

FAMILY INFORMATION

Please list the legal names and birthdays of all of your and your spouse’s children (please note if children are not natural/adopted children of both spouses), and whether they have children of their own. Please also include the names of any *deceased* children and whether they had any children.

_____	_____	_____	_____
Child 1 Legal Name	Gender	Age	Number and ages of Child 1’s Children, if any
_____	_____	_____	_____
Child 2 Legal Name	Gender	Age	Number and ages of Child 2’s Children, if any
_____	_____	_____	_____
Child 3 Legal Name	Gender	Age	Number and ages of Child 3’s Children, if any
_____	_____	_____	_____
Child 4 Legal Name	Gender	Age	Number and ages of Child 4’s Children, if any

If you have additional children, please use a separate sheet of paper.

Please note if any special family circumstances are applicable:

Prenuptial or other marital agreement? _____
 Have you or your spouse ever filed a gift tax return? _____
 Do you own any property, real or otherwise, outside of Kentucky? _____
 Do you own or operate a family business? _____
 Do you anticipate receiving an inheritance? _____
 Are you the beneficiary of any existing trust? _____
 Do you have a long-term care policy? _____
 Do you want to disinherit anyone? _____
 Is anyone likely to contest your Will? _____
 Is anyone on governmental assistance? _____
 Does anyone have special needs, disabilities, or addictions? _____
 Will anyone need to enter a nursing home soon? _____
 Does anyone have creditor problems? _____
 Is divorce a concern for anyone? _____
 Continuing obligations from a prior divorce? _____
 Other Concerns: _____

FIDUCIARY INFORMATION

*Fiduciaries are the people or entities you are naming to fulfill certain duties on your behalf. We will spend time during our first meeting reviewing and discussing your responses to the questions below. It is helpful, however, if you consider and answer these questions in preparation for our meeting. **Please include the full, legal name of any person identified in this section.***

Often (but not always), spouses select the same individuals to serve mirror roles as to the other spouse. If your answers differ, please use an additional sheet of paper (or print two sets of page 3).

If a name is repeated from an earlier section, you do not need to duplicate the contact information each time it is listed. If you wish to have an additional successor executor/guardian/trustee/etc., please provide the appropriate information.

A personal representative, or **executor**, is the person who manages your assets after your death, coordinates with the probate court, and distributes your estate according to your Will. Who would you like to be your executor? If married, it is common to list your spouse first. It is a good idea to list one or two successor representatives if your first choice is unable or unwilling to serve. You can also have co-executors, if that is desired.

Executor/Co-Executor Address, City, State, Zip & Telephone

1st Successor Executor Address, City, State, Zip & Telephone

2nd Successor Executor Address, City, State, Zip & Telephone

A **trustee** is the person who will manage assets after your death for any minor children, grandchildren, or disabled beneficiaries of your estate, or, for your surviving spouse, as applicable. A trustee may also be appointed to manage your assets during your own lifetime in certain circumstances. Who should be your trustee? It is a good idea to list one or two successor trustees if your first choice is unable or unwilling to serve. You can also have co-trustees, if that is desired. The “last choice” may be (and often times is a good idea to be) a corporate trustee, like a bank.

Trustee/Co-Trustee Address, City, State, Zip & Telephone

1st Successor Trustee Address, City, State, Zip & Telephone

A **guardian** is the person who will take care of your minor children, after your death. Who should be the guardian of your minor children?

Guardian/Co-Guardian Address, City, State, Zip & Telephone

1st Successor Guardian Address, City, State, Zip & Telephone

A **Power of Attorney, or POA**, authorizes someone (an attorney-in-fact, or AIF) to act on your behalf for financial and medical decisions during your lifetime. This can occur immediately (Durable POA) or can spring into effect upon a certain event, like incapacity (Springing POA). If you would like a POA, who would you like to act on your behalf (your “agent”)?

Attorney-in-Fact Address, City, State, Zip & Telephone

1st Successor AIF Address, City, State, Zip & Telephone

You can also designate a **healthcare surrogate** to make final medical decisions for you if you are unable to do so. A healthcare surrogate and your medical professionals should follow the directives you have left in your living will, but a healthcare surrogate can offer guidance and make a decision if your medical condition so requires. Your healthcare surrogate can be, but does not have to be, your next of kin.

Surrogate Address, City, State, Zip & Telephone

1st Successor Surrogate Address, City, State, Zip & Telephone

BENEFICIARIES

1. Would you like to make gifts of specific assets (art, jewelry, real property) under your will? If so, please describe.

2. Please describe how you would like the rest of your estate distributed.

3. If any of the above beneficiaries are deceased, who would you want to be your contingent beneficiaries?

ASSET SUMMARY

Real Property

Address	J/S1/S2	Value	Lien
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Address	J/S1/S2	Value	Lien
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Motor Vehicles

Year Make Model	J/S1/S2	Value	Lien
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Year Make Model	J/S1/S2	Value	Lien
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Bank Accounts

Financial Institution	J/S1/S2	Value
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Financial Institution	J/S1/S2	Value
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Marketable Securities

Type	J/S1/S2	Value
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Retirement (Tax-Deferred Assets)

Owner	Primary Beneficiary	Contingent Beneficiary	Type	Value
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Owner	Primary Beneficiary	Contingent Beneficiary	Type	Value
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Life Insurance

Insured	Primary Beneficiary	Contingent Beneficiary	Type	Death Benefit
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Insured	Primary Beneficiary	Contingent Beneficiary	Type	Death Benefit
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