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ESTATE INFORMATION

(Name)

DOB

(SS #)

(Spouse)

DOB

(SS #)

(Address)

(Telephone) Work

(City, State Zip)

(Telephone) Home

(Email Address)

(Telephone) Cell

(Husband's Employer)

(Wife's Employer)

(Position)

(Position)

(Income)

(Income)

(SS Income)

(SS Income)

FAMILY (Children, in order of age):

1. _____
(Name) (Age) F/M (Married?) (Children)

_____ Work
(Address) (Telephone)

_____ Home
(Telephone)

2. _____
(Name) (Age) F/M (Married?) (Children)

_____ Work
(Address) (Telephone)

_____ Home
(Telephone)

3. _____
(Name) (Age) F/M (Married?) (Children)

_____ Work
(Address) (Telephone)

_____ Home
(Telephone)

4. _____
(Name) (Age) F/M (Married?) (Children)

_____ Work
(Address) (Telephone)

_____ Home
(Telephone)

ASSETS:

Real Estate:

(Residence Owned)

(Mortgage Holder)

(Value)

(Owed)

(Equity)

(Other Real Estate Owned)

(Mortgage Holder)

(Value)

(Owed)

(Equity)

(Other Real Estate Owned)

(Mortgage Holder)

(Value)

(Owed)

(Equity)

Safe Deposit Box?

Yes / No

(Institution)

(Location)

Banks:

(Bank Name)

(Type Account)

(Amount)

(Bank Name)

(Type Account)

(Amount)

(Bank Name)

(Type Account)

(Amount)

(Bank Name)

(Type Account)

(Amount)

Investment Accounts:

_____ (Company)	_____ (Type Account)	_____ (Amount)
_____ (Company)	_____ (Type Account)	_____ (Amount)
_____ (Company)	_____ (Type Account)	_____ (Amount)
_____ (Company)	_____ (Type Account)	_____ (Amount)
_____ (Company)	_____ (Type Account)	_____ (Amount)

Life Insurance:

_____ (Company)	_____ (Beneficiary)	_____ (Amount)
_____ (Company)	_____ (Beneficiary)	_____ (Amount)
_____ (Company)	_____ (Beneficiary)	_____ (Amount)
_____ (Company)	_____ (Beneficiary)	_____ (Amount)
_____ (Company)	_____ (Beneficiary)	_____ (Amount)

Other Assets:

Expect an inheritance from anyone? _____ Who? _____

Health:

Husband's Health: Excellent Good Fair Poor (Circle One)

Health Issues / Concerns: _____

Wife's Health: Excellent Good Fair Poor (Circle One)

Health Issues / Concerns: _____

OFFICE USE ONLY

Living Will

Patient Advocate _____

Successor Patient Advocate _____

DPA

Agent _____

Successor Agent _____

Pour Over Will

Personal Rep. _____

Successor Personal Rep. _____

Trust

Trust type _____

Grantor _____

Initial Trustee

First Successor Trustee

Second Successor Trustee

Distribution Plan

File type: _____