



In order to provide proper counsel, we ask that you take a few moments to complete our Estate Planning Organizer. All information disclosed on this Organizer will be held in the strictest confidence and will not be disclosed to any third party without your consent.

Personal Information

Husband

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Birth date _____ Email Address _____

U.S. Citizen? Yes No Social Security No. _____

Employer _____ Position _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

Are either of your parents still living? Yes No

Are either of your grandparents still living? Yes No

Wife

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Birth date _____ Email Address _____

U.S. Citizen? Yes No Social Security No. _____

Employer _____ Position _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

Are either of your parents still living? Yes No

Are either of your grandparents still living? Yes No

Date of Marriage _____ Existing Prenuptial Agreement? _____

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? Yes No

Children (by Birth or Adoption)

Name	Birth date	Child of
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Does any child have special educational, medical or physical needs, or receive governmental benefits? Yes No

Advisors

Accountant _____	Phone _____
Financial Advisor _____	Phone _____
Insurance Agent _____	Phone _____

Referred to Our Firm By _____

Would you like to receive our email newsletter? Yes No

Additional Documentation

General Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to our initial meeting the following documentation:

- Copies of existing planning documents, including wills, trusts, powers of attorney, health care surrogate designations and living wills.
- Copies of deeds to real estate owned by you.
- Copies of recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
- Prenuptial Agreement (if applicable).
- Long-term care policies (if any).
- Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

Questions to Consider

The following is a short-form estate planning questionnaire that asks some of the questions most important to our clients:

1. Who would take custody of any minor children upon death (the guardian)?
2. Who will be in charge of handling your financial affairs at the time of death (the personal representative)?
3. Who will hold your assets for your children's benefit after your death (the trustee)?
 - a. Trusted family members.
 - b. Financial institution.
 - c. Combination of above.
4. When would your children receive distributions from his/her trust?
 - a. Immediately.
 - b. Delayed distributions at ages (such as 25, 30 and 35).
 - c. Life events such as completion of college, marriage, etc.
5. For what purpose could your children receive discretionary distributions?
 - a. Education.
 - b. Health/Medical.
 - c. Maintenance of lifestyle.
6. Who would receive your estate if your spouse and children did not survive you?
7. Who would make your medical decisions if you were unable to do so (your health care surrogate)?
8. Who would have access your assets to pay your bills during lifetime (your attorney-in-fact)?
9. Who would take care of you in the event of incapacity (your guardian)?
10. Do you wish to include any charities in your estate plan?

Asset Information

ASSETS	AMOUNT FOR HUSBAND	AMOUNT FOR WIFE	AMOUNT FOR JOINT OWNERSHIP	TITLE*
Cash Accounts (i.e. savings, checking)				
Investment Account (i.e. brokerage accounts)				
Stocks (not held in investment account)				
Personal Effects (i.e. jewelry, furniture, etc.)				
Retirement Plans (i.e. 401K, Roth IRA, etc.)				
Life Insurance Policies (face value)				
Annuities				
Bonds (not held in investment account)				
Secured Notes (money owed to you)				
Business Interests				
Anticipated Inheritance, Gift, or Judgment				
Other Assets				
Personal Residence				
Other Real Property (# of other properties: ___)				
Address:				
Address:				
Address:				
Address:				
TOTAL ASSETS				

LIABILITIES

Loans Payable				
Accounts Payable				
Real Estate Mortgages				
TOTAL LIABILITIES				

NET ESTATE ("TOTAL ASSETS" MINUS "TOTAL LIABILITIES")				
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* TO IDENTIFY THE "TITLE" OF THE ABOVE ASSETS, USE "JTS" FOR JOINT OWNERSHIP WITH SPOUSE; "JTO" FOR JOINT OWNERSHIP WITH NON-SPOUSE; "H" FOR HUSBAND AS SOLE OWNER; "W" FOR WIFE AS SOLE OWNER; OR "T" IF OWNED BY A REVOCABLE TRUST THAT YOU HAVE CREATED.