

SPEIDEL LAW FIRM
CONFIDENTIAL HUSBAND AND WIFE
ESTATE PLANNING INFORMATION

Today's Date: _____

Personal Information

Husband

Wife

Full name: _____

Home address: _____

Second home address: _____

Home/cell telephone: _____

Email address: _____

Birthdate: _____

Citizenship: _____

Employer: _____

Office telephone: _____

Date/Place of Marriage _____

Safety Deposit Box Location/
Person with Access _____

Dates of Military Service: _____

Rank & Serial No.: _____

Any Prior Marriages: Yes
 No

Yes
 No

If yes, how ended: Death
 Divorce

Death
 Divorce

Name of prior spouse (if any): _____

Fiduciary

Alternate/Successor

Executor: _____

Trustee: _____

Guardian: _____

Power of Attorney-Financial: _____

Power of Attorney-Health Care _____

Living Children

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child only of</u>	<u>City of Residence</u>	<u>Married?</u>	<u>Number of Children</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Note: If you have minor children you will need to nominate a guardian and a trustee for any trust for the children.

Deceased Children

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child only of</u>	<u>Date of Death</u>	<u>Married?</u>	<u>Number of Children</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Grandchildren

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child of</u>	<u>City of Residence</u>	<u>Married?</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependents other than children: _____

Life Insurance

Husband Insured

Wife Insured

Number of policies:

Total face amount:

Total loans outstanding:

Total present cash value:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Retirement Benefits

Husband

Wife

IRA:

Approximate balances(s):

Primary beneficiary(ies):

Contingent beneficiary(ies):

Employer Plans:

Name of employer:

Type (pension, profit sharing,
ESOP, 401(k), etc.)

Approximate balance(s):

Primary beneficiary(ies):

Contingent beneficiary(ies):

ASSETS AND LIABILITIES

	<u>Community Property</u>	<u>Separate Property Husband</u>	<u>Separate Property Wife</u>
A. <u>Assets</u>			
Cash (checking and savings accounts)	\$ _____	\$ _____	\$ _____
Short-term investments (treasury bills, certificates of deposit, etc.)	\$ _____	\$ _____	\$ _____
Publicly traded securities and bonds	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Closely held securities	\$ _____	\$ _____	\$ _____
Principal residence	\$ _____	\$ _____	\$ _____
Vacation home	\$ _____	\$ _____	\$ _____
Other real estate	\$ _____	\$ _____	\$ _____
Partnerships	\$ _____	\$ _____	\$ _____
Accounts receivable	\$ _____	\$ _____	\$ _____
Face amount of life insurance	\$ _____	\$ _____	\$ _____
Retirement benefits	\$ _____	\$ _____	\$ _____
Qualified plans	\$ _____	\$ _____	\$ _____
Non-qualified plans	\$ _____	\$ _____	\$ _____
Furnishings (including art and antiques)	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Boats	\$ _____	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
 B. <u>Liabilities</u>			
Mortgage(s)	\$ _____	\$ _____	\$ _____
Credit Card Debt	\$ _____	\$ _____	\$ _____
Loans, notes, etc.	\$ _____	\$ _____	\$ _____
Other obligations	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
 ASSETS – LIABILITIES = NET WORTH	\$ _____	\$ _____	\$ _____