



12. Children\* or next of kin: (Please list your children, each child's spouse and your grandchildren or if none, then list all persons whom you may wish to name as beneficiaries of your estate)

(a) Name: \_\_\_\_\_ Relationship: (i.e. son or daughter) \_\_\_\_\_

Spouse: \_\_\_\_\_

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

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Grandchildren(s) Name: \_\_\_\_\_ Age \_\_\_\_\_

Grandchildren(s) Name: \_\_\_\_\_ Age \_\_\_\_\_

Grandchildren(s) Name: \_\_\_\_\_ Age \_\_\_\_\_

(b) Name: \_\_\_\_\_ Relationship: (i.e. son or daughter) \_\_\_\_\_

Spouse: \_\_\_\_\_

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

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Grandchildren(s) Name: \_\_\_\_\_ Age \_\_\_\_\_

Grandchildren(s) Name: \_\_\_\_\_ Age \_\_\_\_\_

Grandchildren(s) Name: \_\_\_\_\_ Age \_\_\_\_\_

**(PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY)**

- If any child named is not a child of both of you, please indicate with an (H), the husband's child, or with a (W), the wife's child. Please also include any deceased child and indicate with a (D) beside the child's name. Lastly, please indicate any adopted children with an (A) beside the child's name.





**Wife:**

Whom do you want to receive your tangible personal property (furniture, jewelry, clothing, automobile, etc.)?

First to Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

Then to: \_\_\_\_\_

Persons named on a separate list: Yes \_\_\_\_\_ No \_\_\_\_\_

Children as they agree: Yes \_\_\_\_\_ No \_\_\_\_\_

A specific child: Who: \_\_\_\_\_

If you wish to have someone other than an individual already named in this informational worksheet receive your tangible personal property please provide that persons name, address and phone number below.

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

22. Do you want to make specific gifts of an asset or money? Yes \_\_\_\_\_ No \_\_\_\_\_

If so:

I Give: \_\_\_\_\_ To: \_\_\_\_\_

I Give: \_\_\_\_\_ To: \_\_\_\_\_

I Give: \_\_\_\_\_ To: \_\_\_\_\_

23. **Husband**

Whom do you want to receive the balance of your estate?

(a) Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Children: Yes \_\_\_\_\_ No \_\_\_\_\_

(c) Others: \_\_\_\_\_

\_\_\_\_\_  
(Give fractions or percentages where more than one beneficiary)

Do any of your beneficiaries require special assistance (e.g., completing their education, due to age, due to health problems, starting a business, making a down payment on a home) so that you may want additional information regarding a trust for their shares of the estate?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Wife**

Whom do you want to receive the balance of your estate?

(a) Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Children: Yes \_\_\_\_\_ No \_\_\_\_\_

(c) Others: \_\_\_\_\_

\_\_\_\_\_  
(Give fractions or percentages where more than one beneficiary)

Do any of your beneficiaries require special assistance (e.g., completing their education, due to age, due to health problems, starting a business, making a down payment on a home) so that you may want additional information regarding a trust for their shares of the estate?

Yes \_\_\_\_\_ No \_\_\_\_\_

24. Have you considered the tax advantages or non-tax advantages, or both, of leaving assets in trust rather than leaving assets outright to your children or other beneficiaries?

Yes \_\_\_\_\_ No \_\_\_\_\_

25. Would you like information regarding:

a. A living Will (Document indicating that you do not want unnecessary life support systems)? Yes \_\_\_\_ No \_\_\_\_

b. Health Care Surrogate Designation (Someone to make Health Care Decisions for you if you are unable to do so)? Yes \_\_\_\_ No \_\_\_\_

c. Durable Power of Attorney? Yes \_\_\_\_ No \_\_\_\_

d. A Revocable Living Trust? Yes \_\_\_\_ No \_\_\_\_

e. A trust specifically for your grandchildren? Yes \_\_\_\_ No \_\_\_\_

f. Tax advantages of creating trusts either now or in the future to benefit a charity?

Yes \_\_\_\_ No \_\_\_\_

26. Have you established any trust(s)? Yes \_\_\_\_ No \_\_\_\_  
 (If yes, please bring a copy with you)
27. Are you the beneficiary of any trust(s)? Yes \_\_\_\_ No \_\_\_\_  
 (If yes, please bring a copy with you)
28. Do you have a power of appointment? Yes \_\_\_\_ No \_\_\_\_  
 (If yes, please bring a copy of the document with you)
29. Do you have a safe deposit box? Yes \_\_\_\_ No \_\_\_\_  
 If so, location: \_\_\_\_\_
30. Have you ever filed a gift tax return? Yes \_\_\_\_ No \_\_\_\_  
 (If yes, please bring a copy with you)

31. **Husband:**

if you have children under the age of 18 whom do you want to serve as there guardian?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If they are unwilling or unable to serve as guardian whom do you want to act as a alternate?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Wife:**

if you have children under the age of 18 whom do you want to serve as there guardian?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If they are unwilling or unable to serve as guardian whom do you want to act as a alternate?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

32. **Durable Power of Attorney for Health Care Information**

**Husband:**

If you wish to have a **Durable Power of Attorney for Health Care** prepared whom do you want to act as your agent? (Please list a primary and a first and Second Alternate)

Name of **Primary Agent:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of **First Alternate Agent:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of **Second Alternate Agent:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Wife:**

If you wish to have a **Durable Power of Attorney for Health Care** prepared whom do you want to act as your agent? (Please list a primary and a first and Second Alternate)

Name of **Primary Agent:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of **First Alternate Agent:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of **Second Alternate Agent**: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

33. **Living Will Information**

**Husband:**

If you wish to have a **Living Will** prepared whom do you want to receive notice in the event that my attending physician determines that life sustaining treatment should be withdrawn or withheld? (Please list a First and Second contact)

Name of **First Contact**: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of **Second Contact**: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Wife:**

If you wish to have a **Living Will** prepared whom do you want to receive notice in the event that my attending physician determines that life sustaining treatment should be withdrawn or withheld? (Please list a First and Second contact)

Name of **First Contact**: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of **Second Contact**: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

34. **Durable Power of Attorney Information**

**Husband:**

If you wish to have a **Durable Power of Attorney** prepared who do you want to act as your attorney-in-fact?

Name of **Attorney-In-Fact**: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Wife:**

If you wish to have a **Durable Power of Attorney** prepared who do you want to act as your attorney-in-fact?

Name of **Attorney-In-Fact**: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## GROSS ESTATE

SOURCE	HUSBAND	WIFE	JOINT
Amounts in checking and savings accounts, certificates of deposit, asset management accounts	\$	\$	\$
Face value of life insurance (omit if insured is not the policy owner)	\$	\$	\$
Real Estate	\$	\$	\$
Fair market value of stocks, bonds, mutual funds	\$	\$	\$
Annuities, IRA's, pensions	\$	\$	\$
Notes, mortgages, accounts, receivable	\$	\$	\$
Business interests	\$	\$	\$
Expected Inheritance	\$	\$	\$
Tangible personal property	\$	\$	\$
Total	\$	\$	\$
<b>LIABILITIES</b>			
Total of liabilities	\$	\$	\$
<b>NET ESTATE</b>			
Gross estate	\$	\$	\$
Less liabilities	\$	\$	\$
Net estate	\$	\$	\$