

**FAMILY TRUST PLAN — INFORMATION SHEET**

NOTE: IF YOU ARE UNSURE OF ANY INFORMATION YOU MAY LEAVE IT BLANK

PHONE NUMBERS

YOUR NAME	LAST	FIRST	MIDDLE
SPOUSE NAME	LAST	FIRST	MIDDLE
EMAIL ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP

HOME
CELL
WORK
OTHER

**FAMILY INFORMATION**

1. List your children (natural or adopted) and children of any deceased child. For each child, indicate whether they are yours only, your wife's (husband's) only, or children of the both of you.

#	NAME	BIRTHDATE	HUSBAND	WIFE	BOTH
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

2. If you have children under 18, name in order of preference those you would prefer to raise your children if both of you were to die before your children all reached 18 years of age.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. If you and your spouse were both incapacitated, who would you like to:

**MANAGE YOUR PROPERTY?**  
(IN ORDER)

**MAKE DECISIONS ABOUT YOUR MEDICAL CARE?**  
(IN ORDER)

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**PROPERTY INFORMATION**

- My estate (including spouse, if applicable) is estimated at (optional):  
 Less than \$600,000       \$600,000 - \$1,200,000       Over \$1,200,000
- I have heirs I may wish to disinherit?       YES       NO
- If married, do you and your spouse have property you wish to bequest separately?       YES       NO
- State briefly how you wish your estate to be distributed on your death:

SELF	SPOUSE

This information will assist us in advising you and will be kept absolutely confidential. We will call you for an appointment to discuss your plan in detail at no obligation.

The best time to call you is \_\_\_\_\_ at \_\_\_\_\_ Referred by: \_\_\_\_\_  
TIME PHONE NO.