



## INFORMATION CHECKLIST

Date of Preparation: \_\_\_\_\_

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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 #: \_\_\_\_\_

Email: \_\_\_\_\_

U.S. Citizen?:

Yes

No

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

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MY SPOUSE'S NAME as he/she signs documents: \_\_\_\_\_

(PLEASE PRINT - the above name will be used in your documents)

MY SPOUSE'S Full Legal Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

U.S. Citizen?:

Yes

No

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

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Date of Wedding: \_\_\_\_\_

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: \_\_\_\_\_  
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MY SPOUSE'S LIVING CHILDREN: (if different from mine)

1. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

2. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

3. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

4. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

5. \_\_\_\_\_ Birthdate: \_\_\_\_\_

GRANDCHILDREN:

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

Parent: \_\_\_\_\_

Grandchild: \_\_\_\_\_

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DECEASED CHILDREN:

\_\_\_\_\_

Descendants?: Yes No

\_\_\_\_\_

Descendants?: Yes No

\_\_\_\_\_

Descendants?: Yes No

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GUARDIANS FOR YOUR MINOR CHILDREN:

(Name in order of preference)

1. \_\_\_\_\_

Relationship: \_\_\_\_\_

2. \_\_\_\_\_

Relationship: \_\_\_\_\_

3. \_\_\_\_\_

Relationship: \_\_\_\_\_

4. \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

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Do you or your spouse 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 ever made a gift exceeding \$10,000.00 or filed a federal gift tax return?	Yes	No
Have you or your spouse ever been divorced?	Yes	No
Have you or your spouse ever signed a pre- or post-marital agreement?	Yes	No
Do you or your spouse want to disinherit any child or relative?	Yes	No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you or your spouse contribute to charitable organizations?	Yes	No
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Names of organizations: \_\_\_\_\_

\_\_\_\_\_

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**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:**

1. \_\_\_\_\_ Telephone #: \_\_\_\_\_

2. \_\_\_\_\_ Telephone #: \_\_\_\_\_

3. \_\_\_\_\_ Telephone #: \_\_\_\_\_

4. \_\_\_\_\_ Telephone #: \_\_\_\_\_

ASSET SUMMARY:

Husband  
or single Male

Joint

Wife  
or single Female

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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LIABILITY SUMMARY:

Mortgages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL LIABILITIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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NET ESTATE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_