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When designating individuals who are beneficiaries or who are to serve in various capacities, in addition to designating them by name you may choose to designate them by classification. Examples of allowable classifications include: Spouse, children of client, children of spouse, children of client and spouse, residue of estate (only for bequests) and persons designated in list (only for personal property.)

It is permissible to specify any number of beneficiaries or persons serving in any capacity. Provide similar information for all such persons.

Specific bequests, personal property beneficiaries, homestead beneficiaries, successor beneficiaries, successor persons serving in any capacity and guardians can all be left blank if not relevant to this client.

Items shown in **bold type** are required if the item is relevant.

Client and Family Input Sheet

Name Of Client _____
Address _____
Birth Date _____
Phone Number _____
Email Address _____
Gender Of Client () Male () Female
Client Has () A Spouse () A Significant Other () No Spouse Nor Significant Other

Name Of Spouse _____
Address _____
Birth Date _____
Phone Number _____
Email Address _____

Bequests To Spouse Will Pass () Directly To Spouse () To Spouse's Revocable Trust

Name Of Child 1 _____
Address _____
Birth Date _____
Phone Number _____
Is The Child Of () Client And Spouse () Client () Spouse

Name Of Child 2 _____
Address _____
Birth Date _____
Phone Number _____
Is The Child Of () Client And Spouse () Client () Spouse

Name Of Child 3 _____
Address _____
Birth Date _____
Phone Number _____
Is The Child Of () Client And Spouse () Client () Spouse

Name Of Child 4 _____
Address _____
Birth Date _____
Phone Number _____
Is The Child Of () Client And Spouse () Client () Spouse

Name Of Child 5 _____
Address _____
Birth Date _____
Phone Number _____
Is The Child Of () Client And Spouse () Client () Spouse

Home / Personal Property / Specific Bequests Input Sheet

Beneficiary(ies) Of Home:

Name(s) Of Original Beneficiary(ies) _____
Address(es) Of Original Beneficiary(ies) _____
Relationship(s) To Client _____

Name(s) Of 1st Successor Beneficiary(ies) _____
Address(es) Of 1st Successor Beneficiary(ies) _____
Relationship(s) To Client _____

Name(s) Of 2nd Successor Beneficiary(ies) _____
Address(es) Of 2nd Successor Beneficiary(ies) _____
Relationship(s) To Client _____

Beneficiary(ies) Of Personal Property:

Name(s) Of Original Beneficiary(ies) _____
Address(es) Of Original Beneficiary(ies) _____
Relationship(s) To Client _____

Name(s) Of 1st Successor Beneficiary(ies) _____
Address(es) Of 1st Successor Beneficiary(ies) _____
Relationship(s) To Client _____

Name(s) Of 2nd Successor Beneficiary(ies) _____
Address(es) Of 2nd Successor Beneficiary(ies) _____
Relationship(s) To Client _____

Specific Bequests:

Amount / Description _____
Name of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____

Amount / Description _____
Name of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____

Amount / Description _____
Name of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____

Amount / Description _____
Name of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____

Amount / Description _____
Name of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____

Agents For Powers / Executors / Guardians Input Sheet

Health Care Power:

Name(s) Of Original Agent(s) _____
Address(es) Of Original Agent(s) _____
Relationship(s) To Client _____

Name(s) Of 1st Successor Agent(s) _____
Address(es) Of 1st Successor Agent(s) _____
Relationship(s) To Client _____

Name(s) Of 2nd Successor Agent(s) _____
Address(es) Of 2nd Successor Agent(s) _____
Relationship(s) To Client _____

Financial Power:

Name(s) Of Original Agent(s) _____
Address(es) Of Original Agent(s) _____
Relationship(s) To Client _____

Name(s) Of 1st Successor Agent(s) _____
Address(es) Of 1st Successor Agent(s) _____
Relationship(s) To Client _____

Name(s) Of 2nd Successor Agent(s) _____
Address(es) Of 2nd Successor Agent(s) _____
Relationship(s) To Client _____

Executors For Will:

Name(s) Of Original Executor(s) _____
Address(es) Of Original Executor(s) _____
Relationship(s) To Client _____

Name(s) Of 1st Successor Executor(s) _____
Address(es) Of 1st Successor Executor(s) _____
Relationship(s) To Client _____

Name(s) Of 2nd Successor Executor(s) _____
Address(es) Of 2nd Successor Executor(s) _____
Relationship(s) To Client _____

Guardians:

Name(s) Of Original Guardian(s) _____
Address(es) Of Original Guardian(s) _____
Relationship(s) To Client _____

Name(s) Of 1st Successor Guardian(s) _____
Address(es) Of 1st Successor Guardian(s) _____
Relationship(s) To Client _____

Name(s) Of 2nd Successor Guardian(s) _____
Address(es) Of 2nd Successor Guardian(s) _____
Relationship(s) To Client _____

Marital Bequest Input Sheet

Amount Of Estate Passing For Spouse:

- All
- Optimum Marital Deduction Amount
- Percentage Of Adjusted Gross Estate
- Optimum Marital Deduction Or Percent Of Adjusted Gross Estate
- Optimum Marital Deduction Or Dollar Amount
- Dollar Amount
- Other Amount
- No Marital Bequest

Percent _____

Dollar Amount _____

Other Amount _____

Greater Lesser of Optimum Marital Deduction Or Percent / Dollar Amount Of AGE

Entity For Bequest For Spouse Spouse Spouse's Revocable Trust Marital Trust QTIP Trust

Marital Trust:

Trustees:

Name(s) Of Original Trustee(s) _____

Address(es) Of Original Trustee(s) _____

Relationship(s) To Client _____

Name(s) Of 1st Successor Trustee(s) _____

Address(es) Of 1st Successor Trustee(s) _____

Relationship(s) To Client _____

Name(s) Of 2nd Successor Trustee(s) _____

Address(es) Of 2nd Successor Trustee(s) _____

Relationship(s) To Client _____

Residual Bequest Input Sheet

Entity For Residual Bequest: () Children / Others () Family Trust

Name Of Family Trust _____

Family Trust Divides () After Death Of Client () After Death of Survivor Of Client And Spouse

- () Upon Death Of Client
- () Upon Death Of Survivor Of Client And Spouse
- () Upon Age Of Beneficiary _____ () Youngest () Oldest
- () Upon Number Of Years _____
- () Upon Age Of Beneficiary _____ () Youngest () Oldest And
Number Of Years _____ () Earlier () Later

Family Trust Divides:

- () Upon Division Of Family Trust
- () Upon Age(s) Of Beneficiary _____ () Equal () Percentage _____ Amount _____
_____ () Equal () Percentage _____ Amount _____
_____ () Equal () Percentage _____ Amount _____
_____ () Equal () Percentage _____ Amount _____
- () Upon Number Of Years _____ () Equal () Percentage _____ Amount _____
_____ () Equal () Percentage _____ Amount _____
_____ () Equal () Percentage _____ Amount _____
_____ () Equal () Percentage _____ Amount _____

After () Division Of Family Trust () Death Of Client () Death Of Spouse () Death Of Survivor
If Both Age And Number Of Years () Earlier () Later Of Age And Number Of Years

Trustees:

Name(s) Of Original Trustee(s) _____

Address(es) Of Original Trustee(s) _____

Relationship(s) To Client _____

Name(s) Of 1st Successor Trustee(s) _____

Address(es) Of 1st Successor Trustee(s) _____

Relationship(s) To Client _____

Name(s) Of 2nd Successor Trustee(s) _____

Address(es) Of 2nd Successor Trustee(s) _____

Relationship(s) To Client _____

Beneficiaries Of Residuary Input Sheet

Beneficiary 1 Of Residue:

Name Of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____
Will Receive () Equal Share () Percentage – _____ () Dollar Amount _____
Will Receive () Mandatory Income () Discretionary Income () Principal
() After Family Trust Established () After Death Of Spouse () After Death Of Survivor
() After Family Trust Divides

Beneficiary 2 Of Residue:

Name Of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____
Will Receive () Equal Share () Percentage – _____ () Dollar Amount _____
Will Receive () Mandatory Income () Discretionary Income () Principal
() After Family Trust Established () After Death Of Spouse () After Death Of Survivor
() After Family Trust Divides

Beneficiary 3 Of Residue:

Name Of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____
Will Receive () Equal Share () Percentage – _____ () Dollar Amount _____
Will Receive () Mandatory Income () Discretionary Income () Principal
() After Family Trust Established () After Death Of Spouse () After Death Of Survivor
() After Family Trust Divides

Beneficiary 4 Of Residue:

Name Of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____
Will Receive () Equal Share () Percentage – _____ () Dollar Amount _____
Will Receive () Mandatory Income () Discretionary Income () Principal
() After Family Trust Established () After Death Of Spouse () After Death Of Survivor
() After Family Trust Divides

Beneficiary 5 Of Residue:

Name Of Beneficiary _____
Address Of Beneficiary _____
Relationship To Client _____
Will Receive () Equal Share () Percentage – _____ () Dollar Amount _____
Will Receive () Mandatory Income () Discretionary Income () Principal
() After Family Trust Established () After Death Of Spouse () After Death Of Survivor
() After Family Trust Divides

Revocable Trust Input Sheet

Documents Used Include () Only Will () Will And Revocable Trust

Trustees Of Revocable Trust:

Name(s) Of Original Trustee(s) _____
Address(es) Of Original Trustee(s) _____
Relationship(s) To Client _____

Name(s) Of 1st Successor Trustee(s) _____
Address(es) Of 1st Successor Trustee(s) _____
Relationship(s) To Client _____

Name(s) Of 2nd Successor Trustee(s) _____
Address(es) Of 2nd Successor Trustee(s) _____
Relationship(s) To Client _____