

THE LAW OFFICES
OF
LEONARD S. ROTH, P.C.

A PROFESSIONAL CORPORATION
Attorneys and Counselors at Law
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ESTATE PLANNING FACT SHEET

Date: _____

I.
PERSONAL AND FAMILY INFORMATION
(Give full names, no initials)

Husband's Name: _____
(First) (Middle) (Last)

Wife's Name: _____
(First) (Middle) (Last)

Husband's Primary Occupation: _____

Address (Include County): _____

Business Address: _____

Email Address: _____

Telephone: Home _____ Business _____

Birthdate: _____ Soc. Sec. No. _____

U.S. Citizen: Yes _____ No _____ If No, Country _____

Wife's Primary Occupation: _____

Address (Include County): _____

Business Address: _____

Email Address: _____

Telephone: Home _____ Business _____

Birthdate: _____ Soc. Sec. No. _____

U.S. Citizen: Yes _____ No _____ If No, Country _____

Marriage Date: _____ Place _____

CHILDREN

(Indicate if a child is adopted. Please attach an additional page for additional children or additional information. Please note if a child has special needs.)

Circle Gender Circle Parent(s) (Husband, Wife or Both)

1st Child

First Name: Middle: Last: SSN Spouse: Address: Phone: Birthdate: Current Age: M F H's W's Both

2nd Child

First Name: Middle: Last: SSN Spouse: Address: Phone: Birthdate: Current Age: M F H's W's Both

3rd Child

First Name: Middle: Last: SSN Spouse: Address: Phone: Birthdate: Current Age: M F H's W's Both

4th Child

First Name: Middle: Last: SSN Spouse: Address: Phone: Birthdate: Current Age: M F H's W's Both

GRANDCHILDREN
(indicate if adopted)

Children of 1st Child

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Children of 2nd Child

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Children of 3rd Child

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Children of 4th Child

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

OTHER DEPENDENTS

1st

2nd

Name: _____

Soc. Sec.: _____

Address: _____

Phone: _____

Birthdate: _____

Relationship: _____

3rd

4th

Name: _____

Soc. Sec.: _____

Address: _____

Phone: _____

Birthdate: _____

Relationship: _____

II.
PROFESSIONAL ADVISORS

Accountant

Insurance Agent

Name: _____

Firm _____

Address: _____

Phone: () _____

() _____

Fax: () _____

() _____

Stock Broker

Regular Physician

Name: _____

Firm _____

Address: _____

Phone: () _____

() _____

Fax: () _____

() _____

Financial Planner

Bank Officer

Name: _____

Firm _____

Address: _____

Phone: () _____

() _____

Fax: () _____

() _____

III.
NOMINATIONS

(Please provide full names, including middle names or initials, as applicable.)

A. EXECUTOR(S) Please list in order of preference. If co-executors, indicate with an asterisk *.)

Husband's Will

Wife's Will

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

B. TRUSTEES (if different from Executor)

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

(Trustee continued)

TRUSTEES Husband's Will
continued

Wife's Will

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

C. GENERAL
ATTORNEY(S)-IN-FACT (if different from Executor)

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Husband's Will

Wife's Will

GENERAL ATTORNEY-IN-FACT continued

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

MEDICAL CARE

D. ATTORNEY(S)-IN-FACT (if different from Executor)

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____
