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Estate Planning

Date: _____

CLIENT INFORMATION SHEET

CLIENT #1: _____
(Last) (First) (Middle)

CLIENT #2: _____
(Last) (First) (Middle)

CLIENT #1 SOCIAL SECURITY NO. _____ D.O.B. _____

CLIENT #2 SOCIAL SECURITY NO. _____ D.O.B. _____

ADDRESS: _____

HOME PH. _____ WORK PH. _____ EMAIL _____

Are both of you citizens of the USA? Yes No Patient Advocate Designation (Health Care) needed? Yes No

If yes, do you want to make anatomical gifts? Yes No Do you wish to receive your bill by email? Yes No

Do you have pets? Yes No

Children's Names, Addresses, and Telephone Numbers:

1) Name: _____
Address: _____
Telephone No.: _____

2) Name: _____
Address: _____
Telephone No.: _____

3) Name: _____
Address: _____
Telephone No.: _____

Please list any additional beneficiaries desired:

1) Name: _____
Address: _____
Telephone No.: _____

2) Name: _____
Address: _____
Telephone No.: _____

Have in mind who you will want to serve as Personal Representative (Executor), Trustee, Power of Attorney, and Patient Advocate. Also, generally have values for your various assets.

TANGIBLE PERSONAL PROPERTY LIST:

You can make a list of items of tangible personal property that you wish to gift to certain people and attach the list to your Will. This list can be changed as many times as you wish. It must be dated and signed by you. Please note that tangible personal property may **NOT** include real estate, investment accounts or cash. This list is meant to gift items such as jewelry, dishes, furniture, etc.