



# ESTATE PLANNING PERSONAL DATA FORM

PLEASE SEND THIS FORM IN ADVANCE OF OUR MEETING

Today's Date: \_\_\_\_\_

## Client/Spouse/Partner Information

|  | Client 1 | Client 2 |
|--|----------|----------|
| Name <i>(as it appears on your driver's license)</i> : | _____    | _____    |
| Preferred Pronoun:                                     | _____    | _____    |
| Date of Birth:   | _____    | _____    |
| Social Security Number:                                | _____    | _____    |
| Citizenship:   | _____    | _____    |
| Residence:   | _____    | _____    |
| Email Address:   | _____    | _____    |
| Cell Phone:  | _____    | _____    |
| Work Phone:  | _____    | _____    |
| Home Phone:  | _____    | _____    |
| Disability Insurance:                                  | _____    | _____    |
| Long Term Care Insurance:                              | _____    | _____    |
| Current Employer:                                      | _____    | _____    |

## Children

| Full Legal Name | Parent(s) | Date of Birth | Special Needs<br><i>(let us know so that we can discuss in our meeting)</i> |
|-----------------|-----------|---------------|---|
| _____           | _____     | _____         | _____   |
| _____           | _____     | _____         | _____   |
| _____           | _____     | _____         | _____   |

Do you have any deceased children?  Yes  No *If so, please list on additional sheet and provide names of surviving grandchildren by that child(ren), if any*

## Marital or Domestic Partnership Information

Current Marital/Registered Domestic Partnership Status: \_\_\_\_\_

Date and Place of Current Marriage: \_\_\_\_\_

Date and Place of Registration of Current Domestic Partnership: \_\_\_\_\_

Prenuptial agreement or Co-Habitation agreement?  Yes  No *(If yes, please bring a copy to our meeting)*

Prior Marriage info (name(s)/how marriage(s) ended):

*If so, please bring with you copies of relevant documentation (e.g. death certificate, divorce decree, property settlement agreement).*

Do you have ongoing financial obligations to former spouse(s)/partner(s)/ children?  Yes  No *(If "yes", please bring a copy of the Property Settlement Agreement to our meeting)*

Safe deposit Box?  Yes  No                      Where? \_\_\_\_\_

**Other Advisors (Attorneys, Accountant, Financial Advisors, Insurance Agents)**

| Name | Address | Phone | Email | Type of Advisor / Expertise |
|------|---------|-------|-------|-----------------------------|
|      |         |       |       |                             |
|      |         |       |       |                             |
|      |         |       |       |                             |
|      |         |       |       |                             |
|      |         |       |       |                             |
|      |         |       |       |                             |
|      |         |       |       |                             |
|      |         |       |       |                             |
|      |         |       |       |                             |

## Asset/Liability Snapshot

- Estimated totals for each Asset & Liability type are fine (**feel free to instead attach a detailed list**).
- Please indicate beneficiaries for accounts with named beneficiaries on death.

| Asset (type):  | Joint Accounts | Client #1                       | Client #2                       | If the Asset has a designated beneficiary (most common with life insurance and Retirement Accounts), <b>please add here:</b> |
|--|----------------|---------------------------------|---------------------------------|--|
|  |                | Print first name here:<br>_____ | Print first name here:<br>_____ |  |
| Cash (in banks)  | _____          | _____                           | _____                           | _____  |
| Retirement Accounts,<br>(e.g. IRA/401(k)/403(b))                                   | _____          | _____                           | _____                           | _____  |
| Securities / Bonds /<br>Mutual Funds / Options<br>(other than Retirement Accounts) | _____          | _____                           | _____                           | _____  |
| Crypto currency or other<br>digital assets   | _____          | _____                           | _____                           | _____  |
| Residence<br>(house/coop/condo)  | _____          | _____                           | _____                           | _____  |
| Other Residential<br>Real Estate   | _____          | _____                           | _____                           | _____  |
| Commercial Real Estate   | _____          | _____                           | _____                           | _____  |
| Life Insurance at<br>face value  | _____          | _____                           | _____                           | _____  |
| Business Interests   | _____          | _____                           | _____                           | _____  |
| Significant<br>Collectibles/Art  | _____          | _____                           | _____                           | _____  |
| Other assets   | _____          | _____                           | _____                           | _____  |
| Significant Liabilities<br>(e.g. mortgages, promissory<br>notes, etc.)             | _____          | _____                           | _____                           | _____  |

## My Appointees

Client 1 \_\_\_\_\_ (if both clients intend to appoint the same people, only one is needed)  
*Print name above*

Please provide the names, addresses and phone numbers for the people you expect to choose as your “appointees” to step in and act on your behalf should you become incapacitated or upon your death – if possible, please identify a “primary” plus one or two alternates. We find that the various roles generally break down into three buckets – though you may choose the same people for all three.

**1. Financial** – These are the individuals responsible for the use and protection of your assets and business interests, on your behalf and on behalf of your beneficiaries. These roles include: Executors, Trustees and Agents under Durable Powers of Attorney.

|                                  | Name  | Address | Phone # |
|----------------------------------|-------|---------|---------|
| <b>Primary:</b>                  | _____ | _____   | _____   |
|                                  | _____ | _____   | _____   |
|                                  | _____ | _____   | _____   |
| <b>1<sup>st</sup> Alternate:</b> | _____ | _____   | _____   |
|                                  | _____ | _____   | _____   |
|                                  | _____ | _____   | _____   |
| <b>2<sup>nd</sup> Alternate:</b> | _____ | _____   | _____   |
|                                  | _____ | _____   | _____   |
|                                  | _____ | _____   | _____   |

2. **Healthcare** – the individuals who will make healthcare decisions for you based on your desires should you become incapable of making them yourself.

|                                  | Name | Address | Phone # |
|----------------------------------|------|---------|---------|
| <b>Primary:</b>                  |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |
| <b>1<sup>st</sup> Alternate:</b> |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |
| <b>2<sup>nd</sup> Alternate:</b> |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |

**3. Guardians/Trustees of minor and incapacitated children’s trusts** – the individuals or couples who will take physical custody of your minor or incapacitated children, if any, and/or who will administer their trust funds (**please indicate if different people will be responsible for physical custody versus care of their trust funds**).

|                                  | Name | Address | Phone # |
|----------------------------------|------|---------|---------|
| <b>Primary:</b>                  |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |
| <b>1<sup>st</sup> Alternate:</b> |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |
| <b>2<sup>nd</sup> Alternate:</b> |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |

**Client 2** \_\_\_\_\_ (if both clients intend to appoint the same people, only one is needed)

*Print name above*

*Please provide the names, addresses and phone numbers for the people you expect to choose as your "appointees" to step in and act on your behalf should you become incapacitated or upon your death – if possible, please identify a "primary" plus one or two alternates. We find that the various roles generally break down into three buckets – though you may choose the same people for all three and payment of your bills should you be incapacitated:*

**1. Financial** – These are the individuals responsible for the use and protection of your assets and business interests, on your behalf and on behalf of your beneficiaries. These roles include: Executors, Trustees and Agents under Durable Powers of Attorney.

|                                  | <b>Name</b> | <b>Address</b> | <b>Phone #</b> |
|----------------------------------|-------------|----------------|----------------|
| <b>Primary:</b>                  | _____       | _____          | _____          |
|                                  | _____       | _____          | _____          |
| <b>1<sup>st</sup> Alternate:</b> | _____       | _____          | _____          |
|                                  | _____       | _____          | _____          |
| <b>2<sup>nd</sup> Alternate:</b> | _____       | _____          | _____          |
|                                  | _____       | _____          | _____          |



2. **Healthcare** – the individuals who will make healthcare decisions for you based on your desires should you become incapable of making them yourself.

|                                  | Name | Address | Phone # |
|----------------------------------|------|---------|---------|
| <b>Primary:</b>                  |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |
| <b>1<sup>st</sup> Alternate:</b> |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |
| <b>2<sup>nd</sup> Alternate:</b> |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |

**3. Guardians/Trustees of minor and incapacitated children's trusts** – the individuals or couples who will take physical custody of your minor or incapacitated children, if any, and/or who will administer their trust funds (**please indicate if different people will be responsible for physical custody versus care of their trust funds**).

|                                  | Name | Address | Phone # |
|----------------------------------|------|---------|---------|
| <b>Primary:</b>                  |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |
| <b>1<sup>st</sup> Alternate:</b> |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |
| <b>2<sup>nd</sup> Alternate:</b> |      |         |         |
|                                  |      |         |         |
|                                  |      |         |         |

## Additional Questions

A few additional questions – to questions answered **“yes”** please provide detail on additional sheets:

Have you or your Spouse/Partner previously filed gift tax returns?  Yes  No *(If yes, please provide us with copies)*

Do you or your Spouse/Partner expect to inherit from parents or others?  Yes  No

Do you intend to make Charitable Gifts?  Yes  No

Do you or your Spouse/Partner or children receive Government Benefits, other than social security retirement benefits  
*(e.g. Medicaid, SSI)?*  Yes  No

If none of your children are living at your Spouse/Partner’s death, where do you want your estate to go?

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## Additional Concerns or Issues you would like to Address in your Planning