

PART I - YOUR FAMILY FACTS

A. Full Name _____
Home Address _____
Telephone Numbers: Home _____ Office No. _____
Fax _____ Cell _____
E-mail Address _____
Mailing Address (if different) _____
Date of Birth _____
US. Citizen? Yes No

B. Are you married or in a registered domestic partnership? Yes No
Date of marriage or registration of domestic partnership: _____
Name of current spouse or domestic partner: _____

Any previous marriage or registered domestic partnership? Yes No
Terminated by: Death Divorce Dissolution Date Terminated: _____
Name of previous spouse or domestic partner: _____

C. Children (Natural and/or Adopted)

1.	Name _____	Date of Birth _____
	Spouse _____	Children _____
2.	Name _____	Date of Birth _____
	Spouse _____	Children _____
3.	Name _____	Date of Birth _____
	Spouse _____	Children _____
4.	Name _____	Date of Birth _____
	Spouse _____	Children _____

[] Additional Children (attach additional page)

D. Any deceased children Yes No If yes, any issue? _____

E. Name and telephone number of Accountant/CPA:

F. Name and telephone number of Financial Advisor (e.g., Stock Broker, Financial Planner, etc.): _____

G. Referred by _____

PART II – TERMS OF TRUST/WILL/POWER OF ATTORNEY/AHCD

A. Who would you like to act as Successor Trustee(s) of your Trust? (The Trustee’s job is to manage the assets of the trust(s) created under the Living Trust or Will and make distributions to the beneficiaries of the trust(s) in accordance with the provisions of the trust(s).)

List your Successor Trustee(s) in order of preference:

- (1) _____
Name Address
- (2) _____
Name Address
- (3) _____
Name Address

B. Who would you like to serve as Executor(s) of your Last Will and Testament? (Even with a living trust, the Executor will distribute personal property, e.g., clothes, jewelry, art, etc., and be responsible for filing tax returns for the decedent and the estate with the IRS).

List Executor(s) and any alternates in order of preference:

- (1) _____
Name Address
- (2) _____
Name Address
- (3) _____
Name Address

C. Who would you like to serve as guardian of your minor child(ren) (under 18)? (If you have no minor children, go to Section D below.)

List guardian(s) and any alternates in order of preference:

- (1) _____
Name Address
- (2) _____
Name Address
- (3) _____
Name Address

D. Who would you like to serve as your agent under a Power of Attorney for financial purposes? The person you designate to act as your agent will have the power to sign your name as your attorney in fact on your financial accounts and real estate transactions. In the event of your incapacity, the person you have designated as your attorney in fact shall also be the person to be appointed the Conservator of your estate:

List agent(s) and any alternates in order of preference:

Attorney in Fact: _____

Address: _____

Telephone No. _____

First Successor: _____

Address: _____

Telephone No. _____

Second Successor: _____

Address: _____

Telephone No. _____

E. Who would you like to serve as your agent under a Power of Attorney for health care purposes? The person you designate to act as your agent will have the power to make health care decisions on your behalf.

List agent(s) and any alternates in order of preference:

Attorney in Fact: _____

Address: _____

Telephone No. _____

First Successor: _____

Address: _____

Telephone No. _____

Second Successor: _____

Address: _____

Telephone No. _____

F. How would you like your estate to be distributed upon your death?

To children equally?

Outright *or*

In trust

Until what age? _____

Interim distribution (e.g., % at 25, % at 30)?

OR

To other beneficiaries?

Outright *or*

In trust

Until what age? _____

Interim distribution (e.g., % at 25, % at 30)?

G. If a child should predecease you, who should receive that child's distribution?

The predeceased child's children?

Outright *or*

In trust

Until what age? _____

Interim distribution (e.g., % at 25, % at 30)?

OR

Your surviving children?

OR

Other? _____

H. If all of your children, grandchildren and/or other named beneficiaries predecease you, who should inherit the estate (e.g., charities, other family members, etc.)?

I. Are there specific items of tangible personal property (e.g., jewelry, art, clothes, china, silver, etc.) which you wish should pass to a specific person?

Yes No

1. _____
2. _____
3. _____

J. Are there specific items of property (e.g., real estate, stock, etc.) which you wish should pass to a specific person?

Yes No

1. _____
2. _____
3. _____

K. Desires regarding organ donation, disposition of remains and life-sustaining treatment:

Do you desire to be buried or cremated? Buried Cremated

Do you desire to be an organ donor? Yes No

In the event that you desire to be an organ donor, can your agent donate any needed organs, tissues or parts? Yes No

In the event that you desire to be an organ donor, list the purposes for which your organs can be used: Transplant Therapy
 Education Research

What are your desires regarding life-sustaining treatment in the event that you are terminally ill or in an irreversible coma or vegetative state? No life-sustaining treatment
 Life-sustaining treatment to allow me to live as long as possible

ASSET INFORMATION

REAL ESTATE

Address

1.

2.

3.

CASH (SAVINGS, CHECKING, MONEY MARKET, CD'S)

Name of Institution/Account Type/Account Number

1.

2.

3.

4.

5.

6.

BROKERAGE ACCOUNTS (NON-RETIREMENT ACCOUNTS)

Brokerage Account Name

Account Number

1.

2.

3.

4.

5.

6.

STOCKS/BONDS/TREASURIES

Stock/Bond/Treasuries

No. of Shares

Cert. No.

1.

2.

3.

ACCOUNTS & NOTES RECEIVABLE (DOES SOMEONE OWE YOU MONEY?)

Name of Borrower	Secured?	Who is Note Payable To?	Current Outstanding Balance
1.			
2.			
3.			
4.			
5.			

BUSINESS INTERESTS (CORPORATE OR SOLE PROPRIETORSHIP)

Business Name	% Owned
1.	
2.	
3.	
4.	

LIMITED OR GENERAL PARTNERSHIP INTERESTS, LLC'S

Partnership/LLC Name	% Owned
1.	
2.	
3.	
4.	

MAJOR TANGIBLE PERSONAL PROPERTY (E.G., ART, JEWELRY, AUTOMOBILES OF HIGH VALUE, COLLECTIONS)

1.	
2.	
3.	
4.	