

ESTATE PLANNING WORKBOOK

DATE

CLIENT INFORMATION

PERSON 1

PERSON 2

First Name:

Middle Name:

Last Name:

Prefer to be called:

Relationship Status:

Date of Birth:

Citizenship:

Work Phone:

Mobile Phone:

Email Address:

Preferred Pronouns:

Identify as:

Street Address:

CITY | STATE | ZIP CODE

COUNTY

RELEVANT DOCUMENTS NEEDED

You will need to collect the following documents.

Existing Wills, Trusts, and Powers of Attorney

ID's

Divorce, Separation, or other Property Agreements

Deed(s) to any Real Estate Buy-Sell/ other agreements for ownership or succession of a closely held business.

Other: _____

PERSONAL CONCERNS

Please note specific questions you may have and wish to discuss.

LGBTQ+ Change in the Law

Urgent/Special Circumstances

Family Concerns

Health & Disability Concerns

Financial Issues

Business Concerns

Charitable Inclinations

Taxes

Other _____

MARITAL INFORMATION

Date of Marriage(s): _____

Prenuptial Agreement? Yes No

Postnuptial Agreement? Yes No

Prior Marriages? Yes No

Divorced? Yes No

Divorce Date(s): _____

Deceased Spouse: _____

NAME

DATE OF DEATH