

8. Children's Full Names, Dates of Birth, Soc. Sec. #s, and Addresses:

Name	Date of Birth	Soc. Sec. #	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. A Guardian is the person who will provide care for your minor child(ren). If you are married and share custody with your spouse, your spouse will be named as the first Guardian. We recommend that you name a Guardian and alternate Guardian for your child(ren).

Have you chosen a Guardian for your children? ___ Yes ___ No

If yes, full name of Guardian: _____

Address of Guardian: _____

Relationship to Guardian: _____

Full Name of Alternate Guardian: _____

Address of Alternate Guardian: _____

Relationship to Alternate Guardian: _____

10. Full Names and Addresses of Other Relatives:

	Name	Address
Grandchildren:	_____	_____
	_____	_____
	_____	_____

Brothers:

Sisters:

Parents:

11. Have you ever made a will before?

Yes No

If yes, for each state:

Date Will Signed:	_____	Was it revoked?	Yes	No
	_____		Yes	No
	_____		Yes	No

12. Your employer:

If retired, former employer and date of retirement:

ASSETS

The following questions are to help guide you in estimating the value of your estate. Insert your estimate of the approximate current value of each asset you own. Under Owner, indicate if jointly owned with spouse, or if jointly owned with someone other than your spouse, insert name and relationship of that person.

13. Real Estate (list residential and business property)

Address	Value today	Amount of remaining mortgage	Owner(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Bank Accounts:

	<u>Name of Bank</u>	<u>Account Balance</u>
Savings Accounts:	_____	_____
	_____	_____
Checking Account:	_____	_____
	_____	_____
	_____	_____
In Trust For Accounts:	_____	_____
	_____	_____
Money Market Accounts:	_____	_____
	_____	_____
CD's (certificate of deposits):	_____	_____
	_____	_____

15. Do you own any Stocks or Bonds?

If yes, please list:	Individual or Joint?	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Money owed to you by others:

Name of debtor	Amount owed
_____	_____
_____	_____
_____	_____

17. Money you owe to others:

Name of creditor:	Amount you owe
_____	_____
_____	_____
_____	_____

18. Vehicles (cars, boats, mobile homes, motorcycles, etc):

Description (model, year)	Market Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Furnishings

Description	Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Collectibles/Works of Art

Description	Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Electronic Equipment/Computers

Description	Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Other Personal Belongings

Description	Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Life Insurance: (on your life)

Name of Company	Amount of Insurance	Beneficiary
_____	_____	_____

If married, list insurance on spouse and children

Name of Company & Policy Number	Amount of Insurance	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Retirement Benefits (Pension Plans, Profit-sharing Funds, IRA, Keogh Plan)

Plan Name: _____

Annual Contribution: _____

By you: _____

By employer: _____

Beneficiary: _____

Contingent Beneficiary: _____

25. Interests in Trust

Do you or your spouse have any interests in trusts set up either by yourselves or others?

Yes No

(This could include a right to receive income payments from a trust, to receive an amount on the death of another, your right to designate who shall receive the trust property upon the happening of a future event such as your death, and any trust you have set up that you can or cannot revoke, whether for the benefit of yourself or another.)

If yes, provide the following for each trust:

Name of Trust and Trustee: _____

Person Who Created the Trust: _____

Date Created: _____

State in which Created: _____

Current Value: _____

26. Trusts For Minor Children

Trusts are often created for the benefit of minor children to provide support, care and education for them until they attain the age of majority, or until they reach age of 21 (you can select the age at which children receive distributions). Trusts are administered by a trustee, a trusted person or organization you select who has control over the assets. We recommend that you name a Trustee and alternate Trustee. The naming of a Trustee in your Will does not create a Trust but expresses your desire that a Trust be created upon your death.

Full name of Trustee: _____

Address of Trustee: _____

Relationship to Trustee: _____

Full Name of Alternate Trustee: _____

Address of Alternate Trustee: _____

Relationship to Alternate Trustee: _____

EXECUTOR

27. An Executor is the person that will handle the administration of your estate. When choosing an Executor, it is important to consider who is likely to be able to carry out the instructions in your Will. You may choose one of your Beneficiaries to be your Executor. We recommend that you name an Executor and alternate Executor.

Have you chosen an Executor of your estate?

If so, state the following:

Full name of the Executor	Address	Relationship
_____	_____	_____

Have you chosen an Alternate or Co-Executor? (Please select one)

If so, state the following:

Full name of Alternate or Co-Executor	Address	Relationship
_____	_____	_____

POWER OF ATTORNEY

28. Have you executed a Power of Attorney? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Power of Attorney for you? Yes No

If yes, kindly complete the enclosed form.

29. Has your spouse executed a Power of Attorney? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Power of Attorney for your spouse? Yes No

If yes, kindly complete the enclosed form.

HEALTH CARE PROXY

30. Have you executed a Health Care proxy? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Health Care proxy for you? Yes No

If yes, kindly complete the enclosed form.

31. Has your spouse executed a Health Care proxy? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Health Care proxy for your spouse Yes No

If yes, kindly complete the enclosed form.

LIVING WILL

32. Have you executed a Living Will? Yes No

If yes, kindly provide us with a copy.

Do you want us to prepare a Living Will for you? ___ Yes ___ No

33. Has your spouse executed a Living Will? ___ Yes ___ No

If yes, kindly provide us with a copy.

Do you want us to prepare a Living Will
for your spouse ___ Yes ___ No

DISPOSITION OF PROPERTY

34. List below any dispositions that you wish to make of your personal property:

Property Description	Beneficiary Name, Relationship & Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you intend to distribute all to your spouse, indicate ALL under Property Description and your spouse's name under Beneficiary Name. **Please also list any contingent beneficiaries.**

35. List below any dispositions that you wish to make of your real property

Property Description	Beneficiary Name, Relationship & Address
_____	_____
_____	_____
_____	_____

If you intend to distribute all to your spouse, indicate ALL under Property Description and your spouse's name under Beneficiary Name. **Please also list any contingent beneficiaries.**

36. List any dispositions you wish to make to any charity:

Property Description

Full Charity Name and Address

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