

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

(MARRIED)

Date _____

Home Telephone _____

Husband's Cell Phone _____ Wife's Cell Phone _____

Husband's Email Address _____

Wife's 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

HUSBAND

WIFE

Full Legal Name _____ Full Legal Name _____

Address _____

_____ Zip _____

HUSBAND

WIFE

Birth Date _____ Birth Date _____

Social Security # _____ Social Security # _____

U.S. Citizen? Yes _____ No _____

U.S. Citizen? Yes _____ No _____

Veteran? Yes _____ No _____

Veteran? Yes _____ No _____

If yes, time of service: _____

If yes, time of service: _____

GENERAL QUESTIONS:

State **husband** was born in: _____ Other states **husband** lived in: _____

State **wife** was born in: _____ Other states **wife** lived in: _____

Were either of you married before? _____

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

Full name(s) of children born to **HUSBAND** prior to current marriage:

Full name(s) of children born to **WIFE** prior to current marriage:

Full name(s) of children born to **BOTH OF YOU**:

How were previous marriages terminated? _____

Have you entered into a Prenuptial Agreement? _____

(If yes, please provide a copy.)

Is anyone else dependent on you for your support? _____

Do either of 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 spouse and secondarily for your children:

Yes _____

No _____

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

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 and 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?

HUSBAND

WIFE

2) WILL

Who do you wish to serve as your Executor? *(Your spouse is generally the primary choice).*

HUSBAND

First Choice _____

Second Choice _____

WIFE

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)

HUSBAND

WIFE

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

HUSBAND

Name **AND phone number** of proposed Health Care Agent: (usually spouse is primary)

_____ 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?

WIFE

Name **AND phone number** of proposed Health Care Agent: (usually spouse is primary)

_____ 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
(usually spouse is primary agent)

HUSBAND

WIFE

Name and address of proposed
Alternate Financial Agent

HUSBAND

Name: _____

Address: _____

Name and address of proposed
Alternate Financial Agent

WIFE

Name: _____

Address: _____

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

HUSBAND

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? _____

WIFE

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: _____

