



**ESTATE PLANNING  
NT COUPLE CLIENT INFORMATION SHEET  
[Strictly Confidential]**

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

County: \_\_\_\_\_ Home Phone : \_\_\_\_\_

Party #1's Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Party #2's Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Registered Domestic Partners?  Yes  No Legally Married?  Yes  No

Term You Use to Characterize Your Relationship:

"Partner"  "Life Partner"  "Friend":  "Significant Other"

Other: \_\_\_\_\_

Prior Marriages?

Party #1:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Party #2:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

**CHILDREN OF THIS RELATIONSHIP:**  None

**AGE or DOB**

_____	_____
_____	_____
_____	_____

Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

**CHILDREN FROM PRIOR RELATIONSHIPS:**

**#1 #2 AGE**

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of both parties?  No  Yes

**YES      NO**

- Any deceased children?
- If yes, name: \_\_\_\_\_
- If yes, survived by issue?
- Any adopted children?
- If yes, name: \_\_\_\_\_
- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?
- Do you have any relatives (other than children) who depend on you for all or part of their support?
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?
- Do you wish to disinherit any of your children, grandchildren or any other close relative?

- Do you have an existing Property Agreement?
- Do either of you expect to inherit substantial assets (\$100,000 +)?
- Do you have existing Wills?
- Do you have any existing trusts?
- Have you ever filed a Federal Gift Tax Return?

**YES**      **NO**

- Should the surviving party have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to any beneficiary before the second party's death?
- If a beneficiary dies prior to the second party's death, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

- The name of the person(s) other than the surviving party that you want to be the decision maker concerning your estate upon your death:

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- The name of the person(s) that you want to raise a child that is under 18, if both parties die (if applicable):

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- The name of the person(s) other than the surviving party that you want to make any major medical decisions on your behalf:

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- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

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- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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# END-OF-LIFE DECISIONS

Initial the statement which best states your desires:

**PARTY #1:**

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

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(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

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YES   NO

\_\_\_   \_\_\_   Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

\_\_\_   \_\_\_   Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

\_\_\_   \_\_\_   Do you wish to designate a primary physician?

**PARTY #2:**

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

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(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

---

YES   NO

\_\_\_   \_\_\_   Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

\_\_\_   \_\_\_   Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

\_\_\_   \_\_\_   Do you wish to designate a primary physician?

# BURIAL WISHES

**PARTY #1:**

At my death, I wish to be:             cremated                             buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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I have already made arrangements at:

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**PARTY #2:**

At my death, I wish to be:             cremated                             buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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I have already made arrangements at:

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# ESTIMATED\* VALUE OF ESTATE

<u><b>TYPE OF ASSET:</b></u>	<u><b>PARTY #1'S SEP. PROP.</b></u>	<u><b>PARTY #2'S SEP. PROP.</b></u>	<u><b>JOINT PROPERTY</b></u>
• <b>REAL ESTATE:</b> (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• <b>SECURITIES:</b> (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• <b>CASH TYPE ASSETS:</b> (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• <b>BUSINESS INTERESTS:</b> (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• <b>RETIREMENT PLANS:</b> (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• <b>VEHICLES:</b> (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• <b>PERSONAL PROPERTY:</b> (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

\* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

# LIFE INSURANCE

(do not include accidental death policies)

- "Owner" will be "#1" or "#2" or "J", if jointly owned;
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "#1"; "#2" wife; "C" child, "O" other

INSURED (#1 or #2)	OWNER (#1/#2/J)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (#1/#2/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

## WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between ourselves in the matters about which we are consulting you. If either of us desire to have separate counsel or desire you not to be involved at all, that party shall notify you. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Party #1's Signature**

\_\_\_\_\_  
**Party #2's Signature**