

Morrow Law Offices

**PERSONAL AND FINANCIAL
INFORMATION REGARDING
YOUR ESTATE PLANNING**

General Information

Date: _____

Husband's Legal Name

Home Phone Number

Wife's Legal Name

Street Address

City State Zip Code

Mailing address (if different)

Husband's Employer

Please check box if
you authorize corre-
spondence via email

Husband's Email Address

Husband's Occupation

Work Phone Number

Wife's Employer

Please check box if
you authorize corre-
spondence via email

Wife's Email Address

Wife's Occupation

Work Phone Number

How did you hear about us? _____

Are you currently working with any financial advisors, accountants, or attorneys, if so whom are you working with?

	HUSBAND	WIFE
Social Security #		
Date of Birth		
U.S. Citizen?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you currently have a Will or Trust? If so, in which year and state was it prepared?	<input type="checkbox"/> yes <input type="checkbox"/> no Year _____ State _____	<input type="checkbox"/> yes <input type="checkbox"/> no Year _____ State _____
Do you expect to receive money or other assets from (please circle all that apply)	Gift Inheritance Lawsuit Other: _____	Gift Inheritance Lawsuit Other: _____
If so, approximately how much?	\$ _____	\$ _____

Information about your children and other beneficiaries

1) _____
Legal Name Date of Birth Social Security #

Street Address City State Zip Code

Phone Number Related To: Husband Only Wife Only Both
 Neither, please specify _____
(friend, church, etc.)

If you are related to this beneficiary, please specify how: _____

If this beneficiary is your child, please check all that apply:

Natural Legally Adopted Foster Married Needs Special Care Dependant

Financial Information

1) Do you own a home, condo, time share or any other real estate?

DESCRIPTION AND LOCATION	TITLED IN WHOSE NAME	PURCHASE PRICE	CURRENT VALUE	(-) MORTGAGE	(=) EQUITY

2) Do you own any other titled property such as a car, boat, RV, etc. ?

DESCRIPTION	TITLED IN WHOSE NAME	PURCHASE PRICE	CURRENT VALUE	(-) LOAN	(=) EQUITY

3) Do you have and checking accounts?

NAME OF INSTITUTION	ACCOUNT NUMBER	TITLED IN WHOSE NAME	APPOXIMATE BALANCE

4) Do you have any interest bearing accounts (savings, money market) and/or CDs?

NAME OF INSTITUTION	ACCOUNT NUMBER	TITLED IN WHOSE NAME	APPOXIMATE BALANCE

5) Do you own any stocks, bonds or mutual funds (including company stock)?

NAME OF INSTITUTION	ACCOUNT NUMBER	TITLED IN WHOSE NAME	APPOXIMATE BALANCE

6) Do you have any 401K, TSA, profit sharing, IRAs or pension plans?

DESCRIPTION/LOCATION	BENEFICIARY	CURRENT VALUE

7) Do you own a business or have any partnership interests?

DESCRIPTION	TYPE OF OWNERSHIP	TITLED IN WHOSE NAME	PURCHASE PRICE	CURRENT VALUE

8) Do you have any personal or group life insurance policies and/or annuities?

NAME OF COMPANY	POLICY OWNER	PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	DEATH BENEFIT

9) Does anyone owe you money?

DESCRIPTION	WHEN IS THE PAYMENT DUE	APPROXIMATE VALUE

10) Do you have any special items of value such as art, coin collections, antiques, jewelry, etc.?

DESCRIPTION	APPROXIMATE VALUE

11) What is the approximate value of your remaining personal property (whatever you own that is not included above)? A rough estimate is sufficient. \$ _____

12) Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)? \$ _____

13) Do you have a safe deposit box? yes no
 If so, where is it located _____

Estate Planning Decisions

1) **Trustee(s)** - This is the person who manages your **trust** currently. This might be you (or your spouse, or you and your spouse can be co-trustees of both trusts), or it might be a Corporate Trustee (bank representative, or your attorney, etc.)

Husband's Trust _____

Wife's Trust _____

2) Successor Trustee(s) - This is the person who steps in at your incapacity or death and manages your trust. This can be adult children, trusted friend, attorney, accountant or bank.

Husband:

1st Choice: Name _____ Phone _____

Address _____

2nd Choice: Name _____ Phone _____

Address _____

Wife:

1st Choice: Name _____ Phone _____

Address _____

2nd Choice: Name _____ Phone _____

Address _____

3) Executor / Fiduciary / Personal Representative – This is the person who manages the probate of your will. (Usually this is the same person or company who is listed as the successor trustee).

Husband:

1st Choice: Name _____ Phone _____

Address _____

2nd Choice: Name _____ Phone _____

Address _____

Wife:

1st Choice: Name _____ Phone _____

Address _____

2nd Choice: Name _____ Phone _____

Address _____

4) Durable Power of Attorney – This is the person who handles financial matters for you should become incapacitated. (Often times the first choice is your spouse, and the second choice this same person who is listed as your successor trustee, or executor). This becomes inoperable upon death.

Husband:

1st Choice: Name _____ Phone _____

Address _____

2nd Choice: Name _____ Phone _____

Address _____

Wife:

1st Choice: Name _____ Phone _____
Address _____

2nd Choice: Name _____ Phone _____
Address _____

5) Guardian For Minor Children – This is the person who will raise your minor children if something should happen to you. It may be a different person than the trustee for their trust.

Husband:

1st Choice: Name _____ Phone _____
Address _____

2nd Choice: Name _____ Phone _____
Address _____

Wife:

1st Choice: Name _____ Phone _____
Address _____

2nd Choice: Name _____ Phone _____
Address _____

Special Instructions At Incapacity

1) Keeping/Selling Assets: If it becomes necessary to sell assets to pay for living expenses or health care for you or your spouse, are there certain ones you prefer to be sold first? Are there potential buyers you want contacted? Are there certain assets you prefer **not be sold** unless absolutely necessary? _____

2) Medical Care: Do you prefer (or want to avoid) a certain hospital/nursing home? Do you have strong feelings about blood transfusion, life support, etc.?

Husband _____

Wife _____

3) Do you want a Living Will? This lets others know how you feel about life support treatment if you become terminally ill.

Husband: yes no

Wife: yes no

4) Do you want a Durable Power of Attorney for Health Care? This document lets you choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. You can choose anyone you trust: your spouse, friend or relative, etc.

Husband: yes no

Wife: yes no

Husband:

1st Choice: Name _____ Phone _____ Relation _____
Address _____

2nd Choice: Name _____ Phone _____ Relation _____
Address _____

Wife:

1st Choice: Name _____ Phone _____ Relation _____
Address _____

2nd Choice: Name _____ Phone _____ Relation _____
Address _____

Beneficiaries

1) Special Gifts To Organizations: Do you want to make a gift (cash or specific item) to a charity, foundation, religious or fraternal organization?

NAME OF ORGANIZATION	ADDRESS	DESCRIPTION OF GIFT

2) Special Gifts To Individuals: Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, stamp collection to your son or nephew, etc.)

NAME OF PERSON	ADDRESS	DESCRIPTION OF GIFT

** Please note: If you establish a Revocable Living Trust you may make specific gifts to individuals on an attached schedule, which you may add to throughout the years (must be witnessed, but not notarized).*

3) Beneficiaries: Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

NAME OF PERSON	ADDRESS – (NOT NECESSARY TO LIST IF LISTED PREVIOUSLY ON PAGE 2)	AMOUNT OR PERCENTAGE

4) Inheriting Instructions: Do you want your beneficiaries to receive their inheritances in installments, at certain ages, or all at once? (ask your attorney about advantages to dispersing in installments).

5) Do you provide for someone who requires special care? Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet, etc.)?

NAME	AGE	RELATIONSHIP	EXPLANATION

6) Alternate Beneficiaries: Who do you want to receive your estate if you (and your spouse) outlive the Beneficiaries you've named above? (For instance, if your family were in a common disaster).

NAME OF PERSON / ORGANIZATION	ADDRESS	AMOUNT OR PERCENTAGE

7) Disinheriting: Are there any relatives that you specifically do not want to receive anything from your estate?

Additional information pertaining to your estate plan that was not covered in this questionnaire

Specific questions or concerns to ask your attorney
