

PRATHER & SWANK P.A.

ELDER LAW ATTORNEYS

These questions pertain to the person for whom we are planning. Do your best, but don't worry if some of the information you need to complete this form is not available to you. You have an appointment at: _____ on _____ . Please provide us with your completed intake as early as possible before your appointment date. The intake may be mailed or dropped off at our office. This information may be emailed or faxed if you prefer. Please call us at 239-288-4315 if you have any questions or concerns about completing this form.

PERSONAL DATA

Please Print

Date of marriage: _____

City, County, State: _____

Spouse 1

Spouse 2

Legal Name: _____

Legal Name: _____

Address: _____

Address: _____

Email Address: _____

Email Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Birthdate: _____ Age: _____

Birthdate: _____ Age: _____

Retirement Date: _____

Retirement Date: _____

Social Security #: _____

Social Security #: _____

Are you a U.S. Citizen? Yes No

Are you a U.S. Citizen? Yes No

Are you a Florida Resident? Yes No

Are you a Florida Resident? Yes No

Were you referred to our firm? Yes No If so, by whom? Name: _____

If not referred, what made you choose our firm? _____

What is the primary purpose of your visit? _____

Please indicate the name of the person who completed this form: _____

PERSONAL INFORMATION

Spouse 1

Spouse 2

- Living Trust
- Last Will & Testament
- Durable Power of Attorney
- Health Care Surrogate
- Living Will
- Pre/Post Nuptial Agreement

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |



1. Did you file tax returns with the IRS last year? Yes No
2. Who prepares your taxes? _____ Phone: _____
 May speak with this person about you if needed? Yes No
3. Who is your financial advisor? _____ Phone: _____
 May speak with this person about you if needed? Yes No
4. What is the location of your important papers? _____
5. Do you have a safety deposit box? Yes No If yes, what is the box number? _____
 Where is it located? _____
 Whose names are on the card? _____

- | | |
|---|--|
| <p>6. Spouse 1</p> <p>Do you want to be buried or cremated? _____</p> <p>Are the arrangements paid for? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Company: _____</p> <p>Contract Number: _____</p> | <p>Spouse 2</p> <p>Do you want to be buried or cremated? _____</p> <p>Are the arrangements paid for? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Company: _____</p> <p>Contract Number: _____</p> |
|---|--|

7. Are either of you a veteran? Yes No
 If yes to either, did you serve during wartime*? Yes No What branch? _____
 *WWII 12/1941–12/1946; Korean Conflict 06/1950–01/1955; Vietnam 08/1964–05/1975
 (or 02/1961 – 05/07/1975 for veteran who served “in country”/boots on ground during that time period);
 Persian Gulf–08/1990

- | | | |
|--|--|--|
| <p>8. Do you need help with any of the following activities?</p> <p>Bathing</p> <p>Transferring from bed to chair</p> <p>Feeding yourself</p> <p>Using the telephone</p> <p>Taking medications</p> <p>Dressing</p> <p>Walking</p> <p>Using the toilet</p> <p>Doing laundry</p> <p>Managing money</p> | <p>Spouse 1</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Spouse 2</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|--|--|

9. Do either one of you have medical conditions we should be aware of? Yes No
 If yes, please explain:
Spouse 1: _____
Spouse 2: _____

10. What medications do you take and what are they for?
Spouse 1: _____
Spouse 2: _____

11. Who is your family physician? _____

12. Do either of you have any other legal issues which we should be aware of? Yes No
 If yes, please explain: _____

13. **CHILDREN**

Please list names as they properly appear on legal documents. List any children who predeceased you, and their children.

Spouse 1

Spouse 2

a) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

a) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

May we speak with this person if needed? Yes No

b) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

b) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

May we speak with this person if needed? Yes No

c) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

c) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

May we speak with this person if needed? Yes No

d) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

e) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

f) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

d) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

e) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

f) Name/Age: _____
Date of birth: _____
Address: _____

Contact number: _____
Spouse's name/age: _____
Children's names/ages: _____

May we speak with this person if needed? Yes No

14. Does anyone to whom you are leaving part of your estate receive Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare or other benefit? Yes No
If yes, please indicate the type and the amount: _____

15. HEALTH INSURANCE

Medicare:

If yes, do you also have **Part D** coverage?

Medicare Supplement:

If yes, list company: _____

Private Health Insurance:

If yes, list company: _____

Retirement Health Insurance:

If yes, list company: _____

Prescription Coverage:

If yes, list company: _____

Long Term Care Insurance:

If yes, list company: _____

	Spouse 1	Spouse 2
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

16. If you were unable to make medical decisions for yourself, whom would you want to do so for you?
(i.e. name as your health care surrogate) Please list in order of priority; include your spouse.

Spouse 1		Spouse 2	
a) Name: _____		a) Name: _____	
Relationship: _____		Relationship: _____	
Contact Number: _____		Contact Number: _____	
May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Name: _____		b) Name: _____	
Relationship: _____		Relationship: _____	
Contact Number: _____		Contact Number: _____	
May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Name: _____		c) Name: _____	
Relationship: _____		Relationship: _____	
Contact Number: _____		Contact Number: _____	
May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Spouse 1	Spouse 2
17. Do you wish to be an organ donor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. If you were having a heart attack, would you want to be resuscitated (given CPR)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. If you were seriously ill or in a comatose state, would you want to have a feeding tube?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

20. If you were unable to carry out your financial business, who would you want to manage your assets?
 (i.e. name as your Power of Attorney) Please list in order of priority; include your spouse.

Spouse 1		Spouse 2	
a) Name: _____		a) Name: _____	
Relationship: _____		Relationship: _____	
Contact Number: _____		Contact Number: _____	
May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Name: _____		b) Name: _____	
Relationship: _____		Relationship: _____	
Contact Number: _____		Contact Number: _____	
May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Name: _____		c) Name: _____	
Relationship: _____		Relationship: _____	
Contact Number: _____		Contact Number: _____	
May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we speak with this person if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

FINANCIAL

21. Have you made **gifts** or **transfers**, totaling \$500.00 in any month, within the last 60 months? Yes No
 Have you added a person's name to real property or other asset within the last 60 months? Yes No
 If yes, please complete the following: (use separate page if necessary)

Spouse 1		Spouse 2	
a) Gift Recipient: _____		a) Gift Recipient: _____	
Date of gift: _____		Date of gift: _____	
Value of gift or transfer: _____		Value of gift or transfer: _____	
b) Gift Recipient: _____		b) Gift Recipient: _____	
Date of gift: _____		Date of gift: _____	
Value of gift or transfer: _____		Value of gift or transfer: _____	
c) Gift Recipient: _____		c) Gift Recipient: _____	
Date of gift: _____		Date of gift: _____	
Value of gift or transfer: _____		Value of gift or transfer: _____	
d) Gift Recipient: _____		d) Gift Recipient: _____	
Date of gift: _____		Date of gift: _____	
Value of gift or transfer: _____		Value of gift or transfer: _____	

22. Do you have any life insurance policies? (Do not list annuities here)
If yes, please complete the following:

Yes No

Spouse 1

Spouse 2

- a) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- b) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- c) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- d) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____

- a) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- b) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- c) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____
- d) Company Name: _____
Policy Number: _____
Owner: _____
Insured: _____
Face Value: _____
Cash Surrender Value: _____
Beneficiary: _____
Contingent Beneficiary: _____

TOTAL CASH SURRENDER VALUES (#22): \$ _____ \$ _____

23. Please list the **personal property** that you own (cars, RVs, boats, manufactured homes, art, jewelry, antiques):

Description of property	Value	How titled?

Total Value of Personal Property (#23): \$ _____

24. REAL ESTATE

(Please provide a copy of the deed or title for all real property)

a) Primary Residence Address: _____

Is this a manufactured home? Yes No

If yes:

Do you own the ground? Yes No Own a share of the park? Yes No

Is the park a cooperative? Yes No Have you retired the title? Yes No

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

b) Secondary Residence Address (if applicable): _____

Is this a manufactured home? Yes No

If yes:

Do you own the ground? Yes No Own a share of the park? Yes No

Is the park a cooperative? Yes No Have you retired the title? Yes No

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

c) Other Real Property Owned:

i) Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

ii) Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

Total Value of Real Estate: \$ _____

Less Outstanding Mortgages: \$ _____

Equity in Real Estate (#24): \$ _____

25. INTANGIBLE ASSETS

(Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). Please list only the last four digits of the account number. If the asset is an IRA, 401K or Keogh Plan, you will list the asset in a later section.

EXAMPLE:

Type of Asset: Checking Account Last 4 digits of Account #: 1234
Company Name: Checking Account
How is it titled?: John Doe & Mary Doe
Beneficiary: Children of John & Mary Doe
Value: \$1,000.00 Maturity Date: 01/22/2014 Interest Rate: 1.5%

- a) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- b) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- c) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- d) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- e) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____

- f) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- g) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- h) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- i) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- j) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____
- k) Type of Asset: _____ Last 4 digits of Account #: _____
 Company Name: _____
 How is it titled? _____
 Beneficiary: _____
 Value: _____ Maturity Date: _____ Interest Rate: _____

Total Value of Intangible Assets (#25): _____

26. RETIREMENT FUNDS:
(IRAS, KEOGHS, OR 401K PLANS)

- a) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- b) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- c) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____
- d) Type of Asset: _____ Last 4 digits of Account #: _____
Company Name: _____
How is it titled? _____
Beneficiary: _____
Value: _____ Maturity Date: _____ Interest Rate: _____

Total Value of Retirement Funds (#26): \$ _____

27. Total cash surrender value of life insurance (#22): \$ _____
Total value of personal property (#23): \$ _____
Total equity value of real estate (#24): \$ _____
Total value of intangible assets (#25): \$ _____
Total value of retirement accounts (#26): \$ _____
- TOTAL VALUE OF ALL ASSETS:** \$ _____

27. MONTHLY INCOME
(Please list income from all sources)

Spouse 1

Spouse 2

Social Security: Gross: \$ _____
Medicare Deduction: \$ _____
Net: \$ _____
Direct deposit to: _____

Gross: \$ _____
Medicare Deduction: \$ _____
Net: \$ _____
Direct deposit to: _____

Disability: From: _____
Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

From: _____
Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

Pension(s): From: _____
Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

From: _____
Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

From: _____
Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

From: _____
Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

Veteran's Admin.: Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

Employment: From: _____
Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

From: _____
Gross: \$ _____
Deductions: \$ _____
Net: \$ _____
Direct deposit to: _____

Annuity: (in pay mode) From: _____
 Gross: \$ _____
 Deductions: \$ _____
 Net: \$ _____
 Direct deposit to: _____

From: _____
 Gross: \$ _____
 Deductions: \$ _____
 Net: \$ _____
 Direct deposit to: _____

From: _____
 Gross: \$ _____
 Deductions: \$ _____
 Net: \$ _____
 Direct deposit to: _____

From: _____
 Gross: \$ _____
 Deductions: \$ _____
 Net: \$ _____
 Direct deposit to: _____

Other: (Rent, Mortgages, IRA, etc.)

From: _____
 Gross: \$ _____
 Deductions: \$ _____
 Net: \$ _____
 Direct deposit to: _____

From: _____
 Gross: \$ _____
 Deductions: \$ _____
 Net: \$ _____
 Direct deposit to: _____

Total GROSS Monthly Income: \$ _____ \$ _____

28. Which sources of income have a benefit for a surviving spouse upon the first death? _____

29. Does your monthly income cover your monthly expenses? Yes No

30. LIABILITIES

Mortgages:	\$ _____	Notes to Banks:	\$ _____
Notes to Others:	\$ _____	Unpaid Medical:	\$ _____
Credit Card Debt:	\$ _____	Other:	\$ _____

Total Liabilities: \$ _____

30. Who, other than your spouse, shall receive the balance of your estate? (Give percentages if more than one)

31. Who do you want to serve as your personal representative? (This must be a blood relative or a Florida Resident. Please list in order of preference)

Spouse 1

Spouse 2

a) Name: _____

a) Name: _____

Relationship: _____

Relationship: _____

Contact Number: _____

Contact Number: _____

May we speak with this person if needed? Yes No

May we speak with this person if needed? Yes No

b) Name: _____

b) Name: _____

Relationship: _____

Relationship: _____

Contact Number: _____

Contact Number: _____

May we speak with this person if needed? Yes No

May we speak with this person if needed? Yes No

33. If you were ill and required assistance with care, would you want your designated agent to transfer your resources so that you could qualify for Medicaid/VA government programs? Yes No

Although email is not the primary method of communication by the attorney and staff of Prather & Swank, P.A., it is occasionally appropriate and serves to expedite communications. May we contact you, or anyone else on your behalf, via email? Yes No

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Spouse 1

Spouse 2

Date

Date

DOCUMENTS REQUIRED FOR INITIAL OFFICE CONFERENCE

A copy of the following for your loved one and spouse:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> A valid driver license or some other government issued photo identification (front and back). | | | | |
| | Spouse 1 | | Spouse 2 | |
| | Original | Copy | Original | Copy |
| <input type="checkbox"/> Trust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Last Will & Testament | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Designation of Health Care Surrogate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pre/Post Nuptial Agreement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Most recent statement (not a computer printout) for all bank accounts, brokerage accounts, stock certifications, IRAs, annuities policies, Certificates of Deposit, Mortgages, promissory notes or any other assets. | | | | |