



**THE TGQ LAW FIRM**  
ATTORNEYS AT LAW

**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:

Hyatt member?

Yes

No

Home Address:

Township:

County:

Preferred phone # to use:

Home

or

Cell

Preferred Method of Contact:

Email

or

Phone

**CHILDREN**

| 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   |
|----------------------------|-----------------|
| 1 <sup>st</sup> Fiduciary: | 1 <sup>st</sup> |
| 2 <sup>nd</sup> Fiduciary: | 2 <sup>nd</sup> |
| 3 <sup>rd</sup> Fiduciary: | 3 <sup>rd</sup> |

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

| Name                     | Address/Phone   |
|--------------------------|-----------------|
| 1 <sup>st</sup> Trustee: | 1 <sup>st</sup> |
| 2 <sup>nd</sup> Trustee: | 2 <sup>nd</sup> |
| 3 <sup>rd</sup> Trustee  | 3 <sup>rd</sup> |

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

|   |
|---|
| 1 <sup>st</sup>   |
| 2 <sup>nd</sup>   |
| 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)

| <b>Healthcare Decisions</b>  | <b>Financial Decisions</b>   |
|--|--|
| <p>1<sup>st</sup> for Health:</p> <p>2<sup>nd</sup> for Health:</p> <p>3<sup>rd</sup> for Health:</p> <p><b>Advanced Medical Directives</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Do Not Resuscitate</li><li><input type="checkbox"/> Organ Donation</li><li><input type="checkbox"/> Life Saving Methods (CPR, etc)</li><li><input type="checkbox"/> Life Support</li><li><input type="checkbox"/> Feeding Tube</li><li><input type="checkbox"/> No Blood Transfusions</li></ul> <p>Add'l Notes:</p> | <p>1<sup>st</sup> for Financial:</p> <p>2<sup>nd</sup> for Financial:</p> <p>3<sup>rd</sup> for Financial:</p> <p>Add'l Notes:</p> |

***Intended Guardian of Minor Children***

*Full Name (please include current address):*

|    |
|----|
| 1. |
| 2. |

## **FINANCIAL INFORMATION**

### **PERSONAL INFORMATION**

Social Security #:

#### **Disability Information**

Do any of your proposed beneficiaries have disabilities or other special needs?      Y\*\*      N      Unsure

If so, list beneficiary names:

Do any of your proposed beneficiaries receive government benefits?      Y\*\*      N      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<br>(e.g., group, term, whole, accident) | Face Value<br>Amount of<br>Policy Insuring | Policy Number | Beneficiary |
|---|--|---------------|-------------|
|   |  |               |             |
|   |  |               |             |
|   |  |               |             |
|   |  |               |             |
|   |  |               |             |
|   |  |               |             |
| <b>SUB TOTAL:</b>   |  |               |             |

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

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

**OTHER ASSETS (attach separate statement or list if necessary)**

| Type of Asset   |  |
|---|--|
| <b>Real Estate (Identify address or location of real estate)</b>                                    |  |
| Primary Residence:  |  |
| Vacation Home:  |  |
| Other Real Estate:  |  |
|   |  |
|   |  |
| <b>Marketable Securities (Identify brokerage accounts, mutual fund accounts, stock, bond, etc.)</b> |  |
|   |  |
|   |  |
|   |  |
|   |  |

|  |  |
|--|--|
| <b>Cash and Cash Equivalents (Identify bank account, certificate of deposit, money market account, etc.)</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>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 my in-take form accurately reflects my financial position. I recognize that inaccurate or incomplete information may result in inadequate estate or tax planning.

I also agree that by providing the deposit identified below, I authorize The TGQ Law Firm to begin preparing my 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"/> <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:**