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INSTRUCTIONS FOR ESTATE PLANNING INFORMATION FORM

(NOTE: You can download this form from the page at ***http://koeneckelaw.com/public****, fill it out on your computer, and submit it to me electronically if you would prefer.)*

The following questionnaire is pretty thorough. It does not have to take a lot of work, though: I do not need *all* of the information, or all of the detail, to get started. So here are some instructions which might help. GENERALLY, follow the “five-minute rule” and the “15-minute rule.” The five-minute rule is that if it would take more than five minutes to find the answer to any given question, don't bother. Just put an asterisk and move on. The 15-minute rule is that it should not take more than 15 minutes to complete the whole thing. When you reach the 15-minute mark, just take what you have and send it to me.

1. Family Information. This basic information should be completed. For the information about your **children**, if they live at home leave the address blank. The extra telephone, address, and e-mail information is there to make things easier for your executor, but can be added later if necessary. **Guardians** are those people who would take care of your children if you (and your spouse, if any) are deceased: this is often a tough decision. If you are not sure, *pencil someone in now.* You can talk to them later, and we can always change it later, if needed. **Special Arrangements for Minor Children** only needs to be completed if there is something unique about a child or children you want to make sure is dealt with.

2. Disposition of Your Estate. In most cases, people want everything to go to their spouse, and then to their children. If that is the case, you can leave this whole section blank. If there are particular things you want to go to particular people or organizations, you can either put them in **Specific and Charitable Bequests** or we can add them later. If you have some more specific requests (e.g., “I want 25% to go to my brother Phil and the rest to go to the American Heart Association”), either put that in **Disposition of the Rest of the Estate** or just call me.

3. Fiduciary Information. “Fiduciaries” are people who act on your behalf in money matters. Your **Executor** is the person who will administer your estate: pay debts, collect assets, and distribute property. Usually the first choice is your surviving spouse, if you are married. It is important to have at least one alternative, in case he or she does not survive you! Your **Trustee** is the person who will keep, invest, and distribute funds for your heirs over a longer term. Often this will be the same person(s), in the same order, as are named Executor – but it does not have to be. Addresses, telephone numbers, and e-mails are helpful but may be added later.

4. Financial Information. This is more for your benefit, to have the information collected and handy in case it is needed, than mine. What I really need to get started is more of a **rough estimate** of the totals: amounts held in bank accounts, retirement plans, insurance, real estate, businesses, so that I can give you appropriate recommendations. Remember, all this information is **legally privileged** and **confidential**.

5. General Comments and Thoughts. Totally optional. Usually people have a lot more questions and comments after they get the drafts of documents, not before.

IF YOU HAVE ANY QUESTIONS AT ALL, PLEASE CALL ME. THANKS.

ESTATE PLANNING INFORMATION FORM

All information that you provide is confidential and is protected from forced disclosure by the attorney-client privilege.

1. FAMILY INFORMATION

FIRST PERSON

Full Name

Nickname or Any Other Names Gone By

Address

Home, Work, Mobile Telephone Numbers

City, State, Zip

E-Mail

Date and Place of Birth

Date and Place of Present Marriage

Occupation

Social Security Number

Prior Marriages (if any), including how ended and the date ended

SECOND PERSON (SPOUSE)

Full Name

Nickname or Any Other Names Gone By

Address (if different)

Home, Work, Mobile Telephone Numbers

City, State, Zip (if different)

E-Mail

Date and Place of Birth

Date and Place of Present Marriage

Occupation

Social Security Number

Prior Marriages (if any), including how ended and the date ended

CHILDREN

(if same address, telephone, etc., leave blank).
If not from current marriage, indicate child of H(usband) or W(ife); otherwise, leave Parent blank.

1.

Name	*Date of Birth*	*Parents: H, W, or Both*
Address (if different)	*Telephone Numbers*	
City, State, Zip (if different)	*E-Mail*	

2.

Name	*Date of Birth*	*Parents: H, W, or Both*
Address (if different)	*Telephone Numbers*	
City, State, Zip (if different)	*E-Mail*	

3.

Name	*Date of Birth*	*Parents: H, W, or Both*
Address (if different)	*Telephone Numbers*	
City, State, Zip (if different)	*E-Mail*	

4.

Name	*Date of Birth*	*Parents: H, W, or Both*
Address (if different)	*Telephone Numbers*	
City, State, Zip (if different)	*E-Mail*	

5.

Name	*Date of Birth*	*Parents: H, W, or Both*
Address (if different)	*Telephone Numbers*	
City, State, Zip (if different)	*E-Mail*	

6.

Name	*Date of Birth*	*Parents: H, W, or Both*
Address (if different)	*Telephone Numbers*	
City, State, Zip (if different)	*E-Mail*	

Guardian(s) for Minor Children (May be a Couple)	
Name	*Relationship to You*
Address	*Telephone Numbers*
City, State, Zip	*E-Mail*

Alternate Guardian(s) for Minor Children (May be a Couple)	
Name	*Relationship to You*
Address	*Telephone Numbers*
City, State, Zip	*E-Mail*

Special Arrangements for Minor Children

2. DISPOSITION OF YOUR ESTATE

Specific and Charitable Bequests

Disposition of the Rest of the Estate

Alternate Beneficiaries for the Rest of the Estate

3. FIDUCIARY INFORMATION

EXECUTOR *(if surviving spouse, indicate so)*

Name	*Relationship to you*
Address	*Telephone Numbers*
City, State, Zip	*E-Mail*

FIRST ALTERNATE EXECUTOR *(if Executor cannot serve)*

Name	*Relationship to you*
Address	*Telephone Numbers*
City, State, Zip	*E-Mail*

SECOND ALTERNATE EXECUTOR *(if First Alternate Executor cannot serve)*

Name	*Relationship to you*
Address	*Telephone Numbers*
City, State, Zip	*E-Mail*

TRUSTEE *(if surviving spouse, leave blank)*

Name	*Relationship to you*
Address	*Telephone Numbers*
City, State, Zip	*E-Mail*

FIRST ALTERNATE TRUSTEE *(if same as 1st Alt. Executor, indicate so)*

Name	*Relationship to you*
Address	*Telephone Numbers*
City, State, Zip	*E-Mail*

SECOND ALTERNATE TRUSTEE *(if same as 2nd Alt. Executor, indicate so)*

Name	*Relationship to you*
Address	*Telephone Numbers*
City, State, Zip	*E-Mail*

4. FINANCIAL INFORMATION

BANK AND BROKERAGE ACCOUNTS

	Institution	Owner(s)	Approx. Balance
1.			
2.			
3.			
4.			
5.			
6.			
			TOTAL

PENSION/IRA/RETIREMENT ACCOUNTS

	Institution	Participant Owner(s)	Approx. Value
1.			
2.			
3.			
4.			
			TOTAL

REAL ESTATE

	Location	Owner(s)	Approx. Value
1.			
2.			
3.			
4.			
			TOTAL

LIFE INSURANCE POLICIES

1.	Company	Insured Name	Death Benefit/Cash Value
	Beneficiary(ies)	Policy Number	
2.	Company	Insured Name	Death Benefit/Cash Value
	Beneficiary(ies)	Policy Number	
3.	Company	Insured Name	Death Benefit/Cash Value
	Beneficiary(ies)	Policy Number	
4.	Company	Insured Name	Death Benefit/Cash Value
	Beneficiary(ies)	Policy Number	***TOTAL***

BUSINESSES OWNED

1.	Name of Business	Type (Corporation, LLC, Partnership)	Approximate Value
	Owner(s)	Percentage Owned	
2.	Name of Business	Type (Corporation, LLC, Partnership)	Approximate Value
	Owner(s)	Percentage Owned	
3.	Name of Business	Type (Corporation, LLC, Partnership)	Approximate Value
	Owner(s)	Percentage Owned	
4.	Name of Business	Type (Corporation, LLC, Partnership)	Approximate Value
	Owner(s)	Percentage Owned	***TOTAL***

	Other Assets (continue on back if necessary)		
1.	*Name/Kind*	*Owner(s)*	*Approximate Value*
2.	*Name/Kind*	*Owner(s)*	*Approximate Value*
3.	*Name/Kind*	*Owner(s)*	*Approximate Value*
4.	*Name/Kind*	*Owner(s)*	*Approximate Value*
5.	*Name/Kind*	*Owner(s)*	*Approximate Value*
			TOTAL

Safety Deposit Box

Name/Kind	*Owner(s)*	*Approximate Value*

4. OTHER

General Comments and Thoughts