

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ESTATE PLANNING INFORMATION FORM (MARRIED COUPLE)**

Husband: Full Legal Name: \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Birth Date

Wife: Full Legal Name: \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Birth Date

Are you a U.S. citizen? (Circle One) Husband: Y N Wife: Y N

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Any prior marriages? Husband: Y / N Wife: Y / N

Occupation (or, if retired, your former occupation)

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Home Address: \_\_\_\_\_ County \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

**PERSONAL INFORMATION**

Full Name of Children	Birth Date and Age	Marital Status	# of Children
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Do any of your children or grandchildren require special attention? (Consider, for example, their education, mental or physical needs) Yes \_\_\_\_ No \_\_\_\_

Did you and your spouse ever sign a pre or post marriage contract? \_\_\_\_\_

Does any family member receive Social Security or other benefits? Yes \_\_\_\_ No \_\_\_\_

Do you presently have a Living Trust? Yes \_\_\_\_ No \_\_\_\_

Have you ever filed a Gift Tax Return? Yes \_\_\_\_ No \_\_\_\_

**LIST OF ASSETS**

(Description of the Asset)

(Fair Market Value)

**Real Property: (Address)**

**Joint Owned**

**Husband**

**Wife**

_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Checking, Savings, Certificates of Deposit, and Other Cash Accounts:**

_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Mutual Funds/Money Market Accounts:**

_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

**Stocks or Bonds:**

_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

**Valuable Personal Property:**

_____	\$ _____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIFE INSURANCE**

Insurance Company	Insured	Policy Owner	Beneficiary	Death Benefit
-------------------	---------	--------------	-------------	---------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**RETIREMENT BENEFITS/OTHER**

<b>401(k)/Pension/Profit Sharing</b>	<b>Beneficiary</b>	<b>Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>IRA's</b>	<b>Beneficiary</b>	<b>Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Other Assets</b> (Including partnership or business interests)	<b>Joint/Husband/Wife</b>	<b>Value</b>
_____	_____	\$ _____
_____	_____	_____

**Future Inheritance**

Are you anticipating any inheritance in the next 5 – 10 years? If yes, please estimate the approximate amount: Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

**LIST OF LIABILITIES**

	<b>Husband</b>	<b>Wife</b>	<b>Joint</b>
<b>Home Mortgage:</b>	\$ _____	_____	_____
<b>Notes:</b>	_____	_____	_____
<b>Loans Against Life Insurance</b>	_____	_____	_____
<b>Other Obligations</b>	_____	_____	_____

Please list the names and addresses of any Key Advisors:

**CPA:** \_\_\_\_\_

**Personal Bank & Banker** \_\_\_\_\_

**Financial Advisor** \_\_\_\_\_

**Life Insurance Agent** \_\_\_\_\_