



THE GUARDIAN GROUP

Appointment date: _____

Quote: _____

Follow up: _____

Referred by: _____

ESTATE PLANNING CLIENT PERSONAL INFORMATION WORKBOOK

This information is strictly confidential.

Name: _____ Date of Birth: _____

Address: _____

Mailing address (if different than above): _____

Phone: _____ Veteran? (Years served) _____ SSN _____

Email: _____ Employed Occupation: _____

Spouse: _____ Date of Birth: _____

Date of Marriage: _____ SSN _____

Phone: _____ Veteran? (Years served) _____

Email: _____ Employed Occupation: _____

Your: Current health status: _____ Good _____ Concern _____ Problem

Specific concern/problem:

Spouse: Current health status: _____ Good _____ Concern _____ Problem

Specific concern/problem:



CHILD #1

Name: _____ Date of Birth: _____

Spouse's Name: _____ Married Divorced Single

Address: _____

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs: Medical Education Financial Number of children# _____

Ages: _____

CHILD #2

Name: _____ Date of Birth: _____

Spouse's Name: _____ Married Divorced Single

Address: _____

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs: Medical Education Financial Number of children# _____

Ages: _____

CHILD #3

Name: _____ Date of Birth: _____

Spouse's Name: _____ Married Divorced Single

Address: _____

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs: Medical Education Financial Number of children# _____

Ages: _____

CHILD #4

Name: _____ Date of Birth: _____

Spouse's Name: _____ Married Divorced Single

Address: _____

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs: Medical Education Financial Number of children# _____

Ages: _____



INCOME INFORMATION

Monthly Income:	You	Spouse	Total
Wages:	\$	\$	\$
Pension Income:	\$	\$	\$
Social Security Income:	\$	\$	\$
Investment Income; Dividends:	\$	\$	\$
IRA Required Min Distributions	\$	\$	\$
Oil/Gas/Mineral Royalties:	\$	\$	\$
Rental Property Income:	\$	\$	\$
Other:	\$	\$	\$

EXPENSES

Mortgage /Rent	\$
Property Maintenance	\$
Property Taxes & Insurance	\$
Food/Household incidentals	\$
Utilities/Telephone	\$
Auto operating, maintenance & insurance	\$
Clothing and personal items	\$
Entertainment/Vacation	\$
Gifts/Charitable Contributions	\$
Medical Expenses	\$
Life Insurance	\$
Medical Insurance	\$
Other	\$



ASSET INFORMATION

Type of Asset:	You	Spouse	Joint	Value
Cash/Checking/Savings/ Money Market, CD's	\$	\$	\$	\$
Qualified Accounts: IRA, 401(k), 403(b), SEP, PERA, DERP, TSP, etc...	\$	\$	\$	\$
Non-Qualified Accounts: Mutual Funds, Brokerage and Investment Accounts	\$	\$	\$	\$
Life Insurance: Death Benefit & Cash Value	DB: \$ CV: \$	DB: \$ CV: \$	DB: \$ CV: \$	DB: \$ CV: \$
Stocks: Certificates you hold (not brokerage accounts)	\$	\$	\$	\$
Annuities: Current Value	\$	\$	\$	\$
Real Estate: Residence	\$	\$	\$	\$
Rental Properties:	\$	\$	\$	\$
Oil/Gas/Mineral Rights:	\$	\$	\$	\$
Vehicles: Automobiles, Motorcycle, Boats, Recreational	\$	\$	\$	\$
Other: Metals, Collections, Art	\$	\$	\$	\$
Total Value:				



AGENT NOMINATIONS

A key component of estate planning is the agents who serve in certain capacities and carry out duties on your behalf if you become disabled or when you die. This form is a way for you to share with us the names of the people you wish to name as agents in your estate plan.

FINANCIAL DURABLE POWER OF ATTORNEY

A financial agent or Attorney-in-fact is a person you appoint to handle your personal financial affairs if you are unable. They pay the bills, maintain your home, pick up the mail and ensure that when you are well again things are not a mess.

Your Initial: _____

Successor: _____

Second Successor: _____

Spouse Initial: _____

Successor: _____

Second Successor: _____

HEALTH CARE POWER OF ATTORNEY

A Health Care Agent is the person you appoint to make healthcare decisions for you if you are unable to do so. He or she is authorized to select physicians, determine medications and treatment, admit you into a hospital/nursing home, and if authorized, make life support decisions if you are terminally ill.

Your Initial: _____

Successor: _____

Second Successor: _____

Do you wish to donate Organs? YES NO

Do you wish to donate Tissue? YES NO

Do you want to be used as a Cadaver? YES NO

If you are terminally ill and lapse into a coma, how many days do you wish to be kept on life support? 3 days 7 days 14 days Other: _____

Spouse Initial: _____

Successor: _____

Second Successor: _____

Do you wish to donate Organs? YES NO

Do you wish to donate Tissue? YES NO

Do you want to be used as a Cadaver? YES NO

If you are terminally ill and lapse into a coma, how many days do you wish to be kept on life support? 3 days 7 days 14 days Other: _____



HIPAA/MEDICAL RELEASE

These named individuals are granted permission to speak to the Doctors, hospitals, and other health care personnel regarding your medical condition. They are NOT the decision makers.

DISPOSITION OF LAST REMAINS

You: Do you wish to be: Buried Cremated Entombed Other: _____

Spouse: Do you wish to be: Buried Cremated Entombed Other: _____

Person in charge of carrying out your wishes and planning your funeral:

Your Initial: _____

Successor: _____

Spouse Initial: _____

Successor: _____

TRUST

Trustees are the managers of your trust. They help to manage your personal and financial affairs if you become disabled, administer your trust after your death, and settle your estate and distribute your assets under the terms of your trust. Trustees can be either an individual or a corporation, depending upon your preference. Typically, trusted family members younger than you are chosen.

Your Initial: _____

Successor: _____

Second Successor: _____

Spouse Initial: _____

Successor: _____

Second Successor: _____



LAST WILL AND TESTAMENT

A Personal Representative is one who settles your estate if your Will has to be probated. This can be a spouse, trusted friend, family member, corporate fiduciary or bank.

Your Initial: _____

Successor: _____

Second Successor: _____

Spouse Initial: _____

Successor: _____

Second Successor: _____

GUARDIAN FOR MINOR CHILDREN

A Guardian's responsibility is to protect the interests of minor children and to ensure that their needs are met.

Initial: _____

Successor: _____

Second Successor: _____

EXISTING DOCUMENTS I/WE HAVE

Please bring these with you to initial appointment, copies are fine.

_____ Trust (Name of trust: _____)

_____ Financial Power of Attorney (dated: _____)

_____ Medical Power of Attorney (dated: _____)

_____ Last Will & Testament (dated: _____)

Other areas of concern we would like to discuss during our free one hour consultation:

