

# PERKINS

---

L A W F I R M

---

Please submit the information you feel comfortable with below. If you do not know the answer to a question we'll provide further assistance during your consultation. Thank you.

**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State/Region:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

## Your Information

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_

**Other Name(s) Used by You:**

\_\_\_\_\_

**Are you a US Citizen?:** Yes      No

## Spouse or Partner Information

**Relationship:** \_\_\_\_\_  
**Spouse or Partner's First Name:** \_\_\_\_\_  
**Spouse or Partner's Last Name:** \_\_\_\_\_  
**Spouse or Partner's Date of Birth:** \_\_\_\_\_  
**Spouse or Partner's Occupation:** \_\_\_\_\_

**Other Name(s) Used by  
Spouse or Partner:**

\_\_\_\_\_

**Is Your Spouse or Partner a US Citizen?:** Yes      No

# PERKINS

---

## LAW FIRM

### Children / Descendants Information

Do you have any children?: Yes      No

#### List of Children (Biological and Adopted) :

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_

#### List of Grandchildren:

(Name, Birthday, Mother, Father, Legal Guardian, other)

#### List of Deceased Children:

(Name, Birthday, Mother, Father, other)

### General Information

Do you wish to disinherit any of your children,  
grandchildren, or any other close relative?:      Yes      No

Do you have an existing Marital Property  
Agreement?:      Yes      No

Do either of you expect to inherit substantial  
assets?:      Yes      No

Do you have any of the following documents?:

Pour-Over Will

Revocable Living Trust

Financial Power of Attorney

Advanced Healthcare Directive

Any Other Vital Documents:

**FIDUCIARIES**

**Successor Trustee and Executor(s):**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**PERSONAL GUARDIAN OF CHILD AND CHILD'S ESTATE (IF CHILD IS MINOR):**

Guardian First Choice: \_\_\_\_\_

Guardian Second Choice: \_\_\_\_\_

Guardian Third Choice: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT (AKA: FINANCIAL POWER OF ATTORNEY):**

Your Initial Attorney Of Fact:

\_\_\_\_\_

Your Successor Attorney Of Fact:

\_\_\_\_\_

Partner's Initial Attorney Of Fact:

\_\_\_\_\_

Partner's Successor Attorney Of Fact:

\_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR HEALTHCARE (AKA: Advanced Healthcare Directive)**

Your Initial Attorney Of Fact:  
\_\_\_\_\_

Partner's Initial Attorney Of Fact:  
\_\_\_\_\_

Your Successor Attorney Of Fact:  
\_\_\_\_\_

Partner's Successor Attorney Of Fact:  
\_\_\_\_\_

**REVOCABLE LIVING TRUST INFORMATION**

Name of Revocable Trust: \_\_\_\_\_

If Amended and Restated – Date of Original Trust: \_\_\_\_\_

Is your revocable living Trust Funded?: Yes No Unsure

First Trustee(s): SETTLOR(S):  
(Generally Spouse or Partner) \_\_\_\_\_

First Successor Trustee(s): \_\_\_\_\_

Second Successor Trustee(s): \_\_\_\_\_

**BENEFICIARIES OF TRUST ESTATE AFTER BOTH SETTLORS HAVE PASSED**

Trust Beneficiary #1 and % Interest:	Name: _____	Interest % _____
Trust Beneficiary #2 and % Interest:	Name: _____	Interest % _____
Trust Beneficiary #3 and % Interest:	Name: _____	Interest % _____
Trust Beneficiary #4 and % Interest:	Name: _____	Interest % _____
Trust Beneficiary #5 and % Interest:	Name: _____	Interest % _____
Trust Beneficiary #6 and % Interest:	Name: _____	Interest % _____

Special Gifts:

Special Drafting Instructions:

## END OF LIFE DECISIONS

### YOU:

**Choose to Prolong Your Own Life**

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

**Choose Not Prolong Your Own Life**

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits.

**Are you an Organ Donor?:**

### SPOUSE OR PARTNER:

**Spouse or Partner Chooses to Prolong Life**

Spouse or Partner wants life to be prolonged as long as possible within the limits of generally accepted health care standards.

**Spouse or Partner chooses NOT to Prolong Life**

Spouse or Partner does not want life prolonged if (1) Spouse or Partner has an incurable and irreversible condition that will result in death within a relatively short time, (2) becomes unconscious and, to a reasonable degree of medical certainty, will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits.

**Is your Spouse or Partner an Organ Donor?:**

### **Special Instructions:**

## ESTIMATED VALUE OF ESTATE

**Your Cash Assets:**  
(cash, annuities, notes due you) \$ \_\_\_\_\_

**Your Business Interests:**  
(Partnerships, Corps, LLCs, etc.) \$ \_\_\_\_\_

**Your Retirement Plans:**  
(IRA, 401k, etc.) \$ \_\_\_\_\_

**Spouse or Partner's Retirement Plans:**  
(IRA, 401k, etc.) \$ \_\_\_\_\_

**Other property:** \$ \_\_\_\_\_

**TOTAL: Estimated Value of Estate:** \$ \_\_\_\_\_

## LIFE INSURANCE

**Your Term Life Insurance Death Benefit:** \$ \_\_\_\_\_

**Spouse or Partner Term Life Insurance Death Benefit:** \$ \_\_\_\_\_

**Spouse or Partner Whole Life Cash Value:** \$ \_\_\_\_\_

## **CONFIDENTIALITY STATEMENT**

PERKINS LAW FIRM, and its attorneys, employees, contractors and assigns know that the privacy of the personal information that we receive about you is important to you. It is important to us, too. We take our professional responsibilities very seriously, and appreciate the trust you place in us to protect your confidential information. Any information that we collect about you is used only to provide the legal and related services that you request from us.

To View our Full Privacy Policy, please visit [www.perkinslawfirm.com/privacy-policy/](http://www.perkinslawfirm.com/privacy-policy/)