

MARRIED ESTATE PLANNING  
**Schwarz & Harris, P.A.**

Attorneys at Law

DATE \_\_\_\_\_

(1) Spouse's Legal Name: \_\_\_\_\_

Citizen of US? \_\_\_\_\_ Yes \_\_\_\_\_ No Where? \_\_\_\_\_

(2) Spouse's Legal Name: \_\_\_\_\_

Citizen of US? \_\_\_\_\_ Yes \_\_\_\_\_ No Where? \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

(1) Spouse Cell Phone: \_\_\_\_\_ (2) Spouse Cell Phone: \_\_\_\_\_

Email Address (1) Spouse: \_\_\_\_\_

Email Address (2) Spouse : \_\_\_\_\_

**(1) SPOUSE** - Do you want to be \_\_\_\_\_ Buried? If so, where: \_\_\_\_\_ Prepaid? \_\_\_\_\_ or

Do you want to be \_\_\_\_\_ Cremated? Prepaid? \_\_\_\_\_ If so, where do you want your ashes to go?

Explain: \_\_\_\_\_

If Yes, explain \_\_\_\_\_

**(2) SPOUSE** - Do you want to be \_\_\_\_\_ Buried? If so, where: \_\_\_\_\_ Prepaid? \_\_\_\_\_ or

Do you want to be \_\_\_\_\_ Cremated? Prepaid? \_\_\_\_\_ If so, where do you want your ashes to go?

Explain: \_\_\_\_\_

How long have you been married? \_\_\_\_\_ Do you have a prenuptial Agreement \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Agreement: \_\_\_\_\_

Is this your first marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a living child or children together? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please list children from this union below.**

1. \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Male or Female \_\_\_\_\_  
Phone \_\_\_\_\_

2. \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Male or Female \_\_\_\_\_  
Phone \_\_\_\_\_

3. \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Male or Female \_\_\_\_\_  
Phone \_\_\_\_\_

4. \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Male or Female \_\_\_\_\_  
Phone \_\_\_\_\_

**Does either spouse have a living child or children from a prior marriage or relationship?**

1. \_\_\_\_\_ (1) Spouse / (2) Spouse  
Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Male or Female \_\_\_\_\_  
Phone \_\_\_\_\_

2. \_\_\_\_\_ ((1) Spouse / (2) Spouse)  
Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Age: \_\_\_\_\_ Male or Female \_\_\_\_\_  
Phone \_\_\_\_\_

3. \_\_\_\_\_ (1) Spouse / (2) Spouse  
Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Age: \_\_\_\_\_ Male or Female \_\_\_\_\_  
Phone \_\_\_\_\_

4. \_\_\_\_\_ (1) Spouse / (2) Spouse  
Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Age: \_\_\_\_\_ Male or Female \_\_\_\_\_  
Phone \_\_\_\_\_

**(1) SPOUSE - Who do you want to name as the Personal Representative(s) of your estate?**

1. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name  
2. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name  
3. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name

**Will you be nominating the same persons to be Personal Representative(s) and Trustees (if a Trust is created)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please state who you would name as Trustee:

1. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name  
2. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name  
3. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name

**(2) SPOUSE - Who do you want to name as the Personal Representative(s) of your estate?**

- 1. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name
- 2. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name
- 3. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name

**Will you be nominating the same persons to be Personal Representative(s) and Trustee(s) (if a trust is created)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please state who you would name as Trustee:

- 1. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name
- 2. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name
- 3. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name

**(1) SPOUSE and (2) SPOUSE: Who do you want to name as the guardian(s) of your minor children (if you have children under age 18) or disabled adult? (Two persons may serve together as long as they are married.)**

- 1. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name
- 2. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name
- 3. \_\_\_\_\_ Relation: \_\_\_\_\_ State of Residence \_\_\_\_\_  
Name

**(1) SPOUSE and (2) SPOUSE: Are any Beneficiaries on government benefits?**

- |           |           |       |              |
|-----------|-----------|-------|--------------|
| _____ SSI | _____ SSD | _____ | _____        |
|           |           | Name  | Relationship |
| _____ SSI | _____ SSD | _____ | _____        |
|           |           | Name  | Relationship |

**(1) SPOUSE and (2) SPOUSE: We recommend you keep all of your original legal documents in a Safe Deposit Box.**

Where is your Safe Deposit Box? \_\_\_\_\_

If no Safe Deposit Box, where will you keep your originals?

\_\_\_\_\_

\_\_\_\_\_

**1) SPOUSE and (2) SPOUSE: LIST ASSETS:**

<b>Assets</b>	<b>Full Value</b>	<b>(Less Debt)</b>	<b>Net Value</b>	<b>Comments</b>
<b>Life Insurance</b>				
<b>Retirement plans</b>				
<b>Residence</b>				
<b>Other real estate: Property #1</b>				
<b>Property #2</b>				
<b>Property #3</b>				
<b>Checking</b>				
<b>Savings</b>				
<b>CDs</b>				
<b>Brokerage Account #1</b>				
<b>Account #2</b>				
<b>Account #3</b>				
<b>Notes (loans to others)</b>				
<b>Businesses Business #1</b>				
<b>Business #2</b>				
<b>Business #3</b>				
<b>Vehicles</b>				
<b>Personal effects</b>				
<b>Potential inheritance</b>				
<b>Total</b>				

**Additional comments:**

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**(1) SPOUSE - Who do you want to name as Agent(s) on your Durable Power of Attorney:**

(A Durable Power of Attorney gives the person(s) named the power to sign your name if you are unable to do so. For instance, it can be used to sign a deed or a tax return or to make gifts of your property).

1. \_\_\_\_\_ Relation: \_\_\_\_\_  
Name      1<sup>st</sup> Agent

\_\_\_\_\_  
Address

2. \_\_\_\_\_ Relation: \_\_\_\_\_  
Name      2<sup>nd</sup> Agent

\_\_\_\_\_  
Address

3. \_\_\_\_\_ Relation: \_\_\_\_\_  
Name      3<sup>rd</sup> Agent

\_\_\_\_\_  
Address

**(2) SPOUSE - Who do you want to name as Agent(s) on your Durable Power of Attorney:**

(A Durable Power of Attorney gives the person(s) named the power to sign your name if you are unable to do so. For instance, it can be used to sign a deed or a tax return or to make gifts of your property).

1. \_\_\_\_\_ Relation: \_\_\_\_\_  
Name      1<sup>st</sup> Agent

\_\_\_\_\_  
Address

2. \_\_\_\_\_ Relation: \_\_\_\_\_  
Name      2<sup>nd</sup> Agent

\_\_\_\_\_  
Address

3. \_\_\_\_\_ Relation: \_\_\_\_\_  
Name      3<sup>rd</sup> Agent

\_\_\_\_\_  
Address

