



THE LAW OFFICE OF  
CASEY M. EGGER

**ESTATE PLANNING OUTLINE**  
**INDIVIDUAL**

**CONFIDENTIAL**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PART I – PERSONAL DATA**

Name: \_\_\_\_\_

S.S.#: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_

**Children and Grandchildren – Indicate adopted (A)**

*If adult children, please provide current address and cell phone number, and if married, indicate names of spouses and names and ages of any grandchildren. Please describe any special needs that may exist.*

**Name**

**Date of Birth**

**Parents** – *Provide names and addresses of parents if living*

**Siblings** – *List names and addresses*

**Previous marriages** – *Please provide name and any obligations of support*

**Anticipated inheritances** – *List any for you or your children and approximate value and source*

**Financial Advisor and/or Accountant** – *Provide name, address and telephone number*

**Dates of present Will and Trust Agreements** – *Please provide copies*

**PART II – ASSETS**

**A. TANGIBLE PERSONAL PROPERTY**

*Please list any tangible property of significant monetary or sentimental value*

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**B. REAL ESTATE – Attach extra pages if necessary**

**Primary Residence**

Location \_\_\_\_\_

Title (indicate ownership) \_\_\_\_\_

Estimated Market Value \_\_\_\_\_

**Other Real Property**

Location \_\_\_\_\_

Title (indicate ownership) \_\_\_\_\_

Estimated Market Value \_\_\_\_\_

**C. BANK ACCOUNTS**

<u>Type of Account</u>	<u>Held by</u>	<u>Value</u>
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**D. BROKERAGE ACCOUNTS**

<u>Type of Account</u>	<u>Held by</u>	<u>Approx Value</u>
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**E. LIFE INSURANCE**

<u>Owner</u>	<u>Beneficiary</u>	Whole or Term
_____	_____	_____
_____	_____	_____

**F. RETIREMENT ACCOUNTS (IRA, 401k, 403B)**

<u>Type of Account</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**G. COMPANY BENEFITS OTHER THAN INSURANCE**

**Stock Options, Profit Sharing Plan, Contingent or Deferred Compensation, Retirement or Pension Plan**  
*Provide name of company and, if desired, attach company statements.*

**H. OTHER COMPANY BENEFITS**

**I. TRUST PROPERTY**

*Furnish details if you or any family members are the beneficiary of a trust, or if you have established any trust. Also, does any member of the family have a power of appointment over any property?*

**J. FINANCIAL RECORDS**

*Does anyone know where to look for your financial records or passwords should something happen to you?*

## **PART III – DISTRIBUTION OBJECTIVES**

### **A. BEQUESTS**

*Who do you want your entire estate to go to (either outright or in trust)?*

### **B. BEQUEST TO CHILDREN**

*Should your children receive property at 21 or should it be held to a more mature age?*

### **C. CATASTROPHE CLAUSE**

*If none of your descendants (children or grandchildren) are living, where would you like your estate to go? sibling? friend? charity? elsewhere?*

### **D. SPECIFIC GIFTS**

*Do you wish to make any specific gifts of tangible personal property, real estate or cash under your Will? Please furnish details. You may attach additional pages if necessary.*

### **E. FUNERAL REPRESENTATIVE AND FUNERAL WISHES**

*Who will you designate as your funeral representative? Please list name, address and relationship.*

*Do you have any funeral wishes (burial, cremation, etc.)?*

**EXECUTORS**

*Who will you designate as your estate representative? This person should be trustworthy and Responsible. You must name an alternate person in the event the first one is unable to serve.*

**Executor**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

**Successor Executor**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

**PART IV – POA AND HEALTH CARE PROXY**

**A. POWER OF ATTORNEY**

*Who is the person you would designate to handle your affairs in the event you are sick or unable?*

**Power of Attorney**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

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

**Alternate Power of Attorney**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

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

**B. ADVANCE DIRECTIVE AND HEALTH CARE PROXY**

*Who is the person you would designate to make medical decisions in the event you are unable?*

**Health Care Proxy**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Alternate Health Care Proxy**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Phone:** \_\_\_\_\_