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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 1<sup>st</sup> Successor Beneficiary(ies) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Beneficiary(ies) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Beneficiary(ies) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> 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 1<sup>st</sup> Successor Beneficiary(ies) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Beneficiary(ies) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Beneficiary(ies) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> 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 1<sup>st</sup> Successor Agent(s) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Agent(s) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Agent(s) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> 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 1<sup>st</sup> Successor Agent(s) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Agent(s) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Agent(s) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> 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 1<sup>st</sup> Successor Executor(s) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Executor(s) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Executor(s) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> 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 1<sup>st</sup> Successor Guardian(s) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Guardian(s) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Guardian(s) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> 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 1<sup>st</sup> Successor Trustee(s) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Trustee(s) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Trustee(s) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> 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 1<sup>st</sup> Successor Trustee(s) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Trustee(s) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Trustee(s) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> 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 1<sup>st</sup> Successor Trustee(s) \_\_\_\_\_

Address(es) Of 1<sup>st</sup> Successor Trustee(s) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_

Name(s) Of 2<sup>nd</sup> Successor Trustee(s) \_\_\_\_\_

Address(es) Of 2<sup>nd</sup> Successor Trustee(s) \_\_\_\_\_

Relationship(s) To Client \_\_\_\_\_