

# ESTATE PLANNING INFORMATION

## FAMILY INFORMATION

All Names should be complete with middle name or initial – NO "nicknames"

Trust Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle (or initial) Maiden if Wife Last

Permanent Address: \_\_\_\_\_  
Street City State Zip County

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone

Marital Status:  Single  Married – date: \_\_\_\_\_  Widowed – date: \_\_\_\_\_  Divorced – date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
First Middle (or initial) Maiden if Wife Last

Permanent Address:  Same  Other: \_\_\_\_\_  
Street City State Zip County

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone

COMMUNICATE AS MUCH AS POSSIBLE BY EMAIL OR FAX AT: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Spouse's Citizenship: \_\_\_\_\_

List of all children whether living or deceased. If no children, list brothers and sisters (do not provide birthdates) and check here:

Reminder: All Names should be complete with middle initial if known – NO "nicknames"

Full Name	Date of Birth	Circle One	Check if Deceased*
1. _____	_____	Hers	<input type="checkbox"/>
2. _____	_____	Hers	<input type="checkbox"/>
3. _____	_____	Hers	<input type="checkbox"/>
4. _____	_____	Hers	<input type="checkbox"/>
5. _____	_____	Hers	<input type="checkbox"/>
6. _____	_____	Hers	<input type="checkbox"/>

\*List the names of any deceased child's children: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Brothers and Sisters: \_\_\_\_\_

Name of spouse's Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Brothers and Sisters: \_\_\_\_\_

Burial Plans: Funeral: \_\_\_\_\_ Cemetery: \_\_\_\_\_ Contract?  Yes  No

Employment: \_\_\_\_\_ Spouse's Employment: \_\_\_\_\_

Other Family Information: \_\_\_\_\_

## ASSETS (use additional Asset page if necessary)

### Accounts: (Checking, Savings, Credit Union, CD, Money Market, Revolving Fund)

Name of Institution	Type of Account (see above) & Number	List <u>all</u> Name(s) on Account	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Investments other than IRAs or Retirement Plans: (Security Accounts, Stocks, Bonds, Mutual Funds)

Name of Investment	Type of Investment (see above) & Number	List <u>all</u> Names on Investment	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### IRAs and QUALIFIED RETIREMENT PLANS:

Custodian/Employer	Participant (Husband or Wife)	Type (IRA or Plan)	Primary and Contingent Beneficiaries	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

### Money owed to YOU: (Personal loan, mortgage, Note, etc.)

Name of person who owes	Terms of Payment	Collateral? (Mortgage, auto)	Balance owed	Documents Signed?
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

### Real Estate: (Residence, vacation, business, bare land, etc.)

Address	Type (see above)	Market Value	Amount Owed	Net Value
_____	_____	\$ _____	\$ _____	\$ _____ <b>0</b>
_____	_____	\$ _____	\$ _____	\$ _____ <b>0</b>
_____	_____	\$ _____	\$ _____	\$ _____ <b>0</b>

Do you have a reverse mortgage?  No  Yes Amount \$ \_\_\_\_\_

### Insurance and Annuities: (Term, whole, annuity, etc.)

Company	Insured	Type (see above)	Primary and Contingent Beneficiaries	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

### Personal Property:

Household Furnishings	Automobiles	Camper/RV/Boat	Antiques	Special Tools	Jewelry/Other	Total Value
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ <b>0</b>

Do you own your own business?  If "yes," describe whether corporation, LLC, Partnership or Sole Proprietorship and state name and nature of business on reverse side.

Additional Assets: (List on reverse side if necessary) Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Total Value of Estate:** \$ \_\_\_\_\_ **0**

# BENEFICIARY INFORMATION UPDATE

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

SDA Church Member  Yes  No      SDA Church Member  Yes  No

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

SDA Church Member  Yes  No      SDA Church Member  Yes  No

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

SDA Church Member  Yes  No      SDA Church Member  Yes  No

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

SDA Church Member  Yes  No      SDA Church Member  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_