



Identify any child who is not a natural or adopted child of both you and your spouse.

\_\_\_\_\_

a. Have any children received an advance on their inheritance or are any children financially indebted to you? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

b. Is there any reason NOT to treat your children equally? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

c. Are any of the children under a disability? \_\_\_\_\_

\_\_\_\_\_

d. Do you have any special concerns or objectives regarding your children? \_\_\_\_\_

\_\_\_\_\_

e. Guardians. Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

Name: \_\_\_\_\_

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

Alternate Guardian: \_\_\_\_\_

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

4. Personal Representative. Who should be Personal Representative ("executor") of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Alternate Personal Representative: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

**5. Trusts.**

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee.

Name: \_\_\_\_\_

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

Alternate Trustee: \_\_\_\_\_

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

**6. Financial Inventory**

Use approximate values under each person showing ownership of each asset. **BRING SUPPORTING DATA FOR EACH ASSET**, i.e. bank statements, retirement reports, stock and bond account reports, etc. **NOTE:** If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	HUSBAND	WIFE	JOINT
Home			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Account			
Automobile			

Personal Property			
Stocks & Bonds			
Closely Held Business Interest			
Life Insurance (Face):			
On husband's life			
On wife's life			
Retirement Accounts:			
IRA			
Pension			
Profit Sharing/401k			
Other Assets:			
TOTAL			

LIABILITIES	HUSBAND	WIFE	JOINT
Home Mortgage			
Other Mortgages			
Debts TO Family Members			

Other Debts (describe):			
TOTAL LIABILITIES			

**7. Beneficiary Designations:**

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Insured	Beneficiary
1.				
2.				
3.				
4.				
5.				

b. Retirement Plans. Please list your retirement plans/IRAs; value of each and the beneficiary of each.

c. Does your retirement plan have a death benefit? Yes \_\_\_\_ No \_\_\_\_ . If so, who is the named beneficiary? \_\_\_\_\_

**8. Personal Property**

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

<u>Description</u>	<u>Approximate Value</u>
Personal Property	_____
Automobiles	_____
Collectibles	_____
Jewelry	_____
Boats/Airplanes	_____
Other:	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**9. Safe Deposit Box**

Do you have a safe deposit box? Yes \_\_\_\_ No \_\_\_\_ If so, where? \_\_\_\_\_

Does anyone else have access to your box? \_\_\_\_\_

**10. Future Inheritances**

Do you expect any inheritance in the near future? If so please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Financial Advisors**

Accountant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**12. Primary Physician**

Who is your primary physician?

Name: \_\_\_\_\_

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

**13. Special Requests**

Special requests regarding funeral, cremation, or burial instructions are best handled by a Letter of Instruction or other statement (separate from your will) to your family or other responsible person. Organ donation is best handled in a Health Care Directive and noted on the person's drivers license.

**14. Discussion Issues**

We will discuss the following issues at the meeting:

- **Current Will.** Do you now have a will or revocable trust? If so, bring a copy to the interview meeting.
- **Predeceased Child.** If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any.

Do you wish to include grandchildren born out of wedlock? Yes\_\_\_\_\_ No \_\_\_\_\_.

- **Trusts.** Do you wish to have a trust established for the benefit of your spouse and/or children?
- **Specific Gifts.** Do you wish to make any specific bequests to charities or individuals?
- **No Family Survives.** How should your estate be distributed if your spouse and/or children do not survive you? (For example: family, charity, etc.)
- **If no Children.** If you do not have children, to whom should your estate pass (beyond a spouse, if any)?
- **Health Care Directive.** Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instructions regarding organ donation.
- **Power of Attorney.** Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?
- **Loan Guarantees.** Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.

**Health Care Directive**

a. Agent. Name, address and telephone number of the person who you want to make health care decisions if you cannot make them yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Successor or Co-Agent's name, address, and telephone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Successor or Co-Agent's name, address, and telephone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. If you have named co-agents, do you want the agents to \_\_\_\_\_ act jointly or \_\_\_\_\_ independently?

e. Do you have a Living Will to which you want to refer in the Health Care Directive?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, date of instrument: \_\_\_\_\_

f. Do you want directions as to what you want or do not want if you are in a terminal condition (i.e. not expected to live more than 6 months)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If you answered yes, please provide us the specific language you want or you can approve language in the document.

g. Do you want to donate any organs upon your death? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If yes, have you agreed in another document, e.g. drivers license, to make the donation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

h. Please indicate how you want the disposition of your remains after you die, e.g. cremation, regular burial, etc.: \_\_\_\_\_  
\_\_\_\_\_

i. Do you have other living wills or health care powers of attorney forms which you want to revoke? We recommend revocation to keep your wishes and desires clear.

j. Do you have any other instructions regarding your health care, living arrangements, burial, etc.? If so, please indicate: \_\_\_\_\_  
\_\_\_\_\_