
**LEVANDER,
GILLEN &
MILLER, P.A.**

ATTORNEYS AT LAW

ESTATE PLANNING AND WILL INFORMATION FORM

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your scheduled office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

DISCUSSION ISSUES:

We will discuss the following issues at the meeting:

Current Will. Do you now have a will or revocable trust? If so, bring a copy of the interview meeting.

Predeceased Child. If any child should predecease parent, should his/her share pass through to his/her children. If so, please indicate grandchildren, if any.

Do you wish to **include** grandchildren born out of wedlock? Yes ___ No. ____

Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children?

Special Gifts. Do you wish to make any specific bequests to charities or individuals?

No Family Survives. How should your estate be distributed if your spouse and/or children do not survive you? (For example, family, charity, etc.)

If no Children. If you do not have children, to whom should your estate pass (beyond a spouse, if any)?

Health Care Directive. Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care? This document can also include instructions regarding organ donation.

Power of Attorney. Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name?

Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.

1. Testator/Testatrix [Person(s) making Will(s)]

- a. Full Name: _____
Date of Birth: _____

- b. Your Social Security No.: _____
U.S. Citizen? ____ Yes ____ No

- c. Spouse's Full Name: _____
Date of Birth: _____

- d. Spouse's Social Security No.: _____
U.S. Citizen? ____ Yes ____ No

- e. Street Address: _____
Apt. _____ County _____

- f. City: _____ State _____ ZIP _____

- g. Phone: Home: _____ Work(Client) _____
Work(Spouse) _____

- h. E-mail: _____

2. Marriage

- a. Have you and your spouse signed a Premarital Agreement? Yes ____ No ____
If you have, please bring a copy of it to the conference.

- b. Have you or your spouse been divorced? Yes ____ No ____
If so, please bring a copy of the divorce decree to the conference.

3. Children

- a. Please list all children, including deceased children, children born out of wedlock and children you wish to omit from your estate plan. If you do not plan to provide for a child in your will, the child must be specifically omitted by name. (Use back or attach a separate page if more space is needed.)

Name of Child	Date of Birth	Married Name	Address

- b. Identify any child who is not a natural or adopted child of both of you and your spouse. _____
- c. Have any children received an advance on their inheritance, or are any children financially indebted to you? Yes _____ No _____ If so, please explain.

- d. Is there any reason NOT to treat your children equally?
Yes _____ No _____ If so, please explain.

- e. Are any of the children under a disability? Yes _____ No _____

- f. Do you have any special concerns or objectives regarding your children?
Yes _____ No _____ If so, please explain.

- g. If any child should predecease a parent, should his/her share pass through to his/her children? Yes _____ No _____ If so, please indicate grandchildren, if any:

Name	Date of Birth	Parents

- h. **Guardians.** Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

First Choice: Name(s): _____
 Address: _____
 Relationship (if any): _____

Alternate Name(s): _____
 Address: _____
 Relationship (if any): _____

- i. Identify any grandchildren born out of wedlock.

4. Trusts.

- a. Do you wish to have a trust established for the benefit of your spouse and/or children?

Yes ____ No _____. If so, please indicate who the trustee(s) should be. (A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company or both.

First choice: Name(s): _____

Address: _____

Alternate: Name(s): _____

Address: _____

Terms of distribution (education, marriage, etc.) _____

Age(s) for distribution to children from the trust. (e.g. 1/3 @ age 21, 1/3 @ age 25, 1/3 @ age 30) _____

How should your estate be distributed if your spouse and/or children do not survive you? (e.g. family, charity, etc.) _____

If you do not have children, please indicate to whom your estate should pass (beyond a spouse, if any) and the share to each person.

Name	Amount of Share

- b. Are you the beneficiary of any trust? Yes ____ No ____
If yes, please bring a copy of the trust document to the conference.

5. Personal Representative

- a. Who should be Personal Representatives ("executor") of your estate? (A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.)

First choice (Spouse is normally named first): _____

Relationship to you: _____

Address: _____

Alternate Name: _____

Relationship to you: _____

Address: _____

Second Alternate: Name: _____

Relationship to you: _____

Address: _____

6. Financial Inventory

- a. Use approximate values under each person showing ownership of each asset. *BRING SUPPORTING DATA FOR EACH ASSET*, i.e. bank statements, retirement reports, stock and bond account reports, etc. **NOTE:** If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

Assets	Husband	Wife	Joint
Home			
Other Real Estate			
Checking Account			
Savings Account			

Assets	Husband	Wife	Joint
Money Market Account			
Automobile			
Personal Property			
Stocks & Bonds			
Closely Held Business Interest			
Life Insurance (Face)			
On husband's life			
On wife's life			
Retirement Accounts			
IRA			

Assets	Husband	Wife	Joint
Pension			
Profit Sharing/401k			
Other Assets:			
TOTAL			

Liabilities	Husband	Wife	Joint
Home Mortgage			
Other Mortgages			
Debts to Family Members			
Other Debts (describe)			
Total Liabilities			

7. Beneficiary Designations:

a. Life Insurance

Policy Name/No.	Face Value	Owner	Insured	Beneficiary

b. Retirement Plans. Please list your retirement plans/IRA's; value of each and the beneficiary of each.

c. Does your retirement plan have a death benefit? Yes ____ No _____. If so, who is the named beneficiary?

8. Lifetime Gifts.

a. Have you established any lifetime annual gifting program or made any substantial lifetime gifts? Yes ____ No _____. If yes, please provide details:

9. Personal Property

- a. Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

Description	Approximate Value
Personal Property	
Automobiles	
Collectibles	
Jewelry	
Boats/Airplanes	
Other:	

- b. Do you wish to make reference in your will to a separate list of any specific bequests of items of personal property that you wish to give to children or others? The advantage of such a list is that it may be changed without changing your will. Yes ___ No ___

- c. Do you wish to make charitable bequests? Yes ___ No ___ If so, please explain.
- _____
- _____
- _____

- d. Do you have any other assets of any kind, such as business interests?
Yes ____ No ____
If so, please list: _____

10. Safe Deposit Box

- a. Do you have a safe deposit box? Yes ____ No ____ If so, where?

- b. Does anyone else have access to your box?

11. Future Inheritances

- a. Do you expect any inheritance in the near future? If so, please give details:

- b. Are you the beneficiary of any lifetime gifting program? Yes ____ No ____

12. Financial Advisors

Accountant: _____
Address: _____
Telephone: _____

Financial Advisor: _____
Address: _____
Telephone: _____

13. Primary Physician?

Who is your primary physician?

Name: _____
Address: _____

14. Special Requests

Special requests regarding funeral, or burial instructions are best handled by a Letter of Instruction or other statement (separate from your Will) to your family or other responsible person. Organ donation is best handled in a Health Care Directive and noted on the person's driver's license.

15. Health Care Directive

- a. Are you interested in preparing a Health Care Directive granting another person to make health care decisions for you if you cannot make them yourself?
____ Yes ____ No

If yes, you would you name as your Health Care Agent?

Address: _____

If the primary could not act, who would you name as your successor or co-agent?

Address: _____

If you have named co-agents, do you want the agents to ____ act jointly or ____ act independently?

Do you have a Living Will, to which you want to refer in the Health Care Directive?
____ Yes ____ No. If yes, date of instrument: _____

Do you want directions as to what you want or do not want if you are in a terminal condition (i.e. not expected to live more than 6 months)?
____ Yes ____ No. If you answered yes, please provide us the specific language you want or you can approve language in the document.

Do you want to donate any organs upon your death? ____ Yes ____ No
If yes, have you agreed in another document, e.g. drivers license, to make the donation ____ Yes ____ No.

Please indicate how you want the disposition of your remains after you die, e.g. cremation, regular burial, etc.:

Do you have other living wills or health care powers of attorney forms which you want to revoke? ____ Yes ____ No

We recommend revocation to keep your wishes and desires clear.

Do you have any other instructions regarding your health care, living arrangements, burial, etc.? If so, please indicate:

16. Power of Attorney.

- a. Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? Yes ____ No ____

If yes, who would you name as your primary Power of Attorney?

Address: _____

If the primary could not act, who would you name as your alternate?

Address: _____

If you have named co-agents, do you want the agents to act:
____ jointly, or ____ independently?

Is there any other provision that you would like made in your Will(s) that have not been dealt with on this form? Yes ____ No ____

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