

ACUÑA, REGLI & KLEIN, LLP

ESTATE PLANNING INFORMATION

NOTE: PLEASE PRINT COMPLETE LEGAL NAMES AS YOU WANT THEM TO APPEAR IN YOUR ESTATE PLANNING DOCUMENTS.

1. Name _____ Birthdate _____ SS# _____

2. Address _____ Phone _____

City _____ State _____ Zip Code _____

3. CHILDREN (First Name, Middle Initial, Last Name):

Child #1 _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Child #2 _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Child #3 _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Child #4 _____ Birthdate _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

4. FINANCIAL AGENTS (Trustee/Executors)

Agent #1 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Agent #2 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Agent #3 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

5. HEALTH AGENTS

Health Agent #1 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Health Agent #2 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Health Agent #3 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

6. GUARDIANS (only for children under 18 years of age)

Guardian #1 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Guardian #2 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Guardian #3 _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

DON'T FORGET . . .

_____ Statements for all your assets _____ Addresses for all real estate