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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: partner, children of client, children of partner, children of client and partner, 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 Partner () A Significant Other () No Partner Nor Significant Other

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

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

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

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

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

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

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

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 Partner:

- 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 Partner Partner Partner'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 Partner

- () Upon Death Of Client
- () Upon Death Of Survivor Of Client And Partner
- () 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 _____
- () 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 Partner () 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 Partner 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 Partner 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 Partner 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 Partner 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 Partner 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 _____