



ESTATE PLANNING CONFIDENTIAL INFORMATION FORM

CLIENT INFORMATION

CLIENT 1

Full Name: _____

Address: _____

City, State, Zip: _____

County: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Birthdate: _____

US Citizen: YES NO

Social Security #: _____

Occupation: _____

Marital Status: _____

Previous Marriage: YES NO

Previous Spouse: _____
(name and date of death / divorce)

CLIENT 2

Full Name: _____

Address: _____

City, State, Zip: _____

County: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Birthdate: _____

US Citizen: YES NO

Social Security #: _____

Occupation: _____

Marital Status: _____

Previous Marriage: YES NO

Previous Spouse: _____
(name and date of death / divorce)

CHILDREN

Child's Name	Birthdate	Gender	Relationship to Client 1	Relationship to Client 2

Do you have any deceased children? YES NO

If YES, please list name, date of death and any children of the deceased child:

QUESTIONS

- Would you like your Last Will and Testament to include a Christian witness paragraph? YES NO
- Do you have a will / trust / POA? YES NO Explain: _____
- Are you the custodian of an UTMA: YES NO Explain: _____
- Do you have a Pre/Post Nuptial Agreement? YES NO Explain: _____
- Do you pay/receive child support or alimony? YES NO Explain: _____
- Are you buying/selling on land contract? YES NO Explain: _____
- Do you own an LLC or other corporation? YES NO Explain: _____
- Do you have a cemetery lot? YES NO Where: _____
- Do you have a safe deposit box? YES NO Where: _____
- Number of real properties you own: _____
- Number of children: _____

COMMENTS:

DOCUMENTS REQUESTED

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> RLT Package | <input type="checkbox"/> Will | <input type="checkbox"/> General Durable Power of Attorney |
| <input type="checkbox"/> RLT Tax Package | <input type="checkbox"/> Codicil | <input type="checkbox"/> Health Care Power of Attorney / Living Will |
| <input type="checkbox"/> Restatement Package | | <input type="checkbox"/> Both GDPOA and HCPOA |
| <input type="checkbox"/> Restatement Only | | |
| <input type="checkbox"/> Amendment | | |
|
<input type="checkbox"/> Other (explain): | | |

TRUSTEES FOR REVOCABLE LIVING TRUST

Primary (current) Trustees: _____

Successor Trustees:

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

PERSONAL REPRESENTATIVES FOR WILLS

CLIENT 1:

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

CLIENT 2:

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

CHILDREN'S TRUST TRUSTEES

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

GUARDIANS

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

GENERAL DURABLE POWER OF ATTORNEY AGENTS

CLIENT 1:

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

CLIENT 2:

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

HEALTH CARE POWER OF ATTORNEY AGENTS

CLIENT 1:

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

CLIENT 2:

	FIRST	SECOND	THIRD	FOURTH
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
PHONE NUMBER				
RELATIONSHIP TO CLIENT 1				
RELATIONSHIP TO CLIENT 2				

DISTRIBUTION OF ESTATE

TANGIBLE PERSONAL PROPERTY	
Gift List / Equally to Kids, Per Capita	
Gift List / Distributed with Residue	
Other Distribution	
Comments	

DEATH OF FIRST SPOUSE	
Specific Distributions	
% Charitable Bequest	
% to Surviving Spouse	
Other Distribution	
Comments	

DEATH OF SECOND SPOUSE / SINGLE PERSON WITH CHILDREN'S TRUST	
Specific Distributions	
% Charitable Bequest	
% Held in Children's Trust	
Other Distributions	
Comments	

CHILDRENS' TRUST DETAILS			
Collective Trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	Separate Trusts	<input type="checkbox"/> YES <input type="checkbox"/> NO
Single Age of Distribution		Multiple Ages of Distribution	

CHILDREN'S TRUST DISTRIBUTION	
% Charitable Bequest	
% Equally to Children, Per Capita	
% Equally to Children, Per Stirpes	
Other Distribution	
Comments	

DEATH OF SECOND SPOUSE / SINGLE PERSON (No Children's Trust)	
Specific Distributions	
% Charitable Bequest	
% Equally to Kids, Per Capita	
% Equally to Kids, Per Stirpes	
Other Distribution	
Special Needs Trust	
Other Trust	
Comments	

COMMON DISASTER	
Specific Distributions	
% Charitable Bequest	
Other Distribution	
Comments	

CHARITABLE REMAINDER UNITRUST (CRU) INFORMATION	
Term of Years	
Unitrust Percentage	
Income Beneficiaries Distribution (per stirpes or per capita)	
Comments	

CHARITABLE REMAINDER UNITRUST (CRU) INCOME BENEFICIARIES					
Percent	Name	Address	SSN	Relationship to Client 1	Relationship to Client 2



CHARITABLE REMAINDER UNITRUST (CRU) REMAINDERMEN			
Percent	Name	Address	Specific Designation

ADDITIONAL COMMENTS