

THOMAS J. GALLO, ATTORNEY, P.A.

ESTATE PLANNING PROFILE

Name _____

Is this your **1st Will**? ___yes ___no

Are **you** a **U.S. Citizen**? ___yes ___no Is your **Spouse** a **U.S. Citizen**? ___yes ___no

Married Now? ___yes ___no (Separated _____) (Divorced _____)

Spouses Name _____

Were you **previously married**? ___yes ___no. Spouse **previously married**? ___yes ___no

Any **children** from **previous marriages** or **relationships**? ___yes ___no

Spouse - children from **previous marriages** or **relationships**? ___yes ___no

Names of **children**, including step children and adopted children.

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Any **children** with **special needs**? ___yes ___no

If yes, explain _____

For minor children, whom do you wish to be their **Guardian** and **Alternate**

Guardian?	Name and Address	Relationship
_____	_____	_____
	Name and Address	Relationship
	_____	_____

Name and Address of your **Personal Representative & Alternate**

Personal Rep _____

Alternate Rep _____

Name and Address of your **Trustee & Successor Trustee**

Trustee _____

Successor Trustee _____

Do you wish to make **Specific Bequests?** (These can be listed in your will or on an additional piece of paper & attached to your will) _____yes _____no

ASSETS

Safety Deposit Boxes

Where held? _____

Address _____

How Titled? Husband ____ Wife ____ Joint ____

Person's other than you with access to these boxes? _____

Real Estate Owned (Including Vacation/Time Share Property)

1) Legal Description _____

Address _____

How Titled: Separate ____ Joint ____

Other Important Documents

Do you have a **Living Will**? Yes ____ No ____

Identify the person who you authorize to make health care decisions for you if you are unable:

Name: _____ Phone #: _____

Address: _____

Do you have **Durable Power of Attorney**? Yes ____ No ____

Please identify someone you authorize to act on your behalf in financial matters. You may want an alternate also.

Name of POA _____

Address/Phone _____

Alternate POA _____

Address/Phone _____

Do you currently have a **Medical Power of Attorney/Advance Medical Directive**? Yes ____ No ____

Appoint someone you authorize to make health care decisions on your behalf. Also designate an alternate.

Medical POA _____

Address/Phone _____

Alternate _____

Address/Phone _____

ORGAN DONATION

Have you designated yourself as an organ donor on your driver's license? Yes ____ No ____

If yes, we will also include a clause in your Medical POA Documents.

Have you discussed your wishes with your close family members? Yes ____ No ____

FINAL ARRANGEMENTS

You: Burial _____ Cremation _____ **Spouse:** Burial _____ Cremation _____