
THE TREBING LAW CENTER

Attorneys at Law

**Member-Connecticut
and New York Bars**

Estate Planning Organizer

A. BASIC PERSONAL INFORMATION

	HUSBAND	WIFE
Full Legal Name:		
Other Names Known By:		
Home Address:		
Telephone:		
Social Security No.:		
Date of Birth:		
Status of Health:		
Citizenship:		
Occupation:		
Employer:		
Work Telephone:		
Fax Number:		
Email Address:		

<u>Legal Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>	<u>Intended Bequest</u>

D. SPECIFIC BEQUESTS; PERSONAL PROPERTY

Please provide any particular intentions regarding bequests of specific sums or items of your personal property (e.g., jewelry, artwork, automobiles, heirlooms, etc.) to designated beneficiaries:

E. DESIRED DISPOSITION OF ESTATE

In general terms, please describe your intentions as to the disposition of the remainder of your estate:

F. OTHER IMPORTANT INFORMATION

Please provide answers to each of the following questions:

1. Do you presently have, or are you a party to, any of the following types of legal documents?
 (If so, please provide us with copies of each)

- a. Wills: Yes_____ No_____
- b. Trusts: Yes_____ No_____
- c. Powers of Attorney: Yes_____ No_____
- d. Health Care Powers (Living Wills): Yes_____ No_____
- e. Pre or Post-Nuptial Agreement: Yes_____ No_____
- f. Divorce or Separation Agreement: Yes_____ No_____
- g. Business Agreements Yes_____ No_____
- h. Other:_____ Yes_____ No_____

2. Are you the beneficiary of a Will or trust created by someone else? Yes_____ No_____

3. Do you intend to provide for your parents in your estate plan? Yes_____ No_____

4. Do any members of your family have any special physical or mental challenges or needs that must be taken into account in connection with the planning of your estate? Yes_____ No_____

5. Please indicate the name, address and relationship to you of the person(s) and / or institution(s) you would like to name as your primary **Executors / Trustees** of your estate, or as alternate Executors/Trustees in the event your primary Executors/Trustees are unable to serve in such capacity (in the order in which each is intended to serve):

6.

<u>Legal Name</u>	<u>Executor or Trustee?</u>	<u>Address</u>	<u>Relationship</u>

<u>Legal Name</u>	<u>Executor or Trustee?</u>	<u>Address</u>	<u>Relationship</u>

7. If any child is under the age of eighteen, please consider who you intend to name as that child's *Legal Guardian* in the event of your demise, in the order in which each is intended to serve:

<u>Legal Name</u>	<u>Address</u>	<u>Relationship</u>

8. Please indicate the name, address and relationship to you of the person(s) and / or institution(s) you would like to name as your primary agent(s) under a Power of Attorney, as well as any alternate agents in the event your primary agent(s) are unable to so act (in the order in which each is intended to serve):

<u>Legal Name</u>	<u>Address</u>	<u>Relationship</u>

9. Please indicate the name, address and relationship to you of the person(s) you would like to name as your Health Care Representative and Conservator under a Health Care Directive ("Living Will"), as well as any alternate Health Care Representatives and Conservators in the event your primary Health Care Representatives and Conservators are unable to so act (in the order in which each is intended to serve):

<u>Legal Name</u>	<u>Address</u>	<u>Relationship</u>

<u>Legal Name</u>	<u>Address</u>	<u>Relationship</u>

10. Do you have any safe deposit boxes?

Yes _____ No _____ (If yes, please indicate location(s) and who has access to each)

Location(s): _____

Accessible By: _____

11. Do you have any particular wishes regarding your funeral or burial arrangements?

Yes _____ No _____

If yes, please describe:

13. Accountant: _____

14. Primary Physician: _____

15. Life Insurance Agent: _____

16. Investment Advisor: _____

17. Minister / Priest / Rabbi: _____

18. Other Important Contacts: _____

G. FINANCIAL INFORMATION

Accurate financial information is essential to a well-drawn estate plan. Please carefully prepare the following financial summary, indicating the estimated values of each listed category and asset and the amounts of outstanding debts. Assets owned in separate name should be listed in the respective owner's columns, while assets held jointly should be listed in the "joint" column. Please note that the following is only intended as a summary of your financial information.

ASSETS	HUSBAND	WIFE	JOINT
Cash, Bank Accounts and CD's	\$	\$	\$
Investments (Stocks, Bonds, Mutual Funds, etc.)			
Residence			
Vacation Homes			
Other Real Estate (location: _____)			
Tangible Personal Property (autos, jewelry, furs, furniture, etc.)			
Antiques and Collectibles			
Individual Retirement Accounts			
Retirement Plan Benefits (Please indicate type and nature of benefit)			
a.			
b.			
c.			
Other Assets (Please indicate type and nature of asset):			
a.			
b.			
c.			
TOTAL ASSETS	\$	\$	\$

LIABILITIES			
Credit Cards	\$	\$	\$
Automobile Loans			
Residential Mortgages			
Vacation Home Mortgages			
Other Debts (please indicate type and nature): a. b. c.			
TOTAL LIABILITIES	\$	\$	\$

H. INSURANCE

(Insurance is a key component of every estate, and an integral part of estate planning. Accordingly, please provide accurate information below with respect to all life insurance policies owned by you or any member of your immediate family.)

<u>Insurance Company</u>	<u>Type</u>	<u>Face Amount</u>	<u>Policy Owner</u>	<u>Current Beneficiary</u>	<u>Cash Value (if known)</u>	<u>Outstanding Loans</u>

