

Let's get the essentials for your estate plan in order.

### Client 1 information

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE 1

\_\_\_\_\_  
PHONE 2

\_\_\_\_\_  
DATE OF BIRTH

yes  no

ARE YOU A U.S. CITIZEN?

\_\_\_\_\_  
LEGAL RESIDENCE

\_\_\_\_\_  
MAILING ADDRESS

yes  no

ARE YOU MARRIED?

\_\_\_\_\_  
DATE OF MARRIAGE

### Financial power of attorney

Name the people you'd like to make financial decisions on your behalf in the event that you need it.

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_

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### Healthcare power of attorney

Name the people you'd like to make healthcare decisions on your behalf in the event that you need it.

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

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## Client 2 information

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE 1

\_\_\_\_\_  
PHONE 2

\_\_\_\_\_  
DATE OF BIRTH

yes  no  
ARE YOU A U.S. CITIZEN?

\_\_\_\_\_  
LEGAL RESIDENCE

\_\_\_\_\_  
MAILING ADDRESS

yes  no  
ARE YOU MARRIED?

\_\_\_\_\_  
DATE OF MARRIAGE

### Financial power of attorney

List the people you'd like to make financial decisions on your behalf in the event that you need it.

	FULL NAME	EMAIL ADDRESS	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

### Healthcare power of attorney

List the people you'd like to make healthcare decisions on your behalf in the event that you need it.

	FULL NAME	EMAIL ADDRESS	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

# Just a few more questions

## plans in place

Do you have any of the following documents already in place? Check all that apply.

- Revocable living trust**
- will**
- financial power of attorney**
- healthcare power of attorney**

## type of estate

Does client 1 or client 2 own assets valued at over \$2 million? Check yes or no.

- yes**    **no**

Does client 1 or client 2 own real estate? Check yes or no.

- yes**    **no**

## guardians

List the people you'd like to care for your children in the event of your passing.

	FULL NAME	EMAIL ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

## successor trustees

List the people you'd like to name as a successor trustee. Must be at least 21 years of age.

	FULL NAME	EMAIL ADDRESS	DATE OF BIRTH	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

## children and beneficiaries

Name the people who will receive a portion of your estate when you pass away.

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	PERCENT OF ESTATE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

## bank and credit union accounts

	BANK	ACCOUNT NO.	ACCOUNT TYPE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

## investments

INSTITUTION	ACCOUNT NO.	ACCOUNT TYPE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## properties

ADDRESS	COUNTY	STATE	PLOT NO.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

## specific requests

Would you like to donate a certain asset, portion of your estate, or amount of money to an institution (university, charity, religious organization, etc.) or to a specific individuals or group? List them below.

FULL NAME	ASSET
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____