

# Law Offices of Kathryn M. Wayne-Spindler

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## Hartland Office

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## Canton Office

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By Appointment Only

### ESTATE PLANNING CONFIDENTIAL PERSONAL INFORMATION

The law office of Kathryn M. Wayne-Spindler does not give tax advice. We do not advise as to the need for a trust or other estate planning documents relating to taxes. If you have been advised to do a Trust we will draft a Trust upon request but will give no warranties as to its effect on the taxable estate. Please be advised that this firm is not responsible to apprise you of changes in the law and has no ongoing responsibility to ensure that your current estate planning documents meet your personal objectives and are enforceable as written.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

#### for HUSBAND

#### for WIFE

Full Name: \_\_\_\_\_

\_\_\_\_\_

Also Known As: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

U. S. Citizen: Yes ( ) No ( )

Yes ( ) No ( )

Living Parents: \_\_\_\_\_

\_\_\_\_\_

Former Spouse: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Employer Phone No.: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

**Living Children** (indicate whether from a previous marriage or adopted children):

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Number of Children of Child</u>
1. _____			
2. _____			
3. _____			
4. _____			

**Deceased children:** \_\_\_\_\_

Living children of deceased children: \_\_\_\_\_

**If there are no** living children or grandchildren, please list your brothers and sisters (living or deceased):

(Husb) \_\_\_\_\_ (Wife) \_\_\_\_\_  
\_\_\_\_\_

Since your marriage, have you ever lived in any of the following **community property states**: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?

Yes: \_\_\_ No: \_\_\_ Name of state: \_\_\_\_\_ Years: \_\_\_\_\_

**Real Estate** (including Land Contracts):

<u>Description</u>	<u>Ownership</u> (Husb, Wife, Joint)	<u>Mortgage</u> <u>Balance</u>	<u>Market</u> <u>Value</u>
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____

*(For repeated listings, only repeat name, not address and phone number. Thank you.)*

**FOR HUSBAND'S WILL**

Personal Representative name \_\_\_\_\_  
P.R. address and phone no. \_\_\_\_\_  
Successor P. R. name \_\_\_\_\_  
S.P.R. address and phone no. \_\_\_\_\_  
Property devised to: 1<sup>st</sup> choice \_\_\_\_\_, 2<sup>nd</sup> choice \_\_\_\_\_

**FOR WIFE'S WILL:**

Personal Representative name \_\_\_\_\_  
P.R. address and phone no. \_\_\_\_\_  
Successor P. R. name \_\_\_\_\_  
S.P.R. address and phone no. \_\_\_\_\_  
Property devised to 1<sup>st</sup> choice \_\_\_\_\_, 2<sup>nd</sup> choice \_\_\_\_\_

For **minor children** on both **husband's and wife's wills:**

Trustee name \_\_\_\_\_

Trustee address and phone no. \_\_\_\_\_

Successor Trustee \_\_\_\_\_

S. T. address and phone no. \_\_\_\_\_

Guardian name \_\_\_\_\_

Guardian address and phone \_\_\_\_\_

Successor Guardian \_\_\_\_\_

S.G. address and phone no. \_\_\_\_\_

Age at which children will get distribution of Trust \_\_\_\_\_

**FOR HUSBAND'S POWER OF ATTORNEY FOR HEALTH CARE**

Patient Advocate \_\_\_\_\_

Address and phone no. \_\_\_\_\_

Successor P. A. \_\_\_\_\_

Address and phone no. \_\_\_\_\_

**FOR WIFE'S POWER OF ATTORNEY FOR HEALTH CARE**

Patient Advocate \_\_\_\_\_

Address and phone no. \_\_\_\_\_

Successor P. A. \_\_\_\_\_

Address and phone no. \_\_\_\_\_

**FOR HUSBAND'S POWER OF ATTORNEY FOR FINANCES:**

Designated Attorney-in-Fact \_\_\_\_\_

Address and phone no. \_\_\_\_\_

Substitute Agent \_\_\_\_\_

Address and phone no. \_\_\_\_\_

**FOR WIFE'S POWER OF ATTORNEY FOR FINANCES**

Designated Attorney-in-Fact \_\_\_\_\_

Address and phone no. \_\_\_\_\_

Substitute Agent \_\_\_\_\_

Address and phone no. \_\_\_\_\_

**FOR OFFICE USE – Atty's Initial - \_\_\_\_\_**

**WILLS –**

\_\_\_ Married:            \_\_\_ with minor children            \_\_\_ with adult children            \_\_\_ no children

                             \_\_\_ Continuing Trust            \_\_\_ Trust with Extinguishments

\_\_\_ Single, Widowed, Divorced: \_\_\_ with minor children, \_\_\_ with adult children, \_\_\_ no children

                             \_\_\_ Continuing Trust            \_\_\_ Trust with Extinguishments

**POA finances:**            \_\_\_ effective upon *disability*            <sup>3</sup> \_\_\_ effective upon *execution*