



**CONFIDENTIAL ESTATE PLANNING INFORMATION**

**PERSONAL INFORMATION**

Person 1 Name: \_\_\_\_\_

Person 2 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

U.S. Citizen?  Yes  No

U.S. Citizen?  Yes  No

Veteran?  Yes  No

Veteran?  Yes  No

Prior Marriage?  Yes  No

Prior Marriage?  Yes  No

Occupation/Employer: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Are you a member of a company-sponsored legal plan?

Are you a member of a company-sponsored legal plan?

If so, which one? \_\_\_\_\_

If so, which one? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred email to use:  Person 1  Person 2

Sharefile Access:  Yes  No

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Township: \_\_\_\_\_

County: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Premarital Agreement?  Yes  No

**CHILDREN**

*(Identify any child who is not the child of both spouses)*

Name	Address	Gender	Birth Date	Marital Status



## **HEALTH NOTES / MILITARY SERVICE INFORMATION**

Please describe your current health status (anything that you believe we should know):

Have either of you been diagnosed with any type of cognitive dysfunction (i.e. Dementia, etc.)? If so, please explain:

Is there any other health information that you wish to share?

## **DISABILITY INFORMATION**

Do any of your proposed beneficiaries have disabilities or other special needs?  Yes  No  Unsure

If so, list beneficiary names:

Do any of your proposed beneficiaries receive government benefits?  Yes  No  Unsure

If so, list the benefits you believe that they receive:



## MILITARY SERVICE INFORMATION

### **PERSON 1:**

Service:  Army  Navy  Marine Corps  Air Force  Coast Guard

Components:  Active  Reserves  National Guard

Did you serve under another name:  Yes  No

If Yes, Name \_\_\_\_\_

Did you serve in a combat zone?  Yes  No

If Yes, Name \_\_\_\_\_

Most recent active service entry date: \_\_\_\_\_

Separated from Services Date: Place: \_\_\_\_\_

### **PERSON 2:**

Service:  Army  Navy  Marine Corps  Air Force  Coast Guard

Components:  Active  Reserves  National Guard

Did you serve under another name:  Yes  No

If Yes, Name \_\_\_\_\_

Did you serve in a combat zone?  Yes  No

If Yes, Name \_\_\_\_\_

Most recent active service entry date: \_\_\_\_\_

Separated from Services Date: Place: \_\_\_\_\_







<b>ANNUITIES (Identify issuing company, annuitant, &amp; beneficiary)</b>	<b>Person 1 Value</b>	<b>Person 2 Value</b>	<b>Joint Value</b>
<b>SUBTOTAL</b>			

<b>CASH AND CASH EQUIVALENTS (Identify bank account, certificate of deposit, money market account, etc.)</b>	<b>Person 1 Value</b>	<b>Person 2 Value</b>	<b>Joint Value</b>
<b>SUBTOTAL</b>			

<b>CLOSELY-HELD BUSINESS INTERESTS (Identify interest in corporation, limited liability company, partnerships, etc.)</b>	<b>Person 1 Value</b>	<b>Person 2 Value</b>	<b>Joint Value</b>
<b>SUBTOTAL</b>			





SUMMARY	
SUBTOTAL FACE VALUE OF LIFE INSURANCE	
SUBTOTAL VALUE OF RETIREMENT PLAN ASSETS	
SUBTOTAL OF OTHER ASSETS	
LESS Mortgages, Loans, and Other Liabilities	
<b>NET ASSETS</b>	

### CHOICE OF FIDUCIARIES

#### **PERSONAL REPRESENTATIVE**

(Executor - the person who will administer your probate estate, if any, following your death)

PERSON 1			
	Name	Address	Phone
1st Fiduciary			
2nd Fiduciary			
3rd Fiduciary			
PERSON 2			
	Name	Address	Phone
1st Fiduciary			
2nd Fiduciary			
3rd Fiduciary			

#### **SUCCESSOR TRUSTEE**

(The person who will administer any trust after your death or incapacity)

PERSON 1			
	Name	Address	Phone
1st Fiduciary			
2nd Fiduciary			
3rd Fiduciary			
PERSON 2			
	Name	Address	Phone
1st Fiduciary			
2nd Fiduciary			
3rd Fiduciary			





**FUNERAL REPRESENTATIVE**

(The person who will make burial decisions after your death)

PERSON 1		PERSON 2	
1st		1st	
2nd		2nd	
<input type="checkbox"/> Cremation ( <input type="checkbox"/> Prepaid) <input type="checkbox"/> Donate to Science <input type="checkbox"/> Cemetery ( <input type="checkbox"/> Prepaid): _____ <input type="checkbox"/> Memorial/Service ( <input type="checkbox"/> Prepaid)		<input type="checkbox"/> Cremation ( <input type="checkbox"/> Prepaid) <input type="checkbox"/> Donate to Science <input type="checkbox"/> Cemetery ( <input type="checkbox"/> Prepaid): _____ <input type="checkbox"/> Memorial/Service ( <input type="checkbox"/> Prepaid)	
Funeral Home: _____		Funeral Home: _____	
Add'l Notes:		Add'l Notes:	
<div style="border: 1px solid black; height: 60px;"></div>		<div style="border: 1px solid black; height: 60px;"></div>	

**POWERS OF ATTORNEY**

(Individuals that will make decisions for you if you are alive but become incompetent)

HEALTHCARE DECISIONS		FINANCIAL DECISIONS	
Person 1			
1st for Health		1st for Financial	
2nd for Health		2nd for Financial	
3rd for Health		3rd for Financial	
Person 2			
1st for Health		1st for Financial	
2nd for Health		2nd for Financial	
3rd for Health		3rd for Financial	



**ADVANCED MEDICAL DIRECTIVES**

PERSON 1	PERSON 2
<input type="checkbox"/> Do Not Resuscitate	<input type="checkbox"/> Do Not Resuscitate
Dr. _____	Dr. _____
Phone #: _____	Phone #: _____
<input type="checkbox"/> Organ Donation	<input type="checkbox"/> Organ Donation
<input type="checkbox"/> Life Saving Methods (CPR, etc)	<input type="checkbox"/> Life Saving Methods (CPR, etc)
<input type="checkbox"/> Life Support	<input type="checkbox"/> Life Support
<input type="checkbox"/> Feeding Tube	<input type="checkbox"/> Feeding Tube
<input type="checkbox"/> No Blood Transfusions	<input type="checkbox"/> No Blood Transfusions
Add'l Notes: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Add'l Notes: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

**INTENDED GUARDIAN OF MINOR CHILDREN**

Full Name (please include current address):

1. \_\_\_\_\_

2. \_\_\_\_\_



## DISTRIBUTION OF ASSETS

I would like my assets to be distributed:

Evenly between my children

Other (see below)

Other distribution:

In trust for minors or young adults, to distribute at ages \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

To the following charity/church at the following percentages:

1.  % or \$ \_\_\_\_\_ to \_\_\_\_\_

Notes:

2.  % or \$ \_\_\_\_\_ to \_\_\_\_\_

Notes:

3.  % or \$ \_\_\_\_\_ to \_\_\_\_\_

Notes:

Additional Notes:



The information provided on our in-take form accurately reflects our financial position. We recognize that inaccurate or incomplete information may result in inadequate estate or tax planning. We request that you represent both of us, although we understand that each of us is entitled to separate legal counsel.

We also agree that by providing the deposit identified below, we authorize The TGQ Law Firm to begin preparing our estate documents, and that such preparation could happen immediately.

Person 1's Signature

Date

Person 2's Signature

Date

***Below for Office Use Only***

Quote: \$ \_\_\_\_\_

Down payment received, in the amount of \$ \_\_\_\_\_ via cash/check/credit card (Check # \_\_\_\_\_ )

Date down payment received: \_\_\_\_\_

Balance of payment received, in the amount of \$ \_\_\_\_\_ via cash/check/credit card (Check # \_\_\_\_\_ )

Date balance of payment received: \_\_\_\_\_

Signing conference scheduled for: \_\_\_\_\_ Location: \_\_\_\_\_

Billing Code(s) to Use:

- |   |   |
|---|---|
| <input type="checkbox"/> Trust - Joint w/Kids           | <input type="checkbox"/> Will - Joint w/Kids    |
| <input type="checkbox"/> Trust - Joint w/o Kids         | <input type="checkbox"/> Will - Joint w/o Kids  |
| <input type="checkbox"/> Trust - Single w/Kids          | <input type="checkbox"/> Will - Single w/Kids   |
| <input type="checkbox"/> Trust - Single w/o Kids        | <input type="checkbox"/> Will - Single w/o Kids |
| <input type="checkbox"/> Retirement/Special Needs Trust | <input type="checkbox"/> LLC                    |
| <input type="checkbox"/> POA's Only                     | <input type="checkbox"/> Deed(s)/PTA            |

Additional Notes/Docs Needed: