

**Estate Planning
Factual Information
for Eugenia Cane, Esq.**

Client

1. Full name _____ SS # _____
2. Maiden/Other names used _____ DOB _____
3. Home address _____ Town/City/Boro _____
County _____ State _____ Zip _____
4. Telephone: Home _____ Business _____
Cell _____ E-Mail _____
5. Citizenship _____ How Long? _____
6. Any existing Will? _____ Where located? _____

Spouse

1. Spouse's full name _____ SS# _____
2. Spouse's maiden/other names _____ DOB _____
3. Previous spouse (if any) _____
4. Citizenship _____ How Long? _____
5. Residence if different _____ Telephone _____
6. Any existing Will? _____ Where located? _____

Marriage(s)

1. Date and place of present marriage _____
2. Prior Marriage(s) date and how terminated _____

Children and grandchildren

1. Children of present marriage: Full name, DOB, sex, residence and marital status

2. Adopted children: Name, DOB, sex, residence and marital status

3. Children of prior marriage: Name, DOB, sex, parentage, residence and marital status

4. Grandchildren: Name, DOB, sex, parentage, residence and marital status

Other beneficiaries to be included in Will

1. Of Client: Parents, name, age, address, bequest
2. Of Spouse: Parents, name, age, address, bequest
3. Other relatives: siblings, grandparents, nieces, nephews, etc.: name, age, address, relationship

Miscellaneous

1. Charitable bequests:
2. Special bequests:
3. Specific exclusions:
4. Instructions:

Fiduciaries

1. Executor(s):

Name _____

Address _____

Telephone numbers: home _____ other _____

Relationship _____ age _____

Alternate Executor(s)

Name _____

Address _____

Telephone numbers: home _____ other _____

Relationship _____ age _____

2. **Guardian** of minor children

Name _____
Address _____
Telephone numbers: home _____ Other _____
Relationship _____ Age _____
Alternate Guardian(s)
Name _____
Address _____
Telephone numbers: home _____ Other _____
Relationship _____ Age _____
Special requests _____

3. **Trustee(s)**

Name _____
Address _____
Telephone numbers: home _____ Other _____
Relationship _____ Age _____
Alternate Trustee(s)
Name _____
Telephone numbers: home _____ Other _____
Address _____
Relationship _____ Age _____

Power of Attorney _____ Alternate _____

General Durable or Limited

Springing or Immediate

Living Will/ Health Care Proxy _____ Alternate _____

Physician _____ Specific name, 1 or 2 Consulted

Provisions _____ Pregnancy, Organ Donor,

Examples given _____

Assets**Husband****Wife**

1. Real Estate: address, title owners, value, mortgages
2. Stocks, Bonds: how registered, joint, individual, location
3. Life Insurance Policies: value, beneficiary designation
4. Pension, retirement accounts: value, beneficiary designation
5. Bank accounts: savings, checking, mutual funds, etc., value, how registered
6. Safe deposit box: location and how registered
7. Personal effects: jewelry, automobiles, cash, etc., special bequests
8. Expectancies: inheritances, gifts
9. Other investments:
10. Business interests:
11. Liabilities:
12. Estimated total value of estate
13. Split values