



CONFIDENTIAL ESTATE PLANNING INFORMATION

PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Divorced Widowed Married (filing separate) Never Married

U.S. Citizen? Yes No

Occupation/Employer: _____

E-mail Address: _____

Sharefile Access: Yes No

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Are you a member of a company-sponsored legal plan? If so, which one? _____

Home Address: _____

Township: _____

County: _____

CHILDREN

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 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

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: _____

FINANCIAL INFORMATION

PERSONAL INFORMATION

Social Security #: _____

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:



AGENTS/ADVISORS, ETC

Financial Advisor: _____ Phone #: _____

Accountant: _____ Phone #: _____

Insurance Agent(s): _____ Phone #: _____

Safe-Deposit Box Location: _____

LIFE INSURANCE

Insurance Company & Policy Type (e.g., group, term, whole, accident)	Face Value Amount of Policy Insuring	Policy Number	Beneficiary
SUBTOTAL			

LONG TERM CARE INSURANCE

Company Sponsor or Custodian of Funds (e.g. employer, Vanguard, Fidelity, etc.)	Current Value of Account	Beneficiary
SUBTOTAL		



THE TGQ LAW FIRM

ATTORNEYS & COUNSELORS AT LAW

Serving the community for over 10 years

CASH AND CASH EQUIVALENTS (Identify bank account, certificate of deposit, money market account, etc.)	Value
SUBTOTAL	

CLOSELY-HELD BUSINESS INTERESTS (Identify interest in corporation, limited liability company, partnerships, etc.)	Value
SUBTOTAL	

REAL PROPERTY ASSETS (attach separate statement or list if necessary)

Real Estate (Identify address or location of real estate)	Value
Primary Residence	
Vacation Property/Time Share	
Other Real Estate	
SUBTOTAL	



VALUABLE ART, ANTIQUE COIN, STAMP, OR OTHER COLLECTIONS (Describe)	Value
SUBTOTAL	

MISCELLANEOUS ASSETS (household items, vehicles, boats, etc.) (Describe)	Value
SUBTOTAL	

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



CHOICE OF FIDUCIARIES

PERSONAL REPRESENTATIVE

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

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

SUCCESSOR TRUSTEE

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

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

FUNERAL REPRESENTATIVE

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

1st	
2nd	

Cremation (Prepaid) Donate to Science

Cemetery (Prepaid): _____

Memorial/Service (Prepaid)

Funeral Home: _____

Add'l Notes:



POWERS OF ATTORNEY

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

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

ADVANCED MEDICAL DIRECTIVES

Do Not Resuscitate

Dr. _____

Phone #: _____

Organ Donation

Life Saving Methods (CPR, etc)

Life Support

Feeding Tube

No Blood Transfusions

Add'l Notes:

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.

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: