**ESTATE PLANNING INFORMATION SHEET**

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| **CLIENT** | |
| *Please provide your full legal name as it appears on your driver's license and other IDs* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| Nicknames or other names you use |  |
| Date of Birth |  |
| Gender |  |
| Are you a US Citizen? |  |
| Social Security number |  |
| Driver's License or Passport # |  |
| *Contact Information* | |
| Home Address (incl. Apt#) |  |
| City |  |
| County or Parish |  |
| State (or Country if not USA) |  |
| Zip Code |  |
| Years at current address |  |
| Home Phone |  |
| Mobile Phone |  |
| Email Address |  |
| *Employment Information* | |
| Employer Name |  |
| Job Title |  |
| Address |  |
| Annual Salary |  |
| Years of Service |  |
| Work Phone |  |

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| **PARTNER OR SPOUSE (IF APPLICABLE)** | | |
| *Please provide their full legal name as it appears on their driver's license and other IDs* | | |
| First Name(s) |  | |
| Middle Name(s) |  | |
| Last Name(s) (& Suffix) |  | |
| Nicknames or other names they use |  | |
| Date of Birth |  | |
| Gender |  | |
| Mobile Phone |  | |
| Email Address |  | |
| *Home Address Information, if different than Client:* | | |
| Home Address (incl. Apt#) |  | |
| City |  | |
| County or Parish |  | |
| State (or Country if not USA) |  | |
| Zip Code |  | |
| Years at current address |  | |
| Home Phone |  | |
| *Relationship Information* | | |
| Total length of your relationship |  | |
|  | Date | City, State/Country |
| Marriage, if applicable |  |  |
| Civil Union, if applicable |  |  |
| Domestic Partnership Registry, if applicable |  |  |
| Have either of you previously been in a registered relationship and then dissolved it? If so, please provide a copy of the Final Judgment of Dissolution, and any Settlement Agreement, if applicable. | Describe: | |

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| **CHILDREN** | |
| *This might include biological, adoptive, or step-children, at your discretion.* | |
| *Child #1:* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| Nickname |  |
| Gender |  |
| Date of Birth |  |
| *Child #2:* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| Nickname |  |
| Gender |  |
| Date of Birth |  |
| *Child #3:* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| Nickname |  |
| Gender |  |
| Date of Birth |  |
| *Child #4:* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| Nickname |  |
| Gender |  |
| Date of Birth |  |

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| **FAMILY & FRIENDS** | | | |
| *It is important to acknowledge your family of birth in your will, regardless of whether you intend to leave them any bequests or whether they are deceased. This is to help establish that you are of sound mind when putting these documents together. Please include, at minimum, your biological, legal and/or step- parents, and your biological, legal, half- or step-siblings, if you have any.*  *Additionally, please list any other individuals such as close friends or extended family members who you want to acknowledge in your will.* | | | |
| Name | Relationship | Gender | Deceased? |
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| **APPOINTMENTS** | |
| *Please list, in order of preference, of the persons you wish to designate to make decisions for you or your estate in the event of illness, incapacity, or death. We request a minimum of two designees per category:* | |
| Your Will's Personal Representative | Name of Designee (in order of preference) |
| *The Personal Representative is in charge of handling the distribution of your assets and paying off debts at your death. The person you choose must be either a relative or a resident of Florida in*  *order to qualify.* | 1: |
| 2: |
| 3: |
| Your Trustee (if applicable) | Name of Designee (in order of preference) |
| *If your asset picture is best served by a Trust, you'll need to appoint someone to manage those assets in the event that you become unable to*  *serve, or at your death.* | 1: |
| 2: |
| 3: |
| Your Healthcare Surrogate | Name of Designee (in order of preference) |
| *This person will make medical decisions for you when you can't speak for yourself. They should be willing to carry out your wishes. For example, if you want the plug pulled, make sure you name someone who would be ok with doing that.* | 1: |
| 2: |
| 3: |
| Your Power of Attorney | Name of Designee (in order of preference) |
| *This document is VERY powerful - it allows another person to make financial decisions for you, and is effective IMMEDIATELY upon signing. Therefore this is the only document where we do not require you to name alternates.* | 1: |
| 2: |
| 3: |
| Your Guardian in event of incapacity | Name of Designee (in order of preference) |
| *If a court determines you are unable to handle your medical and financial decisions, a guardian may be appointed for you. Select the person(s) you would prefer be appointed in this role.* | 1: |
| 2: |
| 3: |
| Guardian for your children | Name of Designee (in order of preference) |
| *If a court determines you are unable to handle caring for your children, a guardian may be appointed to care for them. Select the person(s) you would prefer be appointed in this role.* | 1: |
| 2: |
| 3: |
| Body Recipient | Name of Designee (in order of preference) |
| *When you pass away, you can authorize an individual to claim your remains and ensure that your final wishes for your body and/or memorial*  *service are respected.* | 1: |
| 2: |
| 3: |

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| **APPOINTMENTS - CONTACT INFORMATION** | |
| *For every unique individual listed on the previous page, please provide their contact information:* | |
| First Person Listed: | |
| Name: |  |
| Relationship to you: |  |
| Address: |  |
| City, State Zip: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Work Phone: |  |
| Email: |  |
| Second Person Listed: | |
| Name: |  |
| Relationship to you: |  |
| Address: |  |
| City, State Zip: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Work Phone: |  |
| Email: |  |
| Third Person Listed: | |
| Name: |  |
| Relationship to you: |  |
| Address: |  |
| City, State Zip: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Work Phone: |  |
| Email: |  |
| Fourth Person Listed: | |
| Name: |  |
| Relationship to you: |  |
| Address: |  |
| City, State Zip: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Work Phone: |  |
| Email: |  |

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| **ADVISORS** | | | |
| Role | Name | Phone | Email |
| Primary Doctor: |  |  |  |
| Accountant: |  |  |  |
| Financial Planner: |  |  |  |
| Life Insurance Agent: |  |  |  |

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| **ASSETS – REAL PROPERTY** | |
| *Please list all properties that you own, individually or jointly* | |
| Real Property #1: | |
| Address: |  |
| City, State, Zip: |  |
| Ownership: |  |
| Homestead?: |  |
| Fair Market Value: |  |
| Mortgage(s): |  |
| Beneficiary(ies): |  |
| Real Property #2: | |
| Address: |  |
| City, State, Zip: |  |
| Ownership: |  |
| Homestead?: |  |
| Fair Market Value: |  |
| Mortgage(s): |  |
| Beneficiary(ies): |  |
| Real Property #3: | |
| Address: |  |
| City, State, Zip: |  |
| Ownership: |  |
| Homestead?: |  |
| Fair Market Value: |  |
| Mortgage(s): |  |
| Beneficiary(ies): |  |

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| **ASSETS – FINANCIAL & RETIREMENT ACCOUNTS** | |
| Account #1 | |
| Institution: |  |
| Type of Account: |  |
| Ownership: |  |
| Approx. Balance: |  |
| Designated beneficiary, if any: |  |
| Account #2: | |
| Institution: |  |
| Type of Account: |  |
| Ownership: |  |
| Approx. Balance: |  |
| Designated beneficiary, if any: |  |
| Account #3: | |
| Institution: |  |
| Type of Account: |  |
| Ownership: |  |
| Approx. Balance: |  |
| Designated beneficiary, if any: |  |
| Account #4: | |
| Institution: |  |
| Type of Account: |  |
| Ownership: |  |
| Approx. Balance: |  |
| Designated beneficiary, if any: |  |
| Account #5: | |
| Institution: |  |
| Type of Account: |  |
| Ownership: |  |
| Approx. Balance: |  |
| Designated beneficiary, if any: |  |

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| **ASSETS – BUSINESS OWNERSHIP** | |
| *Please list all business entities that you own, individually or jointly. Please provide the name of the business’ accountant, copies of any existing business agreements, current balance sheet & a P/L statement. Please specify whether partnership, corporation, LLC, etc.* | |
| Business #1: | |
| Name of Business: |  |
| Address: |  |
| City, State, Zip: |  |
| Type of Business: |  |
| Ownership: |  |
| Amt Invested/Share: |  |
| Business #2: | |
| Name of Business: |  |
| Address: |  |
| City, State, Zip: |  |
| Type of Business: |  |
| Ownership: |  |
| Amt Invested/Share: |  |
| Business #3: | |
| Name of Business: |  |
| Address: |  |
| City, State, Zip: |  |
| Type of Business: |  |
| Ownership: |  |
| Amt Invested/Share: |  |
| Business #4: | |
| Name of Business: |  |
| Address: |  |
| City, State, Zip: |  |
| Type of Business: |  |
| Ownership: |  |
| Amt Invested/Share: |  |

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| **ASSETS – LIFE INSURANCE** | |
| Life Insurance Policy #1 | |
| Company: |  |
| Type of Policy: |  |
| Face Value: |  |
| Designated beneficiary, if any: |  |
| Life Insurance Policy #2 | |
| Company: |  |
| Type of Policy: |  |
| Face Value: |  |
| Designated beneficiary, if any: |  |
| Life Insurance Policy #3 | |
| Company: |  |
| Type of Policy: |  |
| Face Value: |  |
| Designated beneficiary, if any: |  |
|  | |
| **ASSETS –EXPECTANCIES** | |
| Expected Inheritance #1 | |
| From: |  |
| Approximate Value: |  |
| Is this inheritance to be shared  with other parties?: |  |
| Expected Inheritance #2 | |
| From: |  |
| Approximate Value: |  |
| Is this inheritance to be shared  with other parties?: |  |
| Expected Inheritance #3 | |
| From: |  |
| Approximate Value: |  |
| Is this inheritance to be shared  with other parties?: |  |

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| **ASSETS – PERSONALTY** | |
| *This includes such items as cars, boats, artwork, jewelry, or other items with a value exceeding*  *$10,000.00. Please be specific (for example, year, make, model, etc) in your descriptions of the items.* | |
| Personalty Item #1 | |
| Description of Item: |  |
| Ownership: |  |
| Approximate Value: |  |
| Any liens, debts, financing?: |  |
| Designated beneficiary, if any: |  |
| Personalty Item #2 | |
| Description of Item: |  |
| Ownership: |  |
| Approximate Value: |  |
| Any liens, debts, financing?: |  |
| Designated beneficiary, if any: |  |
| Personalty Item #3 | |
| Description of Item: |  |
| Ownership: |  |
| Approximate Value: |  |
| Any liens, debts, financing?: |  |
| Designated beneficiary, if any: |  |
| Personalty Item #4 | |
| Description of Item: |  |
| Ownership: |  |
| Approximate Value: |  |
| Any liens, debts, financing?: |  |
| Designated beneficiary, if any: |  |
| Personalty Item #5 | |
| Description of Item: |  |
| Ownership: |  |
| Approximate Value: |  |
| Any liens, debts, financing?: |  |
| Designated beneficiary, if any: |  |

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| **LIABILITIES** | |
| *Please list any liabilities, debts or encumbrances not already listed above (e.g., student loans, personal loans, etc.)* | |
| Liability #1 | |
| Type of Liability: |  |
| Owed to: |  |
| Is this a shared debt? With whom?: |  |
| Amount of liability: |  |
| Liability #2 | |
| Type of Liability: |  |
| Owed to: |  |
| Is this a shared debt? With whom?: |  |
| Amount of liability: |  |
| Liability #3 | |
| Type of Liability: |  |
| Owed to: |  |
| Is this a shared debt? With whom?: |  |
| Amount of liability: |  |
| Liability #4 | |
| Type of Liability: |  |
| Owed to: |  |
| Is this a shared debt? With whom?: |  |
| Amount of liability: |  |
| Liability #5 | |
| Type of Liability: |  |
| Owed to: |  |
| Is this a shared debt? With whom?: |  |
| Amount of liability: |  |
| **ESTATE VALUATION** | |
| **TOTAL ESTIMATED ASSETS:** |  |
| **TOTAL ESTIMATED LIABILITIES:** |  |
| **NET ESTIMATED ESTATE VALUE:** |  |

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| **STORED GENETIC MATERIAL** | |
| *Do you have any genetic material in storage? (Sperm, Ova, Embryos, etc.)* |  |
| *If so, please describe what you would want done with your stored genetic material at your death:* | |

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| **DISPOSITION OF ASSETS AT DEATH** |
| *Please describe how you would like your assets to be distributed at your death:* |

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| **FINAL WISHES FOR YOUR BODY & ANY MEMORIAL SERVICES** | |
| Do you want to be an organ donor? |  |
| *Describe what you would you like to happen to your body at death (cremated, buried, etc.)* | |
| *Describe your wishes regarding a memorial or religious service, if applicable:* | |