



Preparation for Estate Planning Interview

Name: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____ Soc. Sec. No.: _____ (Leave blank if emailing document)

Name of Spouse: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____ Soc. Sec. No.: _____ (Leave blank if emailing document)

CHILDREN

Name of Child: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of Child: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of Child: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of Child: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

WILL

Name of Personal Rep.: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of alternate Personal Rep.: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of 2nd alternate Personal Rep.: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of Guardian: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of alternate Guardian: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of 2nd alternate Guardian: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

WILL (continued)

Specific Bequests: _____

Special Instructions: _____

MINOR TRUST

Name of Trustee: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of alternate Trustee: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of 2nd alternate Trustee: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Age of Distribution to Minors: _____

FINANCIAL POWER OF ATTORNEY

Digital Rights Access: _____

Authority to Establish a Trust: _____

Authority to change IRA beneficiaries: _____

Gifting Powers: _____

General Limitations: _____

Springing Power: _____

Estate Size: _____

Life Insurance: _____

POD Accounts: _____

IRA/401(k) Plans: _____

HEALTH CARE AGENT

Name of Health Care Agent: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of alternate Agent: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Name of 2nd alternate Agent: _____

Address: _____

Telephone: _____ Cell phone: _____ E-mail: _____

Date of Birth: _____

Special Instructions: _____

CLIENT GOALS

PRIORITY Rank 1 thru 7 with 1 being highest priority

Minimize Estate Tax

Financial Support for Spouse

Probate Avoidance

Medical Assistance Planning

Financial Support for Children

Charitable Bequests

Other

Specify _____
