



Estate Planning Legal Identification Fact Sheet

Full Legal Name:	Spouse Name:
Maiden Name:	Spouse Date of Birth:
Address:	Spouse Place of Birth:
Phone Number:	Spouse Social Security #:
Cell Number:	Spouse Citizenship Country:
State of Domicile:	Former Spouse's Address:
Date of Birth:	Date of Former Marriage:
Place of Birth:	Number of Children:
Social Security #:	Full Legal Name of Child:
Citizenship County:	Child Address and Phone #:
Marital Status:	Child Date of Birth:
Date of Marriage:	Child Place of Birth:
Date of Separation:	Number of Grandchildren:

Communicate Your Wants

YES	NO	Do you have a will?
YES	NO	Are you pleased with your current executor and trustee?
YES	NO	In the event of a fatal illness or disability, have you prepared a living will or health care proxy?
YES	NO	Would you like to consider a living trust in order to avoid probate?
YES	NO	If you have a living trust, are your assets titled to the name of that trust?

Reduce Estate and Income Taxes

YES	NO	Are you married and taking advantage of the marital deduction?
YES	NO	Do you and your spouse, in terms of assets, qualify for the applicable exclusion amounts?
YES	NO	Do you and your spouse's estate plans take advantage of the applicable exclusion amounts?
YES	NO	Are you taking advantage of the annual gift tax exclusion?
YES	NO	Have you considered charitable trusts?

Protect Your Family

YES	NO	Have you named a guardian for your children in the event that both you and your spouse pass away?
YES	NO	Do you want to limit your spouse's flexibility with the inheritance?
YES	NO	If answered yes to the above question, have you set up some type of trust in your will?
YES	NO	Do you have the right amount and type of life insurance for all expenses?
YES	NO	Have you considered an irrevocable life insurance trust?