

**Fitzwater Meyer, LLP**  
**ESTATE PLANNING INFORMATION**

Date: \_\_\_\_\_

**I. GENERAL INFORMATION**

Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_

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

\_\_\_\_\_

Are you married or partnered? If so, please give spouse's/partner's full name:

\_\_\_\_\_

	You	Spouse/Partner (if applicable)
Date of Birth		
Social Security Number		
Citizenship		
Employer		
Retired (if so, please give year)		

If your spouse/partner is predeceased, please give date of death: \_\_\_\_\_

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

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

## II. FAMILY

### A. Children

Name/ Address	Age	Whose Child (Yours or Spouse's/ Partner's)	Spouse / Partner of Child (if any)	No. of Children of Child (if any)

### B. Other Family

Name/ Address	Relationship	Living/ Deceased	Age

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

---

---

---

Please list some ideas you might have of whom you might like to serve as personal representative, trustee, health care representative, guardian of minor children, etc.:

Name	Address	Phone No.	Relationship

**III. ASSETS AND LIABILITIES**

1. 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 No.	Type of Account	Ownership (please indicate if jointly held or payable on death)	Value

4. Investment Accounts (Non-Retirement):

Financial Institution	Account No.	Type of Account	Ownership (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. Life Insurance/Annuities:

Company	Owner/ Insured	Beneficiary Designation	Contingent Beneficiary (if any)	Death Benefit

7. 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

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