

WALLER & MITCHELL
ATTORNEYS AT LAW

ESTATE PLAN ORGANIZER

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WALLER & MITCHELL

PERSONAL INFORMATION

FAMILY INFORMATION

Full Name: _____ Previous/Nick Name(s): _____

DOB: ____/____/____ Place of Birth: _____ Social Security #: _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Cell phone: _____

E-mail Address: _____ Fax: _____

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien

Marital Status: Single Married Widowed Divorced Separated Anniversary: ____/____/____

Previous Marriages? Yes No

Job Title: _____ Employer (last, if retired): _____ # of Years: _____

Work Phone: _____ Work Address: _____ Retirement Date: _____

Branch of Service (if any): _____ Date Entered: ____/____/____ Date Discharged: ____/____/____

Is your family entitled to any veteran's benefits? Yes No If yes, explain: _____

SPOUSE INFORMATION (write "same" for any duplicated information):

Full Name: _____ Previous/Nick Name(s): _____

DOB: ____/____/____ Place of Birth: _____ Social Security #: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Cell phone: _____

E-mail Address: _____ Fax: _____

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien

Previous Marriages? Yes No

Job Title: _____ Employer (last, if retired): _____ # of Years: _____

Work Phone: _____ Work Address: _____ Retirement Date: _____

Branch of Service (if any): _____ Date Entered: ____/____/____ Date Discharged: ____/____/____

Is your family entitled to any veteran's benefits? Yes No If yes, explain: _____

CHILDREN, GRANDCHILDREN AND/OR OTHER DEPENDENTS:

Name	Relationship	DOB	Address	Phone
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____

Does any child/dependent listed have special needs or permanent disabilities? Yes No

If yes, describe: _____

ADVISORS

Financial Advisor's Name: _____ Firm Name: _____

Address: _____ Phone: _____

Attorney's Name: _____ Firm Name: _____

Address: _____ Phone: _____

Accountant's Name: _____ Firm Name: _____

Address: _____ Phone: _____

Insurance Agent's Name: _____ Firm Name: _____

Address: _____ Phone: _____

Stock Broker's Name: _____ Firm Name: _____

Address: _____ Phone: _____

ESTATE PLANNING DOCUMENTS

CURRENT ESTATE PLANNING DOCUMENTS

		Date	Location
You	<input type="checkbox"/> Will	__/__/__	_____
	<input type="checkbox"/> Living Will	__/__/__	_____
	<input type="checkbox"/> Revocable Living Trust	__/__/__	_____
	<input type="checkbox"/> Power of Attorney	__/__/__	_____
	<input type="checkbox"/> Gifts	__/__/__	_____
	<input type="checkbox"/> Irrevocable Life Insurance Trust	__/__/__	_____
	<input type="checkbox"/> Family Limited Partnership	__/__/__	_____
	<input type="checkbox"/> Charitable Lead Trust	__/__/__	_____
	<input type="checkbox"/> Charitable Remainder Trust	__/__/__	_____
	<input type="checkbox"/> Business Succession/Buy-Sell	__/__/__	_____
<input type="checkbox"/> Other _____	__/__/__	_____	
Spouse	<input type="checkbox"/> Will	__/__/__	_____
	<input type="checkbox"/> Living Will	__/__/__	_____
	<input type="checkbox"/> Revocable Living Trust	__/__/__	_____
	<input type="checkbox"/> Power of Attorney	__/__/__	_____
	<input type="checkbox"/> Gifts	__/__/__	_____
	<input type="checkbox"/> Irrevocable Life Insurance Trust	__/__/__	_____
	<input type="checkbox"/> Family Limited Partnership	__/__/__	_____
	<input type="checkbox"/> Charitable Lead Trust	__/__/__	_____
	<input type="checkbox"/> Charitable Remainder Trust	__/__/__	_____
	<input type="checkbox"/> Business Succession/Buy-Sell	__/__/__	_____
<input type="checkbox"/> Other _____	__/__/__	_____	

PERSONAL NOMINEES

Personal Representative - The person you want to be in charge of carrying out the provisions of your will.

	Name	Relationship	Address	Phone
Executor	_____	_____	_____	_____
Alternate	_____	_____	_____	_____

Guardian - The person/people you would appoint as guardian of your minor children if you and your spouse were to die.

Guardian(s)	_____	_____	_____	_____
Alternate(s)	_____	_____	_____	_____

Trustee - The person you want to be in charge of carrying out the provisions of your trust.

Trustee	_____	_____	_____	_____
Alternate	_____	_____	_____	_____

Durable Power of Attorney - The person you want to manage your assets upon incapacity.

Power of Attorney	_____	_____	_____	_____
Alternate	_____	_____	_____	_____

BENEFICIARIES

	Name	Relationship	Address	Description of Gift (specific asset or amount)
Beneficiary #1	_____	_____	_____	_____
Beneficiary #2	_____	_____	_____	_____
Beneficiary #3	_____	_____	_____	_____
Beneficiary #4	_____	_____	_____	_____
Beneficiary #5	_____	_____	_____	_____
Beneficiary #6	_____	_____	_____	_____
Beneficiary #7	_____	_____	_____	_____
Beneficiary #8	_____	_____	_____	_____

List instructions for who should care for your pets, if applicable: _____

List instructions to be noted regarding the disposition of unique items: _____

WALLER & MITCHELL

FUNERAL INSTRUCTIONS

FUNERAL INSTRUCTIONS

I have the following final wishes: _____

FUNERAL HOME/BURIAL INFORMATION

Funeral home: _____ Location: _____

Cemetery: _____ Plot/Drawer #: _____

I have prepaid for my burial costs: Yes No I have prepaid for my burial plot: Yes No

I have prepaid for my casket: Yes No I prefer this type of casket: _____

Pre-payment information can be found at: _____

I wish to be buried next to deceased spouse parent child

I wish to be cremated before the service after the service I do not wish to be cremated

Crematory: _____

I want my body embalmed: Yes No Organs for donation: _____

Tombstone engraving: _____

FUNERAL ARRANGEMENTS (PLEASE DISCUSS WITH YOUR PASTOR BEFORE COMPLETING.)

Funeral Location: _____

I want "Calling Hours" before my Funeral: Yes No

If yes, indicate location: Church Family Home Funeral Home

If yes, specify if casket is to be: Open Closed

Desired Officiant: _____ Alternate: _____

Desired Funeral Director: _____

Desired Pallbearers: _____

I would like the following person to give the eulogy at my service: _____

I would like the following songs, music, Scripture, poetry, etc. at my funeral: _____

I would like flowers at my service: Yes No

In lieu of flowers, please make gifts to: _____

