

REQUEST FOR ESTATE PLANNING DOCUMENTS – PRELIMINARY
INFORMATION FORM

FIRST NAME _____ LAST NAME _____
SPOUSE FIRST NAME _____ LAST NAME _____

MAILING ADDRESS: _____
BEST TIME OF DAY TO CALL: _____
AT HOME _____
WORK _____
CELL _____
SPOUSE PHONE NUMBER: _____

DO YOU HAVE MINOR CHILDREN? YES ___ NO ___
IF YES, HOW MANY CHILDREN: _____

MY PRIMARY AREAS OF CONCERN ARE:
ENSURING MY PROPERTY GOES WHERE I WANT IT TO GO

MAKING SURE OUR CHILDREN ARE RAISED BY THE PEOPLE WE CHOOSE

AVOIDING THE EXPENSE, DELAYS AND PUBLICITY OF PROBATE

MAKING SURE MY HEALTHCARE AND END OF LIFE WISHES ARE CARRIED
OUT

PROTECTING MYSELF IF I BECOME INCAPACITATED

PROVISIONS FOR A HANDICAPPED OR SPECIAL NEEDS FAMILY MEMBER

COORDINATING/ORGANIZING MY FINANCIAL & ESTATE PLANNING
EFFORTS

AVOIDING OR MINIMIZING ESTATE TAXES