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ESTATE PLANNING CLIENT INFORMATION

Client Information:

Client #1: _____

Address: _____

Telephone: Home: _____ Cell: _____

Work: _____ E-mail address: _____

Profession: _____

Social Security Number: _____ Date of Birth: _____

Have you previously executed any estate planning documents? Yes / No

If, Yes, please provide a copy of those documents.

Client #2: _____

Address: _____

Telephone: Home: _____ Cell: _____

Work: _____ E-mail address: _____

Profession: _____

Social Security Number: _____ Date of Birth: _____

Have you previously executed any estate planning documents? Yes / No

If, Yes, please provide a copy of those documents.

Family Information:

Client #1

a) Are you currently married? Yes / No

If Yes, what is your spouse's name: _____

b) Are you subject to a pre or post nuptial agreement? Yes / No

If Yes, please provide a copy of this agreement

c) Have you ever been divorced? Yes / No

If Yes, please provide a copy of the divorce decree and briefly describe ongoing and future obligations thereunder:

d) Do you have any living **biological or adopted** children? Yes / No

If Yes, please provide the names, addresses and ages of your children:

1. _____ of _____ Age: _____

2. _____ of _____ Age: _____

3. _____ of _____ Age: _____

4. _____ of _____ Age: _____

5. _____ of _____ Age: _____

6. _____ of _____ Age: _____

e) Are your children also the biological or adopted children of your current spouse? Yes / No

f) Do you have any deceased children? Yes / No

If Yes, please provide the names of any children of your deceased child: _____

Family Information (cont.):

Client #2

a) Are you currently married? Yes / No

If Yes, what is your spouse's name: _____

b) Are you subject to a pre or post nuptial agreement? Yes / No

If Yes, please provide a copy of this agreement

c) Have you ever been divorced? Yes / No

If Yes, please provide a copy of the divorce decree and briefly describe ongoing and future obligations thereunder:

d) Do you have any living **biological or adopted** children? Yes / No

If Yes, please provide the names, addresses and ages of your children:

1. _____ of _____ Age: _____

2. _____ of _____ Age: _____

3. _____ of _____ Age: _____

4. _____ of _____ Age: _____

5. _____ of _____ Age: _____

6. _____ of _____ Age: _____

e) Are your children also the biological or adopted children of your current spouse? Yes / No

f) Do you have any deceased children? Yes / No

If Yes, please provide the names of any children of your deceased child: _____

Fiduciary and Beneficiary Information:

Client #1

Client #2

Intended Executor: _____ / _____

Successor Executor: _____ / _____

Intended Trustee: _____ / _____

Successor Trustee: _____ / _____

Intended Guardian: _____ / _____

Successor Guardian: _____ / _____

Intended Financial Power of Attorney: _____ / _____

Successor Power of Attorney: _____ / _____

Intended Health Care Power of Attorney: _____ / _____

Successor Health Care Agent: _____ / _____

Intended Beneficiaries:

_____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

Beneficiaries with special needs or disabilities:

_____ / _____

_____ / _____

Assets:

(FOR EACH ASSET, PLEASE PROVIDE the value and the ownership status and the beneficiary designation)

Real estate:

Bank accounts:

Investment assets (stocks, bonds, mutual funds, annuities):

Retirement Assets (401K, 403B, IRA, Others):

Personal property (cars, jewelry, artwork, coins, etc.):

Business interests:

Life insurance:

Anticipated inheritance: _____

Previously gifted significant assets: _____

Other: _____

**Providing copies of deeds, account statements, and other records of ownership is helpful but not required at this stage*

ANY OTHER CONSIDERATIONS in your plan: _____

Name of Accountant: _____

Name of Financial Advisor: _____

Do you want communication by email: Yes _____ No _____

Names of persons to whom we can talk about your estate plan: _____

Signed this _____ day of _____, 20____

Client 1

Client 2