

**CONFIDENTIAL**

**Client Estate Plan Information Report**

**Name of Trust:** \_\_\_\_\_

**Client Information**

<b>You</b>	<b>Spouse</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Date of Birth:</b> _____	<b>Date of Birth:</b> _____
<b>Last 4 digits of Social Security #:</b> _____	<b>Last 4 digits of Social Security #:</b> _____
<b>US Citizen:</b> <b>Yes</b> <b>No</b>	<b>US Citizen:</b> <b>Yes</b> <b>No</b>

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Are you or your Spouse currently incapacitated?      Yes      No      Who?: \_\_\_\_\_

**SUCCESSOR TRUSTEE(S)/EXECUTOR(S)/POWER OF ATTORNEY - Individual(s)  
who will take care of and distribute your estate after you pass away and/or if you are  
incapacitated**

1.
2.
3.

The above to serve:      Separately      Jointly

**BENEFICIARIES – Who will your estate be distributed  
to after you and your spouse pass away**

<b>Full Name and relationship to you</b>	<b>Date of Birth</b>	<b>Percent of Estate</b>
	/ /	%
	/ /	%
	/ /	%
	/ /	%
	/ /	%
	/ /	%
	/ /	%
	/ /	%
	/ /	%
	/ /	%
	/ /	%

**The total distribution of the percentage of the estate must equal 100%**

**DISINHERITANCE OF SPECIFIC INDIVIDUALS**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Nomination of Guardian for Minor Children**

You may nominate certain individuals to care for your young children, if any.

1.
2.
3.

The above to serve:    Separately    Jointly

**Your Durable Power of Attorney for Health Care  
(Individual(s) that will make medical decisions for you if you are incapacitated)**

**Primary Agent**

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

**First Alternate Agent**

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

**Second Alternate Agent**

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

The above Agents to serve:      Separately      Jointly

**Spouse's Durable Power of Attorney for Health Care  
(Individual(s) that will make medical decisions for you if you are incapacitated)**

**Primary Agent**

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

**First Alternate Agent**

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

**Second Alternate Agent**

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

The above Agents to serve:      Separately      Jointly

**Property**

**Name(s) on Title:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Assessor Parcel #:** \_\_\_\_\_ **Purchase \$:** \_\_\_\_\_ **Current \$:** \_\_\_\_\_

**Name(s) on Title:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Assessor Parcel #:** \_\_\_\_\_ **Purchase \$:** \_\_\_\_\_ **Current \$:** \_\_\_\_\_

**Name(s) on Title:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Assessor Parcel #:** \_\_\_\_\_ **Purchase \$:** \_\_\_\_\_ **Current \$:** \_\_\_\_\_