Estate Planning

Please FULLY complete and return this form at least 1 week prior to our next meeting.

The following will assist the attorney in preparing your estate planning documents. Remember that you do NOT need to name the same people on each document or put them in the same order. Try not to get too hung up on the details, you can always change your mind on the people and order when you review with the attorney.

Section 1 – Personal Information

Contact's Last Name		**Contact's** First Name		Gender ☐ Male ☐ Female	Marital Status ☐ Never married ☐ 1st marriage ☐ 2nd + marriage ☐ Widow ☐ Separated ☐ Divorced
Date of Birth	Cell Phone	Home Phone	Work Phone		
Contact's Email					
Legal/Residential Address					
City		State		Zip	

Spouse's Last Name		**Spouse's** First Name		Gender ☐ Male ☐ Female	Marital Status ☐ Never married ☐ 1st marriage ☐ 2nd + marriage ☐ Widow ☐ Separated ☐ Divorced
Date of Birth	Cell Phone	Home Phone	Work Phone		
Spouse's Email					

Section 2 – Current Estate Planning

Please indicate if you have any of the following documents and if so, when they were last completed.

Estate Planning		**Contact**	**Spouse (Same or Date)**
Will	☐ No	☐ Yes, date: _____	date: _____
Durable Power of Attorney for Finance	☐ No	☐ Yes, date: _____	date: _____
*Springing Power of Attorney for Finance	☐ No	☐ Yes date: _____	date: _____
Durable Power of Attorney for Medical	☐ No	☐ Yes, date: _____	date: _____
Trust(s)	☐ No	☐ Yes, date: _____	date: _____
Any other estate planning?	☐ No	☐ Yes, date: _____	date: _____

**Spring Power of Attorney for Finance is only valid if you become disabled or incapacitated.*

Section 3 – New Desired Estate Planning

Please indicate which of the following documents you would like to have prepared or updated.

Estate Planning	**Contact**		**Spouse (Same or Date)**	
Will	☐ No	☐ Yes	☐ No	☐ Yes
Durable Power of Attorney for Finance	☐ No	☐ Yes	☐ No	☐ Yes
*Springing Power of Attorney for Finance	☐ No	☐ Yes	☐ No	☐ Yes
Durable Power of Attorney for Medical	☐ No	☐ Yes	☐ No	☐ Yes
Trust(s)	☐ No	☐ Yes	☐ No	☐ Yes
Any other estate planning?	☐ No	☐ Yes	☐ No	☐ Yes

Section 4 – Important People In Your Life

Please complete the following for each person or entity you would like to have included in your estate planning. Examples of their capacity could range from a beneficiary, power of attorney or even executor/executrix of your estate.

No.	Name & Address	Date of Birth (DOB) Cell Phone #	Relationship
1.	Name: Address:	DOB: Cell:	
2.	Name: Address:	DOB: Cell:	
3.	Name: Address:	DOB: Cell:	
4.	Name: Address:	DOB: Cell:	
5.	Name: Address:	DOB: Cell:	
6.	Name: Address:	DOB: Cell:	
7.	Name: Address:	DOB: Cell:	
8.	Name: Address:	DOB: Cell:	
9.	Name: Address:	DOB: Cell:	
10.	Name: Address:	DOB: Cell:	
11.	Name: Address:	DOB: Cell:	
12.	Name: Address:	DOB: Cell:	
13.	Name: Address:	DOB: Cell:	

Section 5 – Powers of Attorney

Enter the corresponding number of the individual that you would like to act on your behalf if you cannot make decisions.

	Health Care Power of Attorney		Financial Power of Attorney		
	Contact	Spouse	Contact	Spouse	Concerns/Comments:
Primary	☐ Spouse, or ☐ #________	☐ Contact, or ☐ #________	☐ Spouse, or ☐ #________	☐ Contact, or ☐ #________	
1st Alternate	#________	#________	#________	#________	
2nd Alternate	#________	#________	#________	#________	
3rd Alternate	#________	#________	#________	#________	

Section 6 – Will and/or Trust

Enter the corresponding number of the individual that you would like to be in charge of your will and/or trust.

	Will		Trust		
	Contact	Spouse	Contact	Spouse	Concerns/Comments:
Primary	☐ Spouse, or ☐ #________	☐ Contact, or ☐ #________	☐ Spouse, or ☐ #________	☐ Contact, or ☐ #________	
1st Alternate	#________	#________	#________	#________	
2nd Alternate	#________	#________	#________	#________	
3rd Alternate	#________	#________	#________	#________	

Section 7 – Asset Distribution

Enter the corresponding number of the individual or entity that you would like to receive all or a portion of your assets.

Contact			Spouse			Concerns/Comments:
☐ Spouse, or ☐ #________	☐ Primary	______.0%	☐ Contact, or ☐ #________	☐ Primary	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	
#________	☐ Primary ☐ Contingent	______.0%	#________	☐ Primary ☐ Contingent	______.0%	

Section 8 – Guardian of Minor Children

If applicable, enter the corresponding number of the individual(s) that you would like to become guardian of your minor children.

	Guardian	Concerns/Comments:
Primary	#_____	
1st Alternate	#_____	

Section 9 – Other Questions, Concerns or Goals

Please describe other questions, concerns or goals that you would like addressed during our review and conversations.

Section 10 – Signature

By signing below, you:

- Authorize North Star Advisory Group to review and advise on all information on this form.
- Authorize North Star Advisory Group to share this document with an attorney of your selection.
- Understand that all financial and health information is confidential and will be treated that way.
- Certify that all information provided is correct to the best of your knowledge.
- You can digitally sign this document by typing your name in the field below and returning via your email address that is known by North Star.

	Print Contact's Name:	
SIGN	Contact's Signature:	Date:
	Print Spouse's Name:	
SIGN	Spouse's Signature:	Date:

Section 11 – Submitting Completed Documents

Confirm you are ready to submit:

☐ Did you complete all sections?
☐ Did you print and sign all relevant pages of the form?
☐ Did you attach any necessary documents?

Submitting your completed documents:

Fax: (216) 202-3456
E-Mail: mkangas@ns-ag.com
Mail: North Star Advisory Group, LLC
2000 Auburn Drive, Suite 415
Beachwood, OH 4122