

INFORMATION CHECKLIST

Date of Preparation: _____

MY NAME as I sign documents: _____
(PLEASE PRINT - the above name will be used in your documents - exactly how it is spelled above)

MY Full Legal Name: _____

Home Street Address: _____

City, State, Zip: _____

Home Phone #: _____ County of Home: _____

Birthdate: _____ Social Security #: _____

U.S. Citizen?: Yes No

Occupation: _____

Employer: _____

Work Street Address: _____

City, State, Zip: _____

Work Phone #: _____

MY SPOUSE/PARTNER'S NAME as he/she signs documents: _____
(PLEASE PRINT - the above name will be used in your documents)

MY SPOUSE/PARTNER'S Full Legal Name: _____

Birthdate: _____ Social Security #: _____

U.S. Citizen?: Yes No

Occupation: _____

Employer: _____

Work Street Address: _____

City, State, Zip: _____

Work Phone #: _____

Date of Wedding, if married: _____

MY LIVING CHILDREN: (spell out full legal name)

1. _____ Birthdate: _____

Address: _____

2. _____ Birthdate: _____

Address: _____

3. _____ Birthdate: _____

Address: _____

4. _____ Birthdate: _____

Address: _____

5. _____ Birthdate: _____

Address: _____

6. _____ Birthdate: _____

Address: _____

MY SPOUSE'/PARTNER'S LIVING CHILDREN: (if different from mine)

1. _____ Birthdate: _____

Address: _____

2. _____ Birthdate: _____

Address: _____

3. _____ Birthdate: _____

Address: _____

4. _____ Birthdate: _____

Address: _____

5. _____ Birthdate: _____

Address: _____

GRANDCHILDREN:

Parent: _____

Grandchild: _____

Parent: _____

Grandchild: _____

Parent: _____

Grandchild: _____

Parent: _____

Grandchild: _____

Parent: _____

Grandchild: _____

Parent: _____

Grandchild: _____

Parent: _____

Grandchild: _____

Parent: _____

Grandchild: _____

Parent: _____

Grandchild: _____

DECEASED CHILDREN:

Descendants?: Yes No

Descendants?: Yes No

Descendants?: Yes No

GUARDIANS FOR YOUR MINOR CHILDREN:

(Name in order of preference)

1. _____

Relationship: _____

2. _____

Relationship: _____

3. _____

Relationship: _____

4. _____

Relationship: _____

OTHER DEPENDENTS: (friends or relatives who depend on you for support)

Relationship: _____

Relationship: _____

Do you or your spouse/partner currently have a:

will / trust / n/a

What state is your legal residence: _____

Do any of your children receive governmental support or benefits?	Yes	No
Do any of your children have special educational, medical or physical needs?	Yes	No
Do you have any adopted children?	Yes	No
Have you or your spouse/partner ever made a gift exceeding \$10,000.00 or filed a federal gift tax return?	Yes	No
Have you or your spouse/partner ever been divorced?	Yes	No
Have you or your spouse/partner ever signed a pre- or post-marital agreement?	Yes	No
Do you or your spouse/partner want to disinherit any child or relative?	Yes	No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Do you or your spouse/partner contribute to charitable organizations?	Yes	No
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Names of organizations: _____

MEDICAL INSTRUCTIONS: Who would you want to make medical decisions for you if you couldn't?

FOR ME:

1. _____	Telephone #: _____
2. _____	Telephone #: _____
3. _____	Telephone #: _____
4. _____	Telephone #: _____

FOR MY SPOUSE/PARTNER:

1. _____	Telephone #: _____
2. _____	Telephone #: _____
3. _____	Telephone #: _____
4. _____	Telephone #: _____

ASSET SUMMARY:

My Assets

Joint

Spouse/Partner
Assets

Real Estate:

Real Estate:

Bank Accounts:

Bank Accounts:

Investment Accounts:

Investment Accounts:

Life Insurance (death benefit):

Life Insurance (death benefit):

Retirement / I.R.A.'s:

Retirement / I.R.A.'s:

Personal Property:

Other _____:

Other _____:

Other _____:

TOTAL ASSETS:

LIABILITY SUMMARY:

Mortgages:

Other _____:

Other _____:

TOTAL LIABILITIES:

NET ESTATE:
