



MASON LAW GROUP

WILLS • TRUSTS • ESTATES

ESTATE PLANNING ORGANIZER

Individual

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www.masonlawgroup.com

Date _____

PERSONAL INFORMATION

CLIENT

Signature Name _____

Other Names _____

Social Security Number _____ Date of Birth _____ US Citizen? _____

Employer _____ Position _____

HOME ADDRESS

Street _____ City _____ State _____ Zip _____

County _____

Telephone

Home _____

Work _____

Cell _____

Email _____

MARRIAGE

Any previous marriages Yes ___ No ___

Name of Former Spouse: _____

Date of Marriage: _____ Location: _____

Date of Dissolution: _____

Name of Former Spouse: _____

Date of Marriage: _____ Location: _____

Date of Dissolution: _____

CHILDREN

(A if adopted; D if deceased.)

Full Legal Name	Birth Date	A, D
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Needs

Child's Name _____

Explanation of Special Need _____

EXTENDED FAMILY

Parents (If married or re-married put both names on one line. If deceased indicate under D.)

Full Legal Name	D
_____	_____
_____	_____

Siblings (If married, include name of spouse second.)

Full legal names

Grandchildren Yes ___ No ___

CURRENT ESTATE PLAN

Do you currently have any of the following documents?

- Will Power of Attorney for Asset Management
 Living Trust Advanced Health Care Directive

(Please provide a copy of all documents checked.)

FINANCIAL INFORMATION

INCOME (Monthly)

Work _____
Social Security _____
Pension _____
Other _____

ASSETS:

Real Estate

(Primary residence, vacation home, time share, etc)

Description/Address	Value	Equity
Primary Residence	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Personal Property

Type: List only major items such as, jewelry, collections, antiques, art, and other valuables.

Item & General Description	Current Value
Furniture & Household Items (combined value)	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	<i>Total</i> _____

Bank Accounts

Type: Checking (C), Savings (S), Certificate of Deposit (CD) and Money Market (MM)

(Note: if account is in your name for the benefit of a child, please specify and give child's name.)

Institution Name & Account Number	Type	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total:</i>	_____

Retirement Accounts

Type: 401K, 403B, IRA, SEP IRA, Pension, Profit Sharing

Plan Name	Type	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Stocks & Bonds

Type: Stocks (S), Bonds (B), Mutual Funds (MF), Investment Accounts (IA)

Name & Account Number	Type	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Life Insurance

Type: Term, Whole Life, Universal Life, Annuity

Provide: Insurance company, type, death benefit, whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and life insurance agent.

1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
	<i>Total</i>	_____

Business Entities

Type: General and Limited Partnerships, Sole Proprietorships, Privately Owned and Professional Corporations, etc.

Business Name	Type	Ownership Interest	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Money Owed to You

Type: Mortgages, Promissory Notes, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

Type: Inheritance, gift, or money from a lawsuit judgment you anticipate receiving at some time in the future.

Provide: All relevant details

<i>Anticipated Total</i> _____

Other Assets

Type: Any property that does not fit into the previous categories.

Provide: All relevant detail

Item & General Description	Current Value
_____	_____
_____	_____
_____	_____
	<i>Total</i> _____

Summary of Asset Values

	Value
Real Property	_____
Personal Property	_____
Bank Accounts	_____
Retirement Accounts	_____
Stocks & Bonds	_____
Life Insurance	_____
Business Entities	_____
Money Owed to You	_____
Anticipated Inheritance, etc.	_____
Other Assets	_____
Total Assets	_____

DISTRIBUTION OF YOUR ESTATE

Specific Gifts

Name	Asset (item, money)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Charitable Gifts

Name	Asset (item, money)
_____	_____
_____	_____
_____	_____

Residuary Gifts

Name	Percent
_____	_____
_____	_____
_____	_____
_____	_____
	100%

Living Trust

Successor Trustee. Who do you want making decision regarding the management and distribution of your assets to your beneficiaries?

Name, Address, Phone Number, and Relationship to you

1. _____

2. _____

Will

Executor. Because the function of Executor is similar to Successor Trustee, some people choose the same person for both roles.

Do you want the same list for both Successor Trustee and Executor? Yes ___ No ___

(if no, then list Executor below.)

Name, Address, Phone Number, and Relationship to you

1. _____

2. _____

Guardian. In order of preference, please indicate the people you want to raise and love your children as close as possible to how you would:

Name, Address, Phone Number, and Relationship to you

1. _____

2. _____

Power of Attorney for Asset Management

Agent. In the event of incapacity, who do you want making financial decisions regarding your personal property?

Name, Address, Phone Numbers, and Relationship

1. _____

2. _____

Pets. Because pets become part of the family, it is important to state what should happen with your pets. Please indicate any specific instructions for who should care for your pet(s).

Name, Type, Instructions

Advance Health Care Directive

Agent. In the event of incapacity, who do you want making health care decisions for you?

Name, Address, Phone Numbers, and Relationship

1. _____

2. _____

End of Life Care

Do you want to received medical treatment, in the event you are in an irreversible coma, persistent vegetative state, or terminally ill condition and life-sustaining procedures would only artificially delay death or burdens of treatment outweigh expected benefits?

Do you want to donate your body parts for transplant purposes and medical research?

Burial Instructions

Do you have any special burial instructions?

HIPPA Release. Name the people to whom you authorize health care institutions to release your protected health care information.

KEY ADVISORS

Lawyer

Name _____

Address _____

Telephone number _____

Accountant

Name _____

Address _____

Telephone number _____

Financial Planner

Name _____

Address _____

Telephone number _____

Life Insurance Agent

Name _____

Address _____

Telephone number _____