

**ESTATE PLANNING  
PERSONAL INFORMATION FACT-FINDER**

**BACKGROUND INFORMATION:**

	You	Your Spouse
First Name	_____	_____
Middle Name	_____	_____
Last Name	_____	_____
Preferred Name	_____	_____
Social Security Number	_____	_____
Date of Birth	_____	_____
Are you a U.S. citizen?	___Yes ___No	___Yes ___No

**PRIOR MARRIAGES:**

Former spouse's name	_____	_____
Children's names	_____	_____
	_____	_____
Terminated by	___Death ___Divorce*	___Death ___Divorce*

**Divorce obligations to or from former spouse:**

Child support	_____	_____
Alimony	_____	_____
Life insurance	_____	_____
Other	_____	_____

\*A copy of the premarital or postmarital agreement and/or the divorce decree, including any amendments, should accompany this Factfinder.

CHILDREN:

	Name	Date of Birth
Child 1	_____	_____
Child 2	_____	_____
Child 3	_____	_____
Child 4	_____	_____

Is any child adopted?                    \_\_\_ Yes    \_\_\_ No

If yes, give the name of the adopted child, date of adoption, and place of adoption.

Name of adopted child                    \_\_\_\_\_

Date of adoption                            \_\_\_\_\_

Place of adoption (City, State, and  
if not U.S., Country)                    \_\_\_\_\_

Does any child (including adult children) have special educational, medical (including physical, mental, or emotional), or financial needs or limitations? If so, is any such child presently receiving or benefiting from any state, federal, or private benefit or payment programs such as Medicaid?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any deceased children?                    \_\_\_ Yes    \_\_\_ No

Name of the deceased child(ren)                    \_\_\_\_\_

Date of death:    \_\_\_\_\_

INHERITANCES:

Are any inheritances likely to be received by Husband or Wife in the future? \_\_\_ Yes \_\_\_ No

If so, provide details: \_\_\_\_\_

\_\_\_\_\_

List here the names of each presently existing Trust of which either Husband or Wife (or any child) is a beneficiary, trustee, or grantor, and provide a copy with this fact-finder.

\_\_\_\_\_

\_\_\_\_\_

**MARITAL ISSUES:**

Have you at any time during your marriage resided in a community-property state (Arizona, California, Idaho, Nevada, New Mexico, Louisiana, Texas, or Washington, and Alaska and Wisconsin also recognize some form of community property)?

\_\_\_\_ Yes \_\_\_\_ No    If yes, when and where? \_\_\_\_\_

Have you and your spouse entered into any agreement prior to or during your marriage regarding the rights of each of you in the property of the other?

\_\_\_\_ Yes \_\_\_\_ No If yes, please furnish a copy of said agreement.

Have you and your spouse ever filed a United States Gift Tax Return (Form 709)?

\_\_\_\_ Yes \_\_\_\_ No    If yes, please furnish a copy of all such Returns.

**RESIDENCE:**

Street Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Is there any other information we should know about you or your family (*e.g.*, second marriage, disabled child, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL RELATIONSHIPS:**

**Accountant:**

Name/Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Life Insurance Representative:**

Name/Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Stockbroker:**

Name/Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Benefits Coordinator at Place of Employment:**

Name/Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**GIFTS:**

Are there any gifts of specific property (*e.g.*, family heirlooms, jewelry, etc.) or cash that you would like to go to any specific individuals or organizations, including charitable bequests?

Gift	To Whom
_____	_____
_____	_____
_____	_____

**REPRESENTATIVES UNDER THE WILL:**

**Executor:**

May be an individual or a Trust Company — typically spouse

1. \_\_\_\_\_

May appoint successor Executor

2. \_\_\_\_\_

**Trustee of Children's Trust:**

May be same person as Executor or another individual or Trust Company

1. \_\_\_\_\_

**Successor Trustee**

2. \_\_\_\_\_

**Guardian of Minor Children:**

May be same person as Executor and/or Trustee or may be another individual

1. \_\_\_\_\_

May appoint Successor Guardian

2. \_\_\_\_\_

Terms of Children's Trust:

1. Principal of Children's Trust:

Until the trust is distributed to the child or children, the Trustee is typically instructed to pay only so much of the principal of the trust as is necessary for each child's health, maintenance in reasonable comfort, education (including postgraduate), and best interests.

If for some reason you do not desire this language, please indicate below and explain your desires:

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2. Income from Children's Trust:

Until the trust is distributed, the principal of the trust will generally earn income. The trust can be drafted so that the income is either rolled over into principal (the most common alternative) or so that the income, or at least a portion of it, is paid to the child or children on a consistent (*e.g.*, quarterly) basis. Indicate your wishes below:

\_\_\_ Roll income over into principal.

\_\_\_ Pay \_\_\_ % of the income to each child beginning at age \_\_\_.

3. Principal Distribution of Children's Trust:

Ultimately, the principal of the trust must be distributed to the child or children. Although the balance may be distributed in one lump sum upon a child's attaining a specified age, typically the distribution is done in two or three installments (*e.g.*, one third at age 21, one third at age 25, and one third at age 30) to protect the child from losing or spending all of his or her inheritance at an early age. Indicate your wishes with respect to the principal distribution of the trust below:

1/\_\_\_ at age \_\_\_;

1/\_\_\_ at age \_\_\_;

1/\_\_\_ at age \_\_\_.

POWERS OF ATTORNEY:

Agents for Power of Attorney for Healthcare:

May be an individual — typically spouse

1. \_\_\_\_\_

Successor Agent

2. \_\_\_\_\_

Agents for Power of Attorney for Property:

May be an individual — typically spouse

1. \_\_\_\_\_

Successor Agent

2. \_\_\_\_\_

LIVING WILL:

Is a Living Will desired?                      \_\_\_Yes \_\_\_No