



IDAHO ESTATE PLANNING PERSONAL INFORMATION FORM

Please bring the completed form and copies of your documentation to your first appointment.

**Idaho Estate Planning
1155 East Winding Creek Drive
Eagle, Idaho 83616
208-939-7658 (office)
208-939-3248 (fax)**

DOCUMENTS NEEDED

- Copies of all deeds and current tax assessments to real property and timeshares. Quitclaim Deeds are used to transfer property. There will be an additional charge of \$250.00 for each Warranty Deed. If a deceased spouse's/child's name is still on property, there will be an additional charge of \$500.00 for an Affidavit. If portions of your property, as described in the present deed, have been sold, an additional charge will be added to clean up the property description as required by County Assessor.
- Copies of registrations and/or titles to all vehicles or other titled assets.
- Original stock certificates and original bonds.
- Copies of all statements (bank, investment, CD's, retirement, annuities, etc)
- Copies of latest dividend checks for stocks and mineral interests.
- Copies of insurance policies.
- Copies of Operating Agreements, Articles of Incorporation or Organization or other contracts for business interests such as Buy-Sell Agreements.
- Copies of current estate planning documents (trusts, wills, powers of attorney, healthcare powers, post or prenuptial agreements).
- Copies of burial, funeral or cremation information.
- Copies of promissory notes or other information regarding monies owed to you.

During the process of filling out this form, please call our Concierge/Paralegal, Patti Paz, with any questions or concerns.

If you do not have access to a copy machine, please bring your original documents and we will make copies for you.

Note: In accordance with 16 CFR 313, our law firm does not release any personal or financial information obtained from clients to any third party without prior consent.

PERSONAL INFORMATION

(Please Print)

Client # 1

Date Completed: _____

Full Legal Name _____

How your name should appear on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ County _____ State _____ Zip _____

Employer _____ Position _____

E-Mail address _____ Home Telephone _____

Cell Phone _____ Business Telephone _____ Best Number to call _____

Currently Married: Yes No If yes, date of Marriage: _____

How were you married? Clergyman or authorized official Common-Law Other _____

Previously Married: Yes No If yes, date of Divorce: _____

Widowed: Yes No If yes, date of Passing: _____

Date of Marriage: _____

Lived in the following states: CA WA NV AZ NM TX ID LA WI

Veteran Branch of Service _____ Dates of Service _____

Client # 2

Full Legal Name _____

How your name should appear on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Employer _____ Position _____

E-Mail address _____ Home Telephone _____

Cell Phone _____ Business Telephone _____ Best number to call _____

Previously Married: Yes No If yes, date of Divorce: _____

Widowed: Yes No If yes, date of Passing: _____

Date of Marriage: _____

Lived in the following states: CA WA NV AZ NM TX ID LA WI

Veteran Branch of Service _____ Dates of Service _____

CHILDREN'S INFORMATION

Children

Husband's Wife's Both

Child's Full Legal Name _____ Male Female

Nickname _____ Birth date _____ Spouse's Name: _____

Home address (If Different from Parents): _____ City _____ State _____ Zip _____

Home telephone _____ Social Security No. _____

Special Needs: Medical Educational Financial/ Married Divorced Widowed Single

Grandchildren's Names

Ages

Special Needs

Yes No

Yes No

◆◆◆◆◆

Husband's Wife's Both

Child's Full Legal Name _____ Male Female

Nickname _____ Birth date _____ Spouse's Name: _____

Home address (If Different from Parents): _____ City _____ State _____ Zip _____

Home telephone _____ Social Security No. _____

Special Needs: Medical Educational Financial/ Married Divorced Widowed Single

Grandchildren's Names

Ages

Special Needs

Yes No

Yes No

◆◆◆◆◆

Husband's Wife's Both

Child's Full Legal Name _____ Male Female

Nickname _____ Birth date _____ Spouse's Name: _____

Home address (If Different from Parents): _____ City _____ State _____ Zip _____

Home telephone _____ Social Security No. _____

Special Needs: Medical Educational Financial/ Married Divorced Widowed Single

Grandchildren's Names

Ages

Special Needs

Yes No

Yes No

Any of the above children adopted: Yes No

(Put additional children on back of this page)

OTHER DEPENDENTS

Friends or relatives who are dependents.

Dependents

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Spouse's Name: _____

Special Needs: Medical Educational Financial Married Divorced Widowed Single

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Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Spouse's Name: _____

Special Needs: Medical Educational Financial Married Divorced Widowed Single

◆◆◆◆◆

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Spouse's Name: _____

Special Needs: Medical Educational Financial Married Divorced Widowed Single

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern	
	Husband	Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Providing for and protecting a spouse.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Providing for and protecting children.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Providing for and protecting grandchildren.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Disinheriting a family member.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Providing for charities at the time of death.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Plan for the transfer and survival of a family business.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Avoiding or reducing your estate taxes.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Avoiding probate.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Reduce administration costs at time of your death.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Avoiding a conservatorship (“living probate”) in case of a disability.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Avoiding will contests or other disputes upon death.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Protecting assets from lawsuits or creditors.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Protecting children’s inheritance from the possibility of failed marriages.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Protect children’s inheritance in the event of a surviving spouse’s remarriage.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A	<input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> N/A

Other Concerns (Please list below):

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Financial Advisor: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Family Attorney: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Stock Broker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Life Insurance Agent: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Personal Banker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

INITIAL TRUSTEE(S): Usually the trustmaker will be the Trustee of his or her own trust. Often, both spouses, jointly.
Allows you to continue to jointly control your assets as before.

Name	Relationship
1) _____	_____
2) _____	_____

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? Each other First? Yes

FOR HUSBAND

Name	Relationship
2) _____	_____
3) _____	_____

FOR WIFE

Name	Relationship
2) _____	_____
3) _____	_____

DEATH TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? Each other First? Yes

FOR HUSBAND

Name	Relationship
2) _____	_____
3) _____	_____

FOR WIFE

Name	Relationship
2) _____	_____
3) _____	_____

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name	Relationship
2) _____	_____
3) _____	_____

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? Each other First? Yes

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
2) _____	_____	_____
3) _____	_____	_____

WIFE'S AGENT

	Name	Relationship	Instructions or Guidelines
2)	_____	_____	_____
3)	_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Husband: Yes No

Wife: Yes No

Gifting Power Details: _____

HIPPA: Who do you want appointed as Authorized Recipients for health care disclosure? This will allow the health care providers (doctors and others) to release information regarding your healthcare.

Name	Relationship
_____	_____
_____	_____
_____	_____

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? Each other First?

HUSBAND'S AGENT

	Name	Relationship	Instructions or Guidelines
2)	_____	_____	_____
3)	_____	_____	_____

WIFE'S AGENT

	Name	Relationship	Instructions or Guidelines
2)	_____	_____	_____
3)	_____	_____	_____

Do you want to authorize your Medical Agent to take reasonable steps to keep you in a personal residence rather than nursing home?

Husband: Yes No

Wife: Yes No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?

Husband: Yes No

Wife: Yes No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- Disabled spouse, the needs of others.
- Disabled spouse and other spouse, and then needs of others
- Disabled spouse needs and the needs of others equally.

LIVING WILL: Do you want to provide that your organs and tissues should be made available for transplant purposes? **Husband:** Yes No **Wife:** Yes No
For research purposes? **Husband:** Yes No **Wife:** Yes No