

JASPERS, MORIARTY & WETHERILLE, P.A.
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Shakopee, MN 55379
(952) 445-2817

ESTATE PLANNING INFORMATION

Name: _____

Address: _____

Occupation: _____

County of Residence: _____ Social Security Number: _____

D.O.B: _____ Place of Birth: _____

Name of Spouse: _____

Telephone number: _____

Names of heirs; if minor children exist; include date of births: _____

Date and location of any existing Last Will and Testaments: _____

Date and location of any existing Codicils: _____

Date and location of any existing Health Care Directives: _____

Date and location of any existing Power of Attorneys: _____

Name of Personal Representative: _____

Name of Co-Personal Representative: _____

If minor children exist, Name of Guardian and any Co-Guardian: _____

If minor children exist, Name of Trustee and any Co-Trustee: _____

If Trust is created for minor children, list at what ages you would like distributions to be made:

Life Insurance Policies

Name of Company held by:

Beneficiary: (yes/no)

Real Estate Information

Ownership

Value

Stocks, Bonds, Annuities, other Assets

Name of Institution held by:

Value

Checking, Savings, Money Market Accounts

(List institution where held, value and ownership)

Household Good, Automobiles, Jewelry, Boats, Loans to Relatives, etc....
