



MILLHORN & SHANAWANY LAW FIRM

PLEASE COMPLETE THE FOLLOWING WORKSHEET ABOUT YOUR CLIENT

When the worksheet is complete, press the “File” button located in the upper left of the Menu Bar; then press the “Save As” button. You will be prompted for a File Name: Name the file with the Client’s name then add Worksheet to the name you just typed. Click the “Save” button in the lower right of the screen, under the name of the file you just typed.

Go to your email program and send an email to info@millhornvlo.com. Attach the file you just saved in the step above.

Estate Planning Information Sheet (Please Print)

1.) SINGLE CLIENT

_____	_____	_____
First Name	MI	Last Name

2.) SPOUSE, IF MARRIED

_____	_____	_____
First Name	MI	Last Name

_____	_____
Street Number	Mailing Street Name

_____	_____	_____	_____
City	State	Zip Code	County (within State)

(____)	_____
Area Code	Phone Number

EMAIL

CHILDREN and BENEFICIARIES OF: _____
(LAST NAME OF CLIENT)

1) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

2) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

3) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

4) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

5) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

6) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

7) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

8) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

9) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

10) CHILD/BENEFICIARY'S NAME:

PLEASE CHECK: MALE ☐ FEMALE ☐ CHILD OF: HUSBAND ☐ WIFE ☐ BOTH ☐ CHILD/RELATIONSHIP

ADMINISTRATORS OF:

(LAST NAME OF CLIENT)

LAST WILL & TESTAMENT:

(Married clients will be each other's Personal Representative, skip to Successor PR)

Personal Representative:(Single Client only)

Co-Personal Representative:

Successor Personal Representative:

Successor Co-Personal Representative:

Alternate Personal Representative:

Alternate Co-Personal Representative:

LIVING TRUST(S):

(The client(s) will be the initial Trustee(s) of the Trust)

Successor Trustee:

Successor Co-Trustee:

Alternate Trustee:

Alternate Co-Trustee:

Second Alternate Trustee:

Second Alternate Co-Trustee:

DURABLE POWER OF ATTORNEY

(Married clients will be each other's Agent, skip to Successor)

Husband to: _____

Successor: _____

Alternate: _____

.....
Wife to: _____

Successor _____

Alternate: _____

DISTRIBUTION TO BENEFICIARIES OF:

(LAST NAME OF CLIENT)

1) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

2) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

3) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

4) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

5) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

6) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

7) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

8) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

9) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION

10) CHILD/BENEFICIARY'S NAME:

PERCENTAGE DISTRIBUTION