

ESTATE PLANNING FORM
Hoene & Worrell

Testator – Person making Will

(If you and your spouse have identical wishes for the distribution of your estate property, you can prepare one joint form. If you have different ideas for the disposition of assets at the time of your death, each spouse should complete a separate form)

Name _____ SSN _____

Place of Birth _____ Date of Birth _____

Spouse/Partner Name _____ SSN _____

Place of Birth _____ Date of Birth _____

Mailing Address _____ Apt _____ County _____

City _____ State _____ Zip _____

Phone: Home _____ Work) _____ Cell _____

Personal Email Address _____

Previous Spouse/Partner _____ Date of Divorce _____

Children – Please provide the following information for each:

<u>Name</u>	<u>Date of Birth</u>	<u>Married Name</u>	<u>Address</u>
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Are any of the children under a disability? _____

Are any of the children from a previous marriage or relationship? _____

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Who should be guardian of your minor children?

Name(s) _____

Who should be the Trustee of a trust established for the benefit of your minor children?

First choice: Name(s) _____

Alternate trustee: Name(s) _____

Who should be Personal Representative (“executor”) of your estate?

First choice (spouse is normally named first): _____

Alternate: Name _____

Second Alternate: Name _____

Who should be Attorney-in-Fact on your Power of Attorney?

First choice (spouse is normally named first): _____

Alternate: Name & Phone Number _____

Second Alternate: Name & Phone _____

Who should be Health Care Agent on your Health Care Directive?

First choice (spouse is normally named first): _____

Alternate: Name & Phone Number _____

Second Alternate: Name & Phone _____

Homestead: Address: _____

Names of all owners _____

Market value \$ _____ Mortgage \$ _____ Year of Purchase _____

Other Real Estate: Address: _____

Names of all owners _____

Market value \$ _____ Mortgage \$ _____ Year of Purchase _____

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Bank, Brokerage and Qualified (IRA/401K) accounts:

Checking: Name of Bank _____ Acct Owner _____

Joint Owner _____ Authorized Signer _____

Pay on Death / Beneficiary Designation _____

Savings: Name of Bank _____ Acct Owner _____

Joint Owner _____ Authorized Signer _____

Pay on Death / Beneficiary Designation _____

Invest: Name of Bank/Brokerage _____ Acct Owner _____

Joint Owner _____ Authorized Signer _____

Pay on Death / Beneficiary Designation _____

Invest: Name of Bank/Brokerage _____ Acct Owner _____

Joint Owner _____ Authorized Signer _____

Pay on Death / Beneficiary Designation _____

IRA/401K/Qualified Accounts

Custodian/Account Location _____ Recent Balance \$ _____

Beneficiary Designation _____

Custodian/Account Location _____ Recent Balance \$ _____

Beneficiary Designation _____

Life Insurance:

Name of Company and policy number _____

Insured _____ Death Benefit Amount \$ _____

Primary Beneficiary(ies) _____

Secondary Beneficiary(ies) _____

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Name of Company and policy number _____

Insured _____ Death Benefit Amount \$ _____

Primary Beneficiary(ies) _____

Secondary Beneficiary(ies) _____

Tangible Personal Property: Describe any items of substantial personal or monetary value, such as family heirlooms, works of art, jewelry, etc. If you have a separate schedule for your homeowner's/renters insurance policy, you can simply attach that instead.

Description

Approx. Value

Do you wish to make any charitable bequests? _____

Do you have a safe deposit box? _____ Where? _____

Do you have a Financial Advisor? Name _____

Company _____ Can we contact them to discuss your Estate Plan? _____

Do you have a Will? Year signed _____ Location of Original _____

Do you have a Health Care Directive? Year signed _____

Do you have a Power of Attorney? Year signed _____ Location of Original _____

Please use the remaining space to provide any other information or details regarding your Estate Planning goals.