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PRIVATE & CONFIDENTIAL
Estate Planning
Personal Information Fact Finder

When you return this form to us, we strongly suggest that you do so in a secure manner. If you email the signed form, it should be password protected. Fax is a relatively secure method.

	Single Person, or Husband	Wife
First Name	_____	_____
Middle Name	_____	_____
Last Name	_____	_____
Social Security No.	_____	_____
Date of Birth	_____	_____
Are you a U.S. Citizen?	_____	_____

Have you and your spouse entered into any agreement prior to or during your marriage to each other regarding the rights of each of you in the property of the other?
_____ Yes _____ No
If yes, please furnish us with a copy of that agreement.

Have you, or have you and your spouse, ever filed a United States Gift Tax Return (Form 709)? _____ Yes _____ No
If yes, please furnish us with a copy of all such gift tax returns.

All the children born or adopted by this marriage, or if a single person, all children born or adopted by such person:

	Name	Date of Birth	Social Security Number
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____

If you have more than 4 children, please provide us on a separate sheet with the same information as set forth above about such children.

Is any child adopted? _____ Yes _____ No

If yes, please provide the name of the adopted child, date of his or her adoption, and place of adoption.

Name of Adopted Child _____
Date of Adoption _____
Place of Adoption
City, State _____
Country, if not U.S. _____

If you have more than 1 adopted child, please provide us on a separate sheet with the same information as set forth above for each adopted child.

Principal Residence
Street Address _____
City, County, State, Zip Code _____
Home Telephone Number _____
Home Fax Number _____
Home E-Mail Address _____

Vacation or Second Home
Street Address _____
City, County, State, Zip Code _____
Telephone Number _____
Fax Number _____

If you have more than one vacation or second home, please provide us on a separate sheet of paper with the same information about the homes as set forth above.

	Single Person or Husband	Wife
Business Telephone Number	_____	_____
Business Fax Number	_____	_____
Business E-Mail Address	_____	_____

Additional Information: Is there any other information we should know about you or your family (e.g., second marriage, disabled child, etc.)?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

If this should be a second or subsequent marriage of either, or both of you, do either, or both of you have any other children, please provide us with the following information.

	Name	Date of Birth	Parent's Name	Social Security Number
Child 1	_____	_____	_____	_____
Child 2	_____	_____	_____	_____
Child 3	_____	_____	_____	_____
Child 4	_____	_____	_____	_____

If there are more than 4 children from a prior marriage or marriages, please provide us on a separate sheet with the same information as set forth above.

Do you intend to treat each of these children as children of both of you for estate planning purposes?
_____ Yes _____ No

If not, how do you intend to provide for each of the children of a prior marriage or marriages?

_____
_____
_____
_____

If you have no children now living but do have grandchildren or other more remote direct descendants, please provide us with the following information.

	Name	Date of Birth	Parent's Name	Social Security Number
Grandchild 1	_____	_____	_____	_____
Grandchild 2	_____	_____	_____	_____
Grandchild 3	_____	_____	_____	_____
Grandchild 4	_____	_____	_____	_____

If you have more than 4 grandchildren, please provide us on a separate sheet with the same information as set forth above for such grandchildren.

If you have no direct descendants (children, grandchildren or more remote descendants), please provide us with the following information regarding those individuals or charitable organizations you wish to name as beneficiaries of your estate.

Name of Persons or Organizations to Whom You Wish to Leave Your Estate Other Than Descendants	Relationship to You (relative, friend, charity, etc.)	Social Security Number or Employer Identification Number if Known
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have additional persons or organizations you wish to leave your estate to, please provide us with the same information set forth above for each person or organization.

Professional Relationships

Accountant:

Name/Firm _____
Address _____
City, State, Zip Code _____
Telephone Number _____

Life Insurance Representative

Name/Firm _____
Address _____
City, State, Zip Code _____
Telephone Number _____

Stockbroker

Name/Firm _____
Address _____
City, State, Zip Code _____
Telephone Number _____

Single Person or Husband – Benefits Coordinator at Place of Employment

Name/Firm _____
Address _____
City, State, Zip Code _____
Telephone Number _____

Wife – Benefits Coordinator at Place of Employment

Name/Firm _____
Address _____
City, State, Zip Code _____
Telephone Number _____

Gifts

Are there any gifts of specific property (e.g., family heirlooms, jewelry, etc.) or cash that you would like to go to any specific individual(s) or organization(s), including charitable bequests?

Gift	To Whom
_____	_____
_____	_____
_____	_____
_____	_____

Executor

May be either an individual or a trust company. Typically the executor is a spouse, child, or trust company. As an alternative, there may be co-executors. If so, you must name two or more individuals or an individual, and trust company as co-executors.

Executor or Co-Executors

	Single Person or Husband	Wife
1.	_____	_____

May appoint one or more successor executors.

2.	_____	_____
3.	_____	_____

Trustee

May be the same person or trust company as the executor or another individual or trust company. You may name two or more individuals, or an individual and trust company as co-trustees.

Trustee or Co-Trustees

	Single Person or Husband	Wife
1.	_____	_____

May appoint one or more successor trustees.

2.	_____	_____
3.	_____	_____

Guardian of the Person or Estate or both of minor children.
The Guardian of the Person of minor children may be the same person serving as the executor and/or trustee or may be a different person completely.

Guardian or Co-Guardian

	Single Person or Husband	Wife
1.	_____	_____

May appoint one or more successor guardians of the person.

2.	_____	_____
3.	_____	_____

The Guardian of the Estate of minor children may be the same person or trust company serving as the executor and/or trustee or guardian of the person, or may be another person or another trust company.

Guardian or Co-Guardian

	Single Person or Husband	Wife
1.	_____	_____

May appoint one or more successor guardians of the estate.

2.	_____	_____
3.	_____	_____

Powers of Attorney

Agent for Power of Attorney for Health Care.
Agent is an individual, typically it is the spouse.

Agent

	Single Person or Husband	Wife
1.	_____	_____

May appoint one or more successor agents.

2.	_____	_____
3.	_____	_____

Agent for Power of Attorney for Property.
Agent is an individual, typically it is the spouse.

Agent

	Single Person or Husband	Wife
1.	_____	_____

May appoint one or more successor agents.

2.	_____	_____
3.	_____	_____

Living Will

Is a Living Will desired? _____ Yes _____ No

I (We) have prepared this form with the understanding that it will be relied on for estate planning advice, and any material omissions, over or understated amounts, or inaccurate ownership information, may cause that advise to be inappropriate.

Dated _____, 20___

_____
Single Person - Name

_____
Husband – Name

_____
Wife - Name