1. About You & Your Household

Basic identifying information for you and your spouse/partner, if applicable.

Relationship status ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Your full legal name

Spouse/partner's full legal name

Your date of birth

Spouse/partner's date of birth

Your Social Security Number

Spouse/partner's Social Security Number

Home address

City / State / ZIP

Mailing address (if different)

Home phone

Do you anticipate relocating soon? ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No

Is your spouse/partner a U.S. citizen? ☐ Yes ☐ No ☐ N/A

Do you currently have a Will or Trust? ☐ Yes ☐ No

Your employer / work phone

Spouse/partner's employer / work phone

Expecting a gift or inheritance? ☐ Yes ☐ No

Any previous marriages (either of you)? ☐ Yes ☐ No

2. Your Children

List each child (natural, adopted, or step). Attach an extra sheet if you have more than four.

Children

Full legal name	Address	Date of birth	Relationship

Each child is: ☐ Natural ☐ Adopted ☐ Married ☐ Needs special ca

Related to: ☐ You only ☐ Both of you ☐ Spouse only

Grandchildren — your side

Grandchildren — spouse's side

3. Your Estate Planning Team

The people you'd trust to carry out your plan.

Trustee(s)

Name	Address

Backup Trustees / Executors (in order of preference)

Name	Address	Act alone or together?

Guardians for Minor Children

Name	Address

4. Beneficiaries & Gifts

Specific gifts to individuals, charities, or organizations

Recipient name	Address	Description of gift

Beneficiaries of the remainder of your estate

Name	Address	Amount / percentage

How should beneficiaries receive their inheritance? (installments, at certain ages, all at once)

Any dependents needing special care (aging parent, disabled child, government benefits)?

Alternate beneficiaries (if a primary beneficiary predeceases you)

Name	Address	Amount / percentage

Any relatives you wish to specifically exclude from your estate?

5. Financial Picture — Assets

List everything you own. Attach extra sheets as needed.

Real estate

Description / location	Purchase price	Current value	Mortgage balance	Net equity

Other titled property (vehicles, boats, etc.)

Description	Value

Cash & cash-equivalent accounts

Institution	Account type	Account #	Value

Stocks, bonds, mutual funds

# shares	Description / location	Account #	Value

Retirement accounts (IRA, 401(k), pension, profit-sharing)

Type	Account #	Institution	Owner	Value

Life insurance, LTC insurance, annuities, umbrella coverage

Company	Policy #	Type	Beneficiary(ies)	Value

Business or partnership interests

Description	Value

Money owed to you

Name	Address	Description	Value

Special valuables (coins, antiques, jewelry, etc.)

Description	Value

Approx. value of remaining personal property (furnishings, etc.)

Debts other than your mortgage

Description	Amount

Total value of everything you own

Total amount you owe

Net estate value (calculated)

Safe deposit box location, titling, and who has access

6. Incapacity, Medical Care & Final Wishes

Special instructions if you become physically or mentally incapacitated

Medical care preferences — preferred/avoided facilities, feelings on life support (you and spouse)

Advance Health Care Directive agent(s)

Name	Address

Special instructions for funeral or burial

Cemetery lot location

Burial or cremation preference

Other special wishes (you and spouse)

Questions you'd like to ask your attorney about your estate plan