

The Law Office of Eileen A. Nevins (603) 926-1366
ESTATE PLANNING PERSONAL DATA SHEET

(INDIVIDUAL)

Date _____

Home Telephone _____

Cell Phone _____

Email Address _____

- This form is extremely important.
- Your accuracy and completeness in responding will help me best represent you.
- **Bring this information with you to the appointment.**
- Please list names as they would appear on legal documents.
- If you currently have a will or other estate planning documents, please provide a copy during our conference.

PERSONAL DATA

Full Legal Name _____

Address _____

_____ Zip _____

Birth Date _____

Social Security # _____

U.S. Citizen? Yes _____ No _____

Veteran? Yes _____ No _____

If yes, time of service: _____

GENERAL QUESTIONS:

Were you married before? _____

If yes, were any children born of these prior marriages? _____

How was the marriage terminated? _____

Did you enter into a Prenuptial Agreement? _____
(If yes, please provide a copy.)

Is anyone else dependent on you for your support? _____

Do you have any current major health problems that should be taken into consideration?

BUSINESS DATA

Do you operate a business or have an ownership interest in a business? If so, please explain,

REFERRAL

Who referred you to this office? _____

1. DISPOSITIVE INTENTIONS

A) Do you wish to provide primarily for your children?

Yes _____ No _____

B) Do you wish to treat all of your children equally? Yes _____ No _____

At what age do you want distribution to your children?
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35)

Your choice of age: _____

If you wish to have an unequal treatment of your children, please state your wishes:

Are there any special issues or problems relating to any of your children?

Do you have any deceased children? Yes _____ No _____

If so, did your child leave any children? If yes, do you want to made special provisions for them? _____

C) Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes _____ No _____

If so, how much? _____

D) Do you want to leave a specific amount of money or other assets to any charity?

Yes _____ No _____

If so, how much? _____

Name and Address of Charity _____

E) If you have no children, whom do you wish to provide for in your Will?

2) **WILL**

Who do you wish to serve as your Executor?

First Choice _____

Second Choice _____

3. TRUST - Are you interested in setting up a revocable trust, which allows you to manage your trust affairs and avoids probate upon your death? Yes _____ No _____

A) TRUSTEE: Whom do you want to serve as your successor Trustee?
(You will be the current trustee until your death)

First choice _____

Second Choice _____

4. GUARDIAN (if applicable)

Who do you want to act as Guardian of your minor children?

First Choice _____

Second Choice _____

5. DURABLE HEALTH CARE POWER OF ATTORNEY

Name **AND phone number** of proposed Health Care Agent:

_____ Phone: _____

Address of proposed Health Care Agent: _____

_____ Zip: _____

Name **AND phone number** of proposed **Alternate** Health Care Agent:

_____ Phone: _____

Address of proposed Alternate Health Care Agent: _____

_____ Zip: _____

What instructions do you want when your agent is determining that you are “in a dying condition with no hope of recovery” as to when your choices for a respirator and hydration and nutrition should be invoked?

What is the **name and address** of your primary care physician **AND** hospital affiliation?

6. DURABLE POWER OF ATTORNEY

Name and address of proposed Financial Agent:

Name and address of proposed Alternate Financial Agent:

7. MISCELLANEOUS

A) Do you have any other legal issues which I should be aware of? Yes _____ No _____

If yes, please explain: _____

C) Do you presently benefit from any trusts? If yes, describe:

8. CHILDREN/BENEFICIARIES

CHILD'S NAME

ADDRESS W/ZIP CODE

DATE OF BIRTH

GRANDCHILDREN (if applicable)

GRANDCHILD'S NAME	ADDRESS W/ZIP CODE	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER BENEFICIARIES (if applicable)

BENEFICIARY'S NAME	ADDRESS W/ZIP CODE	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. BURIAL WISHES

A) Do you wish cremation or cemetery burial? _____

B) Do you currently own a burial plot and if so where? _____

C) If you want your ashes scattered, where? _____

ESTATE ASSETS

[illegible]