

ESTATE PLANNING

Important People & Their Contact Information

Husband	
Full Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Wife	
Full Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	

Date of Marriage:	
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CHILDREN of this Marriage: <input type="checkbox"/> yes <input type="checkbox"/> no	
Child #1	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no

Child #2	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Do they have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no
Child #3	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no
Child #4	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no

If you have more than 4 children, please provide the information requested above on a separate sheet of paper for those children.

HUSBAND's children from a prior relationship:	
<input type="checkbox"/> yes	
<input type="checkbox"/> no	
Husband's Child #1	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no
Husband's Child #2	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Do they have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no

Husband's Child #3	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no
Husband's Child #4	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no

If Husband has more than 4 children from a prior relationship, please provide the information requested above on a separate sheet of paper for those children.

WIFE's children from a prior relationship:

- yes
- no

Wife's Child #1

Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no

Wife's Child #2

Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Do they have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no

Wife's Child #3	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no
Wife's Child #4	
Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Fiancé/Partner/Spouse:	
Does he/she have a child/children of their own?	<input type="checkbox"/> yes <input type="checkbox"/> no

If Wife has more than 4 children from a prior relationship, please provide the information requested above on a separate sheet of paper for those children.

**Contact Information for ANYONE else
you are listing anywhere in your Estate Plan**

**(whether as a beneficiary, health care surrogate, guardian,
attorney-in-fact, successor trustee or funeral representative)**

Name:	
Address:	
Telephone:	
Email:	
Relationship to you:	
Name:	
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