

**THE WHITE LAW FIRM**  
**ESTATE PLANNING INFORMATION FORM (2015)**

Your full name (as you'd like it to appear in your estate planning documents):

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Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Financial status (employment status, annual net income and net worth):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information concerning current spouse (full name, address, phone, date of birth, financial status, including employment status, annual net income and net worth):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have been married before, state your former spouse's full name, and the date of divorce or death of your former spouse:

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\_\_\_\_\_

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Full name(s) and address(es) of your parents, if living:

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Full name(s) and address(es) of your siblings, if living:

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Full names and addresses of the people you would like as executor and alternate executor:

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Full names and addresses of guardian(s) and alternate guardian(s) for minor child(ren), if any:

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- Location, account number, approximate balance of all bank/investment accounts:

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- Location, policy number, and description of all life insurance:

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- Identification and description of all retirement / benefit plans:

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- Identify any debts owed to you:

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- Address, ownership interest, mortgages/liens on, and value of any real property owned by you:

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- Any interest owned by you in any business, including a sole proprietorship, partnership, or corporation:

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Describe any debts owed by you including the nature of the debt; the date incurred; the amount and terms of repayment; to whom the debt is owed; and the security or collateral given for the debt:

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If a statutory, durable power of attorney is to be granted, give the full name, address, and relationship of the agent and alternate agent you would like to appoint:

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If a medical power of attorney is to be granted, give the full name, address, and relationship of the agent and the alternate agent you would like to appoint:

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If a living will (directive to physicians) is to be executed, please state your wishes regarding whether or not you would like non-palliative care provided to you in case you are diagnosed with a (a) terminal or (b) irreversible medical condition. In other words, do you wish to be kept alive under those conditions, or be permitted to die as peacefully as possible under the circumstances?

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