

Van Gilder & Trzynka, P.C.
436 East Wayne Street
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(260) 424-8132 – Phone
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ESTATE PLANNING INFORMATION

PERSONAL INFORMATION

Date: _____

HUSBAND:

Name: _____ Date of Birth: _____

Social Security No: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____

Name of Business: _____

Business Address: _____

Business Phone: _____

Living Parents Name and Age: _____

Military Background: _____

WIFE:

Name: _____ Date of Birth: _____

Maiden Name: _____ Place of Birth: _____

Name of Business: _____

Business Address: _____

Business Phone: _____

Social Security No: _____

Living Parents Name and Age: _____

Military Background: _____

PERSONAL REPRESENTATIVE (person who will probate estate):

1st Name: _____ 2nd Name: _____
Address: _____ Address: _____
Relation: _____ Relation: _____

FAMILY BACKGROUND:

Has either spouse been previously married?
Date and place of previous divorce, if any:
Is there any descendant of a prior marriage?
Is there an Antenuptial Agreement?

CHILDREN:

Name	DOB	Residence (city/state)	Marital Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is any child adopted?
Is any child divorced or separated?
Is any child physically or mentally handicapped?
Are any of the children from a prior marriage?

GUARDIAN(S) (person who assumes custody of children):

1st Name: _____ 2nd Name: _____
Address: _____ Address: _____
Relation: _____ Relation: _____

TRUSTEE(S) (person who will administer trust on behalf of minor child(ren) or incapacitated adult):

1st Name: _____ 2nd Name: _____
Address: _____ Address: _____
Relation: _____ Relation: _____

OTHERS TO BE PROVIDED FOR UNDER ESTATE PLAN:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION RE: ADVISORS:

(Complete this section by providing the name, address, and telephone number of each of your advisors.)

Accountant:

Trustee:

Bank(s):

Pension/Profit Sharing Plan Administrator(s):

Insurance Agent:

Broker(s):