

**ESTATE PLANNING INFORMATION FORM  
(MARRIED)**

This form is extremely important. Your accuracy and completeness in responding will help me best represent you and provide you with accurate legal advice. Bring this completed form with you to our consultation. Bring copies of deeds, titles and estate documents also.

PERSONAL DATA

Husband's Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Also Known As: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Annual Income \_\_\_\_\_

Wife's Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Also Known As: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Annual Income \_\_\_\_\_

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

Do you own your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone (Husband): \_\_\_\_\_ Work Phone (Wife): \_\_\_\_\_  
Cell Phone (Husband): \_\_\_\_\_ Cell Phone (Wife): \_\_\_\_\_

Who referred you to this office?  
Name and Address \_\_\_\_\_

MARRIAGE

Have you and your spouse signed a Premarital Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, will you provide a copy at the initial consultation? Yes \_\_\_\_\_ No \_\_\_\_\_

If either spouse has been widowed previously, please provide name of spouse and date of death: \_\_\_\_\_  
\_\_\_\_\_

If either spouse has been divorced previously, do you have any ongoing financial or insurance requirements? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will you provide copy of Settlement Agreement and Divorce Decree at initial Consultation, QDRO, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have a Will or Trust? Husband: Yes \_\_\_\_\_ No \_\_\_\_\_ Wife: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, have you brought a copy to the office conference? Husband: Yes \_\_\_\_\_ No \_\_\_\_\_ Wife: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have Powers of Attorney?

	Husband		Wife
Health care?	Yes _____ No _____		Yes _____ No _____
Property?	Yes _____ No _____		Yes _____ No _____

Copies provided at initial conference? Yes \_\_\_\_\_ No \_\_\_\_\_

CHILDREN (if applicable)

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Please note if a deceased child was survived by children. You may use another page if necessary. **If a child is not the legal or adopted child of both spouses, then indicate which spouse is the parent.**

CHILD'S NAME	ADDRESS WITH ZIP CODE	BIRTHDATE

- Are any of your children under a disability? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- Have any children received an advance on their inheritance, or do any children owe you money? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- Do you have any special concerns or objectives for your children? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_

INTENTIONS FOR THE DISTRIBUTION OF YOUR ESTATE

1. Do you wish to provide primarily for your spouse & secondarily for your children? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If you have children, do you wish to treat all of your children equally? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. After your death, at what age do you want distribution to your children?  
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35)  
Your choice of age: \_\_\_\_\_
4. If a child predeceases you, should that share pass to his or her children?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have any grandchildren born out of wedlock? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please explain: \_\_\_\_\_
5. If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate directly to your grandchildren? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_
6. Do you want to leave a specific amount of money or other assets to any charity?  
If so, how much? \_\_\_\_\_  
  
Name(s) and Address(es) of Charity: \_\_\_\_\_  
\_\_\_\_\_
7. Is there any family member that you want to specifically exclude from receiving anything under your Will? If so, whom? \_\_\_\_\_  
\_\_\_\_\_
8. If all of the above persons you named predeceased you, or if you do not have children, to whom should your estate pass?  
\_\_\_\_\_

**EXECUTOR**

An Executor is responsible for probating your will, collecting your assets, paying your debts, and settling your estate. Who do you wish to serve as your Executor? (A spouse is typically named first.)

*Husband:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

*Wife:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

**TRUSTEE**

If you are establishing a trust, who should serve as your Trustee? (In many cases you will be the initial trustee of your own trust)

*Husband:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

*Wife:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

GUARDIAN

A guardian has physical and legal control over your minor (or disabled) children. If you have minor or disabled children, who do you want to act as Guardian if both parents are deceased?

*Husband:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

*Wife:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

**FINANCIAL INVENTORY**

Use approximate dollar values of each asset. Use an additional page if necessary. NOTE: Please bring copies of deeds and parcel numbers for real estate you own. We will need the legal description and parcel identification number. If any property is in a Land Trust, bring the trust document.

List Values

ASSETS **List beneficiaries if an account has them assigned	HUSBAND	WIFE	JOINT
Homestead Mortgages \$			
Other Real Estate Value Mortgages \$			
Other Real Estate Value Mortgages \$			
Checking Account(s) (list banks)			
Savings Account(s) (list banks)			
Money Market Account(s) (list companies)			
Certificates of Deposit (List Banks)			
Stocks (List stocks individually)			

ASSETS **List beneficiaries if an account has them assigned	HUSBAND	WIFE	JOINT
Bonds			
Mutual Funds (not in Retirement accounts)			
Retirement Accounts (IRA, 401(k), 403(b), SEP, etc.)			
Annuities (non-retirement, non-qualified) Beneficiaries: list under owner			
Life Insurance (death benefit & cash value)			
Closely Held Business Interest			
Automobiles (model, current value and loans)			
Boats, Trailers, etc.			
Personal Property (est. value if sold) (furniture, jewelry, art work, etc.)			
TOTALS:			

Have you provided copies of titles or deeds for assets (home, cars, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_

LIVING WILL

This document can also include your preferences for health care and end of life decisions.

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

Husband: Yes \_\_\_ No \_\_\_ Wife: Yes \_\_\_ No \_\_\_

POWER OF ATTORNEY FOR HEALTH CARE

This document includes preferences, limitations and directions regarding your health wishes and appoints an agent to act on your behalf when you are unable to do so yourself.

Do you want to donate your eyes or organs?

Husband

Yes \_\_\_\_\_ No \_\_\_\_\_(List organs below)

Wife

Yes \_\_\_\_\_ No \_\_\_\_\_(List organs below)

Disposition of remains? (i.e., burial, cremation, etc.)

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Do you want your health care representative to consult with any other person prior to acting? If so, whom?

\_\_\_\_\_

Who would you name as your Health Care Agent (A spouse is typically named first):

*Husband:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

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

*Wife:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Do each of you have a primary physician? Husband: Yes \_\_\_\_\_ No \_\_\_\_\_      Wife: Yes \_\_\_\_\_ No \_\_\_\_\_

**POWER OF ATTORNEY FOR PROPERTY**

This document allows you to grant another person the power to act on your behalf to manage your financial affairs. The person you name will be able to manage your assets and pay your bills if you become incompetent or unable to sign your name.

Who would you name as your Financial Agent (a spouse is typically named first):

*Husband:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

*Wife:*

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

ADVISORS

Financial Advisor/Planner or other Advisor: \_\_\_\_\_

Accountant: \_\_\_\_\_

MISCELLANEOUS

Do you have any other legal issues that I should be aware of? If so, please explain:

\_\_\_\_\_

Are you expecting an inheritance in the future? Yes \_\_\_ No \_\_\_\_\_

Any idea of how much? \_\_\_\_\_ And from whom? \_\_\_\_\_

(related to whom?) \_\_\_\_\_

Do you have a safe deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, who has access to your box? \_\_\_\_\_

Are there any assets in your safe deposit box that are not already listed here? \_\_\_\_\_

\_\_\_\_\_

The undersigned hereby represents to the firm, PEGGY A. PRATSCHER, LTD., and the attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information which I am furnishing. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client(s):

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_