



**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:				
Hyatt member?	Yes	No	Hyatt member?	Yes	No		
E-mail Address:			E-mail Address:				
Preferred email to use:	Person 1	or	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		
Preferred Method of Contact:	Email	or	Phone				
Preferred phone # to use:	Person 1	or	Person 2	/	Home	or	Cell

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

Name	Address	Gender	Birth Date	Marital Status

**CHOICE OF FIDUCIARIES**

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

Name	Address/Phone
<u>Person 1:</u> 1 <sup>st</sup> Fiduciary: _____  2 <sup>nd</sup> Fiduciary: _____	1 <sup>st</sup> _____  2 <sup>nd</sup> _____
<u>Person 2:</u> 1 <sup>st</sup> Fiduciary: _____  2 <sup>nd</sup> Fiduciary: _____	1 <sup>st</sup> _____  2 <sup>nd</sup> _____

**Successor Trustee** (the person who will administer any trust after your death or incapacity)

Name	Address/Phone
<u>Person 1:</u> 1 <sup>st</sup> Trustee: _____  2 <sup>nd</sup> Trustee: _____	1 <sup>st</sup> _____  2 <sup>nd</sup> _____
<u>Person 2:</u> 1 <sup>st</sup> Trustee: _____  2 <sup>nd</sup> Trustee: _____	1 <sup>st</sup> _____  2 <sup>nd</sup> _____

**Funeral Representative** (the person who will make burial decisions after your death)

Person 1	Person 2
1 <sup>st</sup> _____  2 <sup>nd</sup> _____	1 <sup>st</sup> _____  2 <sup>nd</sup> _____
Cremation (      Prepaid)    Donate to Science Cemetery (      Prepaid): _____ Memorial/Service (      Prepaid) Funeral Home: _____ Add'l Notes:	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
<u>Person 1:</u> 1 <sup>st</sup> for Health:  2 <sup>nd</sup> for Health:	<u>Person 1:</u> 1 <sup>st</sup> for Financial:  2 <sup>nd</sup> for Financial:
<u>Person 2:</u> 1 <sup>st</sup> for Health:  2 <sup>nd</sup> for Health:	<u>Person 2:</u> 1 <sup>st</sup> for Financial:  2 <sup>nd</sup> for Financial:

Advanced Medical Directives	
Person 1	Person 2
Do Not Resuscitate Dr. _____ Phone #: (    )        -	Do Not Resuscitate Dr. _____ Phone #: (    )        -
Organ Donation Life Saving Methods (CPR, etc) Life Support Feeding Tube No Blood Transfusions	Organ Donation Life Saving Methods (CPR, etc) Life Support Feeding Tube No Blood Transfusions
Add'l Notes:	Add'l Notes:

***Intended Guardian of Minor Children***

<u>Full Name (please include current address):</u>
1.
2.



Long Time Care Insurance					
<b>SUBTOTAL:</b>					

***RETIREMENT PLAN ASSETS (e.g. 401(k), 403(b), 457, SEP IRA, Traditional IRA, Roth IRA)***

Type of Plan (e.g. 401(k), Roth IRA, etc.)	Company Sponsor or Custodian of Funds (e.g. employer, Vanguard, Fidelity, etc.)	Current Value of Account Owned by <u>Person 1</u>	Current Value of Account Owned by <u>Person 2</u>	Beneficiary
	<b>SUBTOTAL:</b>			



<b>Closely-Held Businesses Interests (Identify interest in corporation, limited liability company, partnerships, etc.)</b>			
<b>Annuities (Identify issuing company, annuitant, &amp; beneficiary)</b>			
<b>Valuable Art, Antique, Coin, Stamp, or Other Collections (Describe)</b>			
<b>Miscellaneous Assets (household items, vehicles, boats, etc.) (Describe)</b>			
<b>SUBTOTAL:</b>			
<b>SUMMARY</b>	<b>Person 1</b>	<b>Person 2</b>	<b>Joint</b>
<b>SUBTOTAL FACE VALUE OF LIFE INSURANCE</b>			
<b>SUBTOTAL VALUE OF RETIREMENT PLAN ASSETS</b>			
<b>SUBTOTAL OF OTHER ASSETS</b>			
<b>TOTAL ASSETS</b>			
<b>LESS Mortgages, Loans, and Other Liabilities</b>			
<b>NET ASSETS</b>			

**DISTRIBUTION OF ASSETS:**

I would like my assets to be distributed:

Evenly or Other (see below) between my children

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.

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<b>Person 1's Signature</b>	<b>Date</b>	<b>Person 2's Signature</b>	<b>Date</b>
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*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"/> <b>Trust - Joint w/Kids</b>           | <input type="checkbox"/> <b>Will - Joint w/Kids</b>    |
| <input type="checkbox"/> <b>Trust - Joint w/o Kids</b>         | <input type="checkbox"/> <b>Will - Joint w/o Kids</b>  |
| <input type="checkbox"/> <b>Trust - Single w/Kids</b>          | <input type="checkbox"/> <b>Will - Single w/Kids</b>   |
| <input type="checkbox"/> <b>Trust - Single w/o Kids</b>        | <input type="checkbox"/> <b>Will - Single w/o Kids</b> |
| <input type="checkbox"/> <b>Retirement/Special Needs Trust</b> | <input type="checkbox"/> <b>LLC</b>                    |
| <input type="checkbox"/> <b>POA's Only</b>                     | <input type="checkbox"/> <b>Deed(s)/PTA</b>            |

**Additional Notes/Docs Needed:**