

**ESTATE PLANNING INFORMATION FORM
(COUPLE)**

This form is extremely important. Your accuracy and completeness in responding will help me best represent you and provide you with accurate legal advice. Bring this completed form with you to our consultation. Bring copies of deeds, titles and estate documents also.

PERSONAL DATA

Spouse/Partner 1: Legal Name: _____ Date of Birth _____
Also Known As: _____ U.S. Citizen? _____
Social Security Number _____ Annual Income _____

Spouse/Partner 2: Legal Name: _____ Date of Birth _____
Also Known As: _____ U.S. Citizen? _____
Social Security Number _____ Annual Income _____

Address: _____

Do you own your home? Yes _____ No _____

How is it titled? JTWR0S Ten by Entirety Tenants in Common Trust

Home Phone: _____

Work Phone (#1): _____

Work Phone (#2): _____

Cell Phone (#1): _____

Cell Phone (#2): _____

Who referred you to this office?

Name and Address _____

MARRIAGE/CIVIL UNION

Have you and your spouse/partner signed a Premarital Agreement? Yes _____ No _____

If so, will you provide a copy at the initial consultation? Yes _____ No _____

If either spouse/partner has been widowed previously, please provide name of spouse/partner and date of death: _____

If either spouse/partner has been divorced previously, do you have any ongoing financial or insurance requirements? Yes . No _____

Will you provide copy of Settlement Agreement and Divorce Decree at initial Consultation, QDRO, etc. Yes _____ No _____

Do you currently have a Will or Trust? #1: Yes _____ No _____ #2: Yes _____ No _____

If so, have you brought a copy to the office conference? #1: Yes _____ No _____ #2: Yes _____ No _____

Do you currently have Powers of Attorney?

	Spouse/Partner #1		Spouse/Partner #2	
Health care?	Yes _____	No _____	Yes _____	No _____
Property?	Yes _____	No _____	Yes _____	No _____

Copies provided at initial conference? Yes _____ No _____

CHILDREN (if applicable)

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Please note if a deceased child was survived by children. You may use another page if necessary. **If a child is not the legal or adopted child of both spouse/partners, then indicate which spouse/partner is the parent.**

CHILD'S NAME	ADDRESS WITH ZIP CODE	BIRTHDATE

1. Are any of your children under a disability? If so, please explain: _____

2. Have any children received an advance on their inheritance, or do any children owe you money? If so, please explain: _____

3. Do you have any special concerns or objectives for your children? If so, please explain: _____

INTENTIONS FOR THE DISTRIBUTION OF YOUR ESTATE

1. Do you wish to provide primarily for your spouse/partner & secondarily for your children? Yes _____ No _____
2. If you have children, do you wish to treat all of your children equally? Yes _____ No _____
If no, please explain: _____

3. After your death, at what age do you want distribution to your children?
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35)
Your choice of age: _____
4. If a child predeceases you, should that share pass to his or her children?
Yes _____ No _____
Do you have any grandchildren born out of wedlock? Yes _____ No _____
If so, please explain: _____
5. If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate directly to your grandchildren? Yes _____ No _____

6. Do you want to leave a specific amount of money or other assets to any charity?
If so, how much? _____

Name(s) and Address(es) of Charity: _____

7. Is there any family member that you want to specifically exclude from receiving anything under your Will? If so, whom? _____

8. If all of the above persons you named predeceased you, or if you do not have children, to whom should your estate pass?

EXECUTOR

An Executor is responsible for probating your will, collecting your assets, paying your debts, and settling your estate. Who do you wish to serve as your Executor? (A spouse/partner is typically named first.)

Spouse/Partner #1:

First Choice: _____ Relationship _____
Address: _____

Second Choice: _____ Relationship _____
Address: _____

Third Choice: _____ Relationship _____
Address: _____

Spouse/Partner #2:

First Choice: _____ Relationship _____
Address: _____

Second Choice: _____ Relationship _____
Address: _____

Third Choice: _____ Relationship _____
Address: _____

TRUSTEE

If you are establishing a trust, who should serve as your Trustee? (In many cases you will be the initial trustee of your own trust)

Spouse/Partner #1:

First Choice: _____ Relationship _____
Address: _____

Second Choice: _____ Relationship _____
Address: _____

Third Choice: _____ Relationship _____
Address: _____

Spouse/Partner #2:

First Choice: _____ Relationship _____

Address: _____

Second Choice: _____ Relationship _____

Address: _____

Third Choice: _____ Relationship _____

Address: _____

GUARDIAN

A guardian has physical and legal control over your minor (or disabled) children. If you have minor or disabled children, who do you want to act as Guardian if both parents are deceased?

Spouse/Partner #1:

First Choice: _____ Relationship _____

Address: _____

Second Choice: _____ Relationship _____

Address: _____

Third Choice: _____ Relationship _____

Address: _____

Spouse/Partner #2:

First Choice: _____ Relationship _____

Address: _____

Second Choice: _____ Relationship _____

Address: _____

Third Choice: _____ Relationship _____

Address: _____

FINANCIAL INVENTORY

Use approximate dollar values of each asset. Use an additional page if necessary. NOTE: Please bring copies of deeds and parcel numbers for real estate you own. We will need the legal description and parcel identification number. If any property is in a Land Trust, bring the trust document.

List Values

ASSETS **List beneficiaries if an account has them assigned	SP/PART #1	SP/PART #2	JOINT
Homestead Mortgages \$			
Other Real Estate Value Mortgages \$			
Other Real Estate Value Mortgages \$			
Checking Account(s) (list banks)			
Savings Account(s) (list banks)			
Money Market Account(s) (list companies)			
Certificates of Deposit (List Banks)			
Stocks (List stocks individually)			

ASSETS **List beneficiaries if an account has them assigned	SP/PART #1	SP/PART #2	JOINT
Bonds			
Mutual Funds (not in Retirement accounts)			
Retirement Accounts (IRA, 401(k), 403(b), SEP, etc.)			
Annuities (non-retirement, non-qualified) Beneficiaries: list under owner			
Life Insurance (death benefit & cash value)			
Closely Held Business Interest			
Automobiles (model, current value and loans)			
Boats, Trailers, etc.			
Personal Property (est. value if sold) (furniture, jewelry, art work, etc.)			
TOTALS:			

Have you provided copies of titles or deeds for assets (home, cars, etc)? Yes _____ No _____

LIVING WILL

This document can also include your preferences for health care and end of life decisions.

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

Husband: Yes ___ No ___ Wife: Yes ___ No ___

POWER OF ATTORNEY FOR HEALTH CARE

This document includes preferences, limitations and directions regarding your health wishes and appoints an agent to act on your behalf when you are unable to do so yourself.

Do you want to donate your eyes or organs?

Spouse/Partner #1

Yes _____ No _____(List organs below)

Spouse/Partner #2

Yes _____ No _____(List organs below)

Disposition of remains? (i.e., burial, cremation, etc.)

Spouse/Partner #1: _____

Spouse/Partner #2: _____

Do you want your health care representative to consult with any other person prior to acting? If so, whom?

Who would you name as your Health Care Agent (A spouse/partner is typically named first):

Spouse/Partner #1:

First Choice: _____ Relationship _____

Address: _____

Second Choice: _____ Relationship _____

Address: _____

Third Choice: _____ Relationship _____

Address: _____

Spouse/Partner #2:

First Choice: _____ Relationship _____
Address: _____

Second Choice: _____ Relationship _____
Address: _____

Third Choice: _____ Relationship _____
Address: _____

Do each of you have a primary physician? Husband: Yes _____ No _____ Wife: Yes _____ No _____

POWER OF ATTORNEY FOR PROPERTY

This document allows you to grant another person the power to act on your behalf to manage your financial affairs. The person you name will be able to manage your assets and pay your bills if you become incompetent or unable to sign your name.

Who would you name as your Financial Agent (a spouse/partner is typically named first):

Spouse/Partner #1:

First Choice: _____ Relationship _____
Address: _____

Second Choice: _____ Relationship _____
Address: _____

Third Choice: _____ Relationship _____
Address: _____

Spouse/Partner #2:

First Choice: _____ Relationship _____
Address: _____

Second Choice: _____ Relationship _____
Address: _____

Third Choice: _____ Relationship _____
Address: _____

ADVISORS

Financial Advisor/Planner or other Advisor: _____

Accountant: _____

MISCELLANEOUS

Do you have any other legal issues that I should be aware of? If so, please explain:

Are you expecting an inheritance in the future? Yes ___ No _____
Any idea of how much? _____ And from whom? _____
(related to whom?) _____

Do you have a safe deposit box? Yes _____ No _____
If so, who has access to your box? _____
Are there any assets in your safe deposit box that are not already listed here? _____

The undersigned hereby represents to the firm, PEGGY A. PRATSCHER, LTD., and the attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information which I am furnishing. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client(s):

Date: _____

Date: _____