

ESTATE PLANNING INFORMATION FORM

PERSON MAKING WILL:

Name: _____

Address: _____ CITY: _____ COUNTY: _____ ZIP: _____

Phone No.: _____

Date of Birth: _____ Social Security Number: _____

SPOUSE:

Name: _____

Date of Birth: _____ Social Security Number: _____

Do you want to be an ORGAN donor? YES _____ or NO _____

Would you like to have CREMATION OR BURIAL? (circle one) OR _____ Please do not reference a burial provision in my Will.

Do you wish to have a specific request for burial or cremation? Yes _____ or NO _____ If yes please state, your request:

(example: I wish to be cremated and that my ashes be placed with my deceased husband in Michigan.)

Have either of you been previously married? YES _____ NO _____

CHILDREN: - Please list ALL children (including deceased children and children you want to omit).

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Are there any children you wish to omit? YES _____ NO _____ If so, who?

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Do you have any step-children? YES _____ NO _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Would you like to treat your step-children like your own children? YES _____ NO _____

Are any children financially indebted to you? YES _____ NO _____ If so, who?

Name: _____

Name: _____

If yes, do you want to make this an issue at the time of distribution of your estate?

YES _____ NO _____

Are there any children under a disability? YES _____ NO _____ If so, who?

Name: _____

Name: _____

If any child should predecease parent, should his/her share pass through to his/her children?
YES _____ NO _____ If so, please indicate grandchildren, if any.

<u>Name</u>	<u>Date of Birth</u>	<u>Parents</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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).

First Choice:

Name: _____ Relationship: _____

Alternate:

Name: _____ Relationship: _____

Do your children have God Parents? If so, who:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Who do you want to appoint the Personal Representative of your estate? (Spouse is usually named first).

First Choice:

Name: _____ Relationship: _____

Address: _____

Phone # _____

Alternate:

Name: _____ Relationship: _____

Address: _____

Phone # _____

Alternate:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Do you wish to have a trust established for the benefit of your spouse and/or children?

YES _____ NO _____ If so, please indicate who the Trustee(s) should be.

First Choice:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Alternate:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Alternate:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Age(s) for distribution:

Do you wish to make any specific bequests in your Will other than by the Separate Written List provided in your Will? YES _____ NO _____

<u>Name</u>	<u>How much</u>	<u>Relationship</u>

If you do not have a spouse or any children, please indicate to whom your estate should pass? (and what share to each person):

<u>Name</u>	<u>Share/Percentage</u>	<u>Relationship</u>

Are you interest 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? YES _____ NO _____

Primary:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Alternate:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Alternate:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Are you interested in preparing a Health Care Power of Attorney (Living Will) stating your preferences for health care if you are in terminal condition? YES _____ NO _____

Primary:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Alternate:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Alternate:

Name: _____ Relationship: _____
Address: _____
Phone # _____

Do you own any businesses or have any interest in businesses: YES _____ OR NO _____

Please list below:

Do you own any property: YES _____ OR NO _____

Please list below:

Any additional information or notes:
