust Package

___ Irrevocable Trust Package

___ Last Will and Testament Package

4. Assets (Type of Account and Financial Institution) Estimate Amounts if not exact.

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

- d. _____ \$ _____
 - e. _____ \$ _____
 - f. _____ \$ _____
 - g. _____ \$ _____
 - h. _____ \$ _____
 - i. _____ \$ _____
 - j. _____ \$ _____
- Total (estimated): \$ _____

5. Beneficiary Information

- a. Full name _____ Relationship _____
 Primary Residence Address _____
 Asset percentage to be received _____
- b. Full name _____ Relationship _____
 Primary Residence Address _____
 Asset percentage to be received _____
- c. Full name _____ Relationship _____
 Primary Residence Address _____
 Asset percentage to be received _____
- d. Full name _____ Relationship _____
 Primary Residence Address _____
 Asset percentage to be received _____
- e. Full name _____ Relationship _____
 Primary Residence Address _____
 Asset percentage to be received _____

f. Full name _____ Relationship _____

Primary Residence Address _____

Asset percentage to be received _____

6. Who would you like to be your Executor/Trustee?

1st Choice: Full name _____

Relationship _____

2nd Choice: Full name _____

Relationship _____

3rd Choice: Full name _____

Relationship _____

7. Who would you like to be your Financial Power of Attorney?

1st Choice: Full name _____

Relationship _____

2nd Choice: Full name _____

Relationship _____

3rd Choice: Full name _____

Relationship _____

8. Who would you like to be your Healthcare Power of Attorney?

1st Choice: Full name _____

Relationship _____

2nd Choice: Full name _____

Relationship _____

3rd Choice: Full name _____

Relationship _____

9. If your Doctor sees no chance of survival, do you want to be placed on artificially provided food water or other nourishment to prolong your life? _____

10. Is there any other important information that you would like us to know when creating your Estate Planning Documents? Please list any special allocations of assets here.
