

*Law Office of  
Kathryn M. Wayne-Spindler, P.C.*

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**ESTATE PLANNING**  
**CONFIDENTIAL PERSONAL INFORMATION**

Our office does not give tax advice. We do not advise as to the need for a trust or other estate planning documents relating to taxes. If you have been advised to do a Trust we will draft a Trust upon request but will give no warranties as to its effect on the taxable estate. Please be advised that this firm is not responsible to apprise you of changes in the law and has no ongoing responsibility to ensure that your current estate planning documents meet your personal objectives and are enforceable as written.

\_\_\_\_\_  
Client #1 Signature

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

\_\_\_\_\_  
Client #2 Signature

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

**for CLIENT #1**

**for CLIENT #2**

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

\_\_\_\_\_

Also Known As: \_\_\_\_\_

\_\_\_\_\_

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

Home/Cell Phone Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

U. S. Citizen: Yes ( ) No ( )                      Yes ( ) No ( )

Living Parents: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Former Spouse: \_\_\_\_\_

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

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

\_\_\_\_\_

Employer Phone No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

**“We are Happy to Assist You with Confident Aggressive Legal Counsel in your Neighborhood”  
at the Law Offices of Kathryn M. Wayne-Spindler, P.C.**

**Living Children** (indicate whether from a previous marriage or adopted children):

	<u>Full Name</u>	<u>Age</u>	<u>Address</u>	<u>Number of Children of Child</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Deceased children:** \_\_\_\_\_

Living children of deceased children: \_\_\_\_\_

**If there are no living parents, children or grandchildren**, please list your brothers and sisters (living or deceased):

(Husb) \_\_\_\_\_ (Wife) \_\_\_\_\_

Since your marriage, have you ever lived in any of the following **community property states**: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?

Yes: \_\_\_ No: \_\_\_ Name(s) of state(s): \_\_\_\_\_ Years: \_\_\_\_\_

**Real Estate** (including Land Contracts):

<u>Description</u>	<u>Ownership</u> (Husb, Wife, Joint)	<u>Mortgage</u>	<u>Market</u>
		<u>Balance</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Retirement/Investment Accounts:**

<u>Description</u> (type) (location)	<u>Ownership</u>	<u>Market</u>
	(Husb, Wife, Joint)	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Checking/Saving Accounts:**

<u>Description</u> (type) (location)	<u>Ownership</u>	<u>Approx.</u>
	(Husb, Wife, Joint)	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Collections/Jewelry/Antiques:**

<u>Description</u>	<u>Ownership</u>	<u>Estimated</u>
	(Husb, Wife, Joint)	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(For repeated listings, only repeat name, not address and phone number. Thank you.)

**WILL FOR CLIENT #1**

Personal Representative/Executor name

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Personal Representative address and phone number

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Successor Personal Representative name

---

Successor Personal Representative address and phone number

---

Property devised to: 1<sup>st</sup> choice \_\_\_\_\_,  
2<sup>nd</sup> choice \_\_\_\_\_

**WILL FOR CLIENT #2:**

Personal Representative/Executor name

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Personal Representative address and phone number

---

Successor Personal Representative  
name \_\_\_\_\_

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Successor Personal Representative address and phone number

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Property devised to: 1<sup>st</sup> choice \_\_\_\_\_,  
2<sup>nd</sup> choice \_\_\_\_\_

**For minor children of Client #1 and Client #2:**

Trustee name \_\_\_\_\_

Trustee address and phone no.

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Successor Trustee \_\_\_\_\_

Successor Trustee address and phone no.

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Guardian name \_\_\_\_\_

Guardian address and phone

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Successor Guardian \_\_\_\_\_

Successor Guardian address and phone no.

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Age at which children will get full distribution of Trust \_\_\_\_\_  
or \_\_\_\_\_% at age \_\_\_\_\_, % at age \_\_\_\_\_, final distribution at age \_\_\_\_\_

**CLIENT #1 POWER OF ATTORNEY FOR HEALTH CARE**

Patient Advocate

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Address and phone number

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Successor Patient Advocate

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Address and phone number

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**CLIENT #2 POWER OF ATTORNEY FOR HEALTH CARE**

Patient Advocate

\_\_\_\_\_  
Address and phone number

\_\_\_\_\_  
Successor Patient Advocate

\_\_\_\_\_  
Address and phone number

**CLIENT #1 POWER OF ATTORNEY FOR FINANCES:**

Designated Attorney-in-Fact

\_\_\_\_\_  
Address and phone number

\_\_\_\_\_  
Substitute Agent

\_\_\_\_\_  
Address and phone number

**CLIENT #2 POWER OF ATTORNEY FOR FINANCES**

Designated Attorney-in-Fact

\_\_\_\_\_  
Address and phone number

\_\_\_\_\_  
Substitute Agent

\_\_\_\_\_  
Address and phone number

**FOR OFFICE USE** – Atty’s Initial - \_\_\_\_\_

Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL –

\_\_\_ Married:      \_\_\_ with minor children      \_\_\_ with adult children      \_\_\_ no children  
                 \_\_\_ Continuing Trust                      \_\_\_ Trust with Extinguishments

\_\_\_ Single, Widowed, Divorced: \_\_\_ with minor children, \_\_\_ with adult children, \_\_\_ no children  
                 \_\_\_ Continuing Trust                      \_\_\_ Trust with Extinguishments

POA finances:      \_\_\_ effective upon disability      \_\_\_ effective upon execution