

Fitzwater Meyer, LLP
ESTATE PLANNING INFORMATION

Date: _____

I. GENERAL INFORMATION

Your Full Name: _____

Address: _____ County of Residence: _____

Phone numbers: (h) _____ (w) _____

Email address: _____

How would you like your names to appear on formal documents?

Date of Birth	
Social Security Number	
Citizenship	
Employer	
Retired (if so, please give year)	

Do you have a Will and/or Revocable Living Trust? If so, please bring a copy of these documents to your appointment.

II. FAMILY

A. Spouse

Spouse's Full Name	
If Spouse is Predeceased, Date of Death	
Spouse's Date of Birth	
Spouse's Social Security Number	
Spouse's Citizenship	
Spouse's Employer	

Spouse: Retired (if so, please give year)	
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B. Children

Name/Address	Age	Spouse/Partner	No. of Children	Whose Children (His/Her/Both)

C. Other Family

Name/Address	Relationship	Living/Deceased	Age	Estimated Inheritance (if any)

D. Special Family Considerations

1. Special Needs:

Do any of your children or parents have special needs? If so, please describe:

2. Prior Marriages:

Termination by Death or Divorce	Date of Termination	Name of Former Spouse	Children by Former Spouse

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Please describe any continuing financial obligation to former spouse and/or children:

3. Other:

If there are other special family considerations, please describe (or you can wait to tell your attorney at your appointment):

III. ESTATE PLAN SPECIFICS

A. Revocable Living Trust. Are you interested in learning more about revocable living trusts and avoiding probate? _____

B. Fiduciaries

1. Personal Representative: please list, in the order of preference, whom you would like to serve as personal representative of your estate:

Name	Address	Phone No.	Relationship
1.			
2.			
3.			

2. Guardian: please list, in the order of preference, whom you would like to serve as guardian for your minor children:

Name	Address	Phone No.	Relationship
1.			
2.			
3.			

3. Trustee: please list, in the order of preference, whom you would like to serve as trustee for any trust created in your estate plan:

Name	Address	Phone No.	Relationship to You
1.			
2.			
3.			

C. Specific Gifts. If you wish to make any bequests of specific items of personal property, including cash, please list these items and the beneficiary (the person to whom you are making the bequest) below:

Item	Beneficiary	Address

D. General Distribution of Estate

1. Personal Property:

Excluding the specific items listed above, who should receive the balance of your tangible personal property (furniture, clothing, automobile, etc.)? Please use percentages if you want your personal property to be split among several beneficiaries.

First choice: _____

Second choice: _____

2. Remainder of Your Estate. After the distribution of specific bequests and personal property, who should receive the remainder of your estate? Please use percentages if you want your estate to be divided among several beneficiaries:

First choice: _____

Second choice: _____

Third choice: _____

3. Distribution Details:

- a. Please note: if you have named several beneficiaries, then we will assume that you want them to receive substantially equal shares, unless you indicate otherwise.
- b. If any of these named people have predeceased you, do you want that person's share to be divided among his/her children and descendants, if any?

Yes _____ No _____

- c. If a share of your estate is to be distributed to a young person, would you like that person's share to be held in trust until he or she reaches a specified age?

Yes _____ No _____

- d. Should any other share of your estate be held in trust for any reason?

Yes _____ No _____

Please describe: _____

IV. ASSETS AND LIABILITIES

A. Assets

- 1. General:

What is the estimated value of your estate? _____

- 2. Real Estate:

Property Location	Ownership (please indicate if jointly held)	Mortgage Balance	Purchase Price	Value

- 3. Bank Accounts:

Financial Institution	Account Number	Type of Account	Ownership (please indicate if jointly held or payable on death)	Value

4. Investment Accounts (Non-Retirement):

Financial Institution	Account Number	Type of Account	Ownership (please indicate joint owner or payable on death beneficiary)	Value

5. Other Securities (Non-Retirement): please list any bonds, mutual funds, stocks, or other securities that you own and that have not already been included in the accounts listed above:

Company/Issuer	Quantity	Ownership (please indicate joint owner or payable on death beneficiary)	Value

6. Retirement Accounts: please list any annuities, IRAs, profit sharing plans, Keogh plans, pension plans, or other deferred compensation arrangements:

Retirement Account/Plan	Owner	Beneficiary Designation	Contingent Beneficiary (if any)	Value

7. Life Insurance/Annuities:

Company (Acct/Policy #)	Owner/Insured	Beneficiary Designation	Contingent Beneficiary (if any)	Face Value

8. Business Interests: please list any interest that you have in any closely-held business entity:

Business Name and Type (Corp, Pship, LLP, LLC, etc.)	Ownership/ % of Ownership	Basis	Buy/Sell or Other Operating Agreement	Value

9. Personal Property: please list any significant item of personal property such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc., below:

Item	Ownership	Value

10. Do you have a safety deposit box or a place where you keep important papers? If so, please state location:

11. Accounts Receivable:

Item	Ownership	Value

B. Liabilities. Please list any personal loans, average credit card balances, guarantees, judgments, or other significant liability:

Liability	Creditor	Amount Owed

V. OTHER DOCUMENTS

A. Power of Attorney for Finances. This is the document in which you appoint another person, called your agent, to make financial decisions on your behalf. The attorney will discuss this further at your appointment.

Please list, in the order of preference, whom you would like to serve as agent in this document:

Name	Address	Phone No.	Relationship
1.			
2.			
3.			

B. Advance Directive. This is the document in which you appoint another person, called your health care representative, to make health care decisions on your behalf if you are unable to make those decisions yourself. This document also allows you to express your wishes about life support. The attorney will discuss this further at your appointment.

Please list, in the order of preference, whom you would like to serve as health care representative in this document:

Name	Address	Phone No.	Relationship
1.			
2.			

Note: the Advance Directive does not govern mental health care decisions. If you have a particular concern about this issue, please discuss this with your attorney.