

Information About Your Children

Please list all children born to or adopted by you. Include all deceased children.

Child # _____

Child's Name (First, middle, last): _____ Son: Daughter:

Other Names Known by: _____ Child of: Husband Wife Both

Address: _____ Child Disabled: No Yes

_____ Soc. Sec. # _____

Phone Number: _____ Date of Birth: _____ If Deceased, Date of Death: _____

Name of Your Child's Spouse: _____

Does this child have children? Yes No If yes, list names and ages:

Questions

Yes No N/A

| 1. | Will this child be named as a beneficiary in your Will? | | | |
|----|---|--|--|--|
| 2. | If this child is currently married, are you concerned about possible divorce or other issues? | | | |
| 3. | Is there a concern about gambling, drug, alcohol, or other substance abuse? | | | |
| 4. | Has this child borrowed great sums of money from you that you would like to address in your will? | | | |
| 5. | Does this child have a great amount of debt or creditor issues? | | | |
| 6. | Has this child committed a felony that would exclude him from serving as an executor? | | | |
| 7. | Would you like a trust for this child to address some of the above issues? | | | |

Appointments

Executor/Trustee/Agent

If this child will serve as Executor, Trustee, or as an Agent, please select the appropriate boxes.

| Executor: | Trustee: | Power of Attorney Agent: | Medical Power of Attorney Agent: | HIPAA: |
|---|--|---|--|---|
| <input type="checkbox"/> Primary <input type="checkbox"/> Alternate _____ <input type="checkbox"/> Co-Executor <input type="checkbox"/> Compensation <input type="checkbox"/> No Compensation <input type="checkbox"/> Felony Conviction | <input type="checkbox"/> Primary <input type="checkbox"/> Alternate _____ <input type="checkbox"/> Co-Trustee <input type="checkbox"/> Compensation <input type="checkbox"/> No Compensation | <input type="checkbox"/> Primary <input type="checkbox"/> Alternate _____ <input type="checkbox"/> Co-Agent <input type="checkbox"/> Successor only <input type="checkbox"/> Serve as a group | <input type="checkbox"/> Primary <input type="checkbox"/> Alternate _____ <input type="checkbox"/> Co-Agent <input type="checkbox"/> Will have a Copy | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Notes

