

**SCOTT B. FRANKLIN & ASSOCIATES**

**ATTORNEYS AT LAW**

**68 South Main Street**

**West Hartford, CT 06107**

**Tel. (860) 561-4832 /Fax: (860) 521-5560 /Email: [sbf@franklinlaw.net](mailto:sbf@franklinlaw.net)**

Date completed: \_\_\_\_\_

**ESTATE PLANNING INFORMATION SHEET**

**All information will be kept CONFIDENTIAL, unless you authorize or request its release to others.**

The purpose of this questionnaire is to: 1) help you organize personal and financial information so that you can assess your current estate plans and evaluate whether changes are necessary; and (2) provide me with the information needed to make a similar analysis.

*Note: Not all of the questions will apply to your circumstances.*

**Will & Trust Background Information**

Do you have a will? \_\_\_ yes \_\_\_ no

Do you have a trust? \_\_\_ yes \_\_\_ no

**PERSONAL INFORMATION**

State the names requested below exactly as you want them to appear in your estate planning documents.

Your legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Spouse's/partner's legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of Marriage (if married): \_\_\_\_\_

Your Home Address:

\_\_\_\_\_

Your email: \_\_\_\_\_

Spouse's email (if applicable): \_\_\_\_\_

Telephone No.(s): (home) \_\_\_\_\_  
 (your work) \_\_\_\_\_ (spouse's work) \_\_\_\_\_  
 (your cell) \_\_\_\_\_ (spouse's cell) \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_

Is your spouse a United States citizen? \_\_\_\_\_

**PRIOR MARRIAGES** (if applicable)

Name of Prior Spouse	Date of Marriage	Date of Divorce

**FAMILY INFORMATION**

Please name all of your children. If a child is from a former marriage, please indicate whose child it is by listing the name of that spouse, along with the information of WHOSE child in the chart below. Please name all children you have ever had, including deceased children (whether or not their descendants will be included in your plan). Please note if the child is adopted or a step-child. **If you do not have any children,** please list: (1) Names of Parents (living or deceased); (2) Names of any siblings (living or deceased); and (3) Name of each relative or friend you would wish to include in your estate distribution:

Full Name (of children, parents, siblings, or others as indicated) and Town, State of Residence	Relationship	Whose? Or Both?	Birth date	Single? Married? Divorced?

Do any of the people identified above have any special mental, physical or educational needs? If so, please identify them and briefly describe any concerns.

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If you have any specific wishes for your pets, please list them here:

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### **PERSONAL AND FAMILY FINANCIAL ASSETS**

**Please indicate:**

Your current place of employment and annual salary:

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Spouse's current place of employment and annual salary:

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### **Real Estate Ownership**

Address	Purchase price	Mortgage balance	Current market value
TOTALS	\$	\$	\$

### **Asset Summary**

Current assets and liabilities:

Assets	You	Spouse	Jointly owned
TOTAL ASSETS	\$	\$	\$

### Liabilities

Description	You	Spouse	Joint
TOTAL LIABILITIES	\$	\$	\$

### Net Worth

Subtract total liabilities from total assets	\$	\$	\$
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### Other interests of current or future value

1. Interests in trusts:

Describe any trusts created by you or inherited, in which you or a member of your immediate family has a right to receive distributions of income or principal. Also, state the approximate current value of the trust and the annual income from it.

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### PERSONAL ESTATE PLANNING OBJECTIVES

1. Please list any specific gifts of personal property or money you would like to make.

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2. How would you like the remainder of your personal property distributed?

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3. How would you like the remainder of your assets distributed?

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4. If you have children, do you want them to receive their share of your estate outright or in trust?

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5. If a child is a beneficiary, how should their share be distributed if they fail to survive you? (to their children, back to other children/descendants or elsewhere)

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6. If you decide to leave your assets to your children in your trust, at what age or ages would you want them to receive the principal?

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7. In the event of an unforeseen situation that was to claim the lives of your entire immediate family, where would you want your assets to go?

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8. Do you intend on disinheriting anyone? If so, please provide their name(s) and your relation to them.

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9. Is there anyone likely to contest your estate documents? If so, whom?

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## GUARDIANS, EXECUTORS, AND TRUSTEES

### 1. *Guardians for minor children*

If you have minor children, you may designate a guardian or guardians of the person and their estate if you or your spouse were to die or become incapacitated.

(a) Guardian.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(b) Successor Guardian.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 2. *Executor*

Your executor has the responsibility to wind up your affairs at the time of your death.

(a) Executor.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(b) Successor Executor. (to act if one or more of the initial executor(s) cannot or does not act)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

### 3. *Trustees*

If you choose to form a trust, your trustees are responsible for the management of the trust, and distribution of the trust funds.

*Note: Generally the trustee and the guardian of your children should not be the same person.*

(a) Initial Trustee or co-Trustee(s).

Name(s): \_\_\_\_\_

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Address(es): \_\_\_\_\_

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(b) Successor Trustees (to act if one or more of the initial trustee(s) cannot or does/do not act).

Name(s): \_\_\_\_\_

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Address(es): \_\_\_\_\_

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**OTHER MATTERS**

1. *Powers of Attorney*

Would you like us to prepare a general durable Power of Attorney? This document would allow someone to handle financial matters on your behalf if you are unable to do so. *Note: Because this power is durable, it remains in effect if you become incompetent.*

Yes: \_\_\_\_ No: \_\_\_\_

If yes, please provide the name and address of the person to appoint, and a successor if desired.

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2. *Health Care Instructions*

Would you like us to prepare a document indicating your wishes concerning the "heroic" or extraordinary measures to save your life in the event of a catastrophic illness or injury? This would authorize another person to make decisions with respect to your health care in the event you are unable to do so, and designate a conservator in the event one is needed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide the name and address of the person to appoint, and a successor if desired.

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3. *Cremation/Burial Service Arrangement*

Do you want to be: Cremated? Yes: \_\_\_\_\_ No: \_\_\_\_\_ or  
Buried? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Whom would you like to select in order to make arrangements?

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4. *Other Estate Planning Matters*

Are there any other estate planning matters you would like us to address for you?

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