

DOCUMENT BUILDER

1. PERSONAL DATA

Name: _____ Social Security No.: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Second Home: Yes No Location: _____

a. Spouse:

Name: _____ Social Security No.: _____

Date of Birth: _____ Place of Birth: _____

b. Children:

1. _____ Yes / No
Name Birth Date Dependent Spouse

Your Grandchildren (Names and Ages)

2. _____ Yes / No
Name Birth Date Dependent Spouse

Your Grandchildren (Names and Ages)

3. _____ Yes / No
Name Birth Date Dependent Spouse

Your Grandchildren (Names and Ages)

4. _____ Yes / No
Name Birth Date Dependent Spouse

Your Grandchildren (Names and Ages)

c. Any Former Marriages: Yes No Explain: _____

d. Non-Adopted Family Members: Yes No Explain: _____

e. Family Disabilities: Yes No Explain: _____

f. Antenuptial Agreement: Yes No (Please provide copy.)



2. OBJECTIVES

a. General Objectives with regard to disposition of property at death:

Will Plan Single/Joint Living Trust Plan Credit Shelter Plan

1. Spouse's Death: _____

2. Survivor's Death: _____

3. Default Distribution if no immediate family member survives (e.g., gifts to charities or extended family):

4. Specific Gifts (i.e. \$10,000 each grandchild, \$5,000 to church):

5. Special or Supplemental Needs Trust Provisions for disabled individual:

b. Executor:

1. _____

2. _____

3. _____

c. Guardian (who would care for minor children in event of common disaster):

1. First Choice: _____

2. Second Choice: _____

3. Third Choice: _____

d. Trustee (manage and invest trust principal and make distributions to beneficiaries):

1. First Choice: _____

2. Second Choice: _____

3. Trust Protector Provisions (who would assert authority over a corporate trustee):

4. Ability to remove and replace a corporate trustee: Yes No



e. Power of Attorney for Health Care:

H) 1st Agent _____ 2nd Agent _____ 3rd Agent _____

W) 1st Agent _____ 2nd Agent _____ 3rd Agent _____

f. Power of Attorney for Property:

H) 1st Agent _____ 2nd Agent _____ 3rd Agent _____

W) 1st Agent _____ 2nd Agent _____ 3rd Agent _____

g. Living Will: Yes No

h. Umbrella Policy: Yes No \$ _____

i. Life Insurance Needs Assessment Completed: Yes No

3. GENERAL COMMENTS AND QUESTIONS:

(i.e. specific gifts of heirlooms or personal items contemplated or to be part of will or trust)

4. COMPLETE ESTATE AND TRUST ADMINISTRATORS GUIDE

