

ESTATE PLANNING INFORMATION SHEET

FULL (Legal) NAME _____

SPOUSE NAME (Full legal name) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____ @ _____

HAVE EITHER OF YOU BEEN MARRIED BEFORE? YES NO If yes, who? _____

HAVE EITHER OF YOU EVER DRAFTED A WILL OR TRUST BEFORE? YES NO

BIOLOGICAL OR ADOPTED CHILDREN (Between you and your spouse):

	<u>NAME</u>	<u>AGE</u>	<u>CITY and STATE</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

WHO DO YOU NOMINATE AS A GUARDIAN FOR YOUR MINOR CHILDREN?

<u>NAME</u>	<u>CITY and STATE</u>

ANY CHILDREN FROM A PREVIOUS MARRIAGE? IF SO:

	<u>NAME</u>	<u>AGE</u>	<u>CITY AND STATE</u>	<u>PARENT NAME</u>
1.				
2.				
3.				
4.				
5.				

LIST YOUR MAJOR ASSETS
REAL PROPERTY

FULL ADDRESS	ESTIMATED VALUE	IS THIS YOUR PRIMARY RESIDENCE?

BANK INFORMATION

BANK NAME	ACCOUNT NUMBER	TYPE OF ACCOUNT

OTHER ITEMS OF VALUE/OR IMPORTANCE

ITEM DESCRIPTION

DOES EITHER SPOUSE HOLD ANY SEPARATE PROPERTY? YES NO

RAXTER LAW DOES NOT PROVIDE TAX PLANNING OR TAX AVOIDANCE PLANNING

IF YES, LIST ANY SEPARATE PROPERTY:

NOMINATION OF PERSONAL REPRESENTATIVE (Executor/Trustee):

	NAME	CITY and STATE
FIRST CHOICE		
SECOND CHOICE		

NOMINATION OF HEALTH CARE REPRESENTATIVE:

	NAME	CITY and STATE
FIRST CHOICE		
SECOND CHOICE		

DISTRIBUTION DESIRES:

IF THE EVENT OF ONE SPOUSES DEATH, DO YOU WANT THE OTHER SPOUSE TO TAKE THE WHOLE ESTATE?

YES NO

ARE THEY ANY HEIRS AT LAW (CHILDREN) THAT YOU WISH TO DISINHERIT?

YES NO

NAME OF PERSON(S) YOU WISH TO DISINHERIT:

NAME	RELATIONSHIP

ARE THERE ANY SPECIAL ISSUES, such as a family member that might contest, etc.:

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