KATRINA N. HOFSTETTER, ATTORNEY AT LAW
KATRINA@CORNERSTONELEGALPLLC.COM
KRISTIN M. RIOS, ATTORNEY AT LAW
KRISTIN@CORNERSTONELEGALPLLC.COM

109 E. KNIGHT STREET, EATON RAPIDS, MI 48827
T: 517-708-2222
F: 517-709-7312

Thank you for choosing Cornerstone Legal for your Estate Planning needs. We look forward to working with you to achieve your planning goals. The information requested in this form will be used throughout various legal documents and funding forms. If you have any questions about why certain information is required, please don't hesitate to contact us.

Before you get started compiling all this personal information, take a moment to reflect on what has motivated you to move forward with planning for your future. If there is anything you can articulate that you feel might affect your goals or planning strategies that we can offer, please list these things below.

Personal Information

Client Name:	
Address, City, State, ZIP, County:	
Home Phone:	Cell Phone:
Email:	Occupation/Employer:
Date of Birth:	SSN:

Family Information

Child Name:	Child Name:

Does this child have any special needs?

Does this child receive any government benefits?

Does this child have any special needs?

Does this child receive any government benefits?

Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Date of Birth:	Date of Birth:
SSN:	SSN:

Child Name:	Child Name:

Does this child have any special needs?

Does this child receive any government benefits?

Does this child have any special needs?

Does this child receive any government benefits?

Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Date of Birth:	Date of Birth:
SSN:	SSN:

Child Name:	Child Name:

Does this child have any special needs?

Does this child receive any government benefits?

Does this child have any special needs?

Does this child receive any government benefits?

Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Date of Birth:	Date of Birth:
SSN:	SSN:

Additional Name Information

Please use the following spaces to name any other family members, friends, or charities that you anticipate wanting to name as a beneficiary of any portion of your estate (money, specific assets, a % of your total estate). We will discuss your options in more detail during our initial planning session.

Name:	Name:
Possible gift or %:	Possible gift or %:
Name:	Name:
Possible gift or %:	Possible gift or %:
Name:	Name:
Possible gift or %:	Possible gift or %:
Name:	Name:
Possible gift or %:	Possible gift or %:

Asset Information

The asset information provided here will be used to help us determine the best planning tools for your estate, including whether you will be best served by a Will or a Living Trust as the foundation for your Estate Plan.

Please include all of the following types of assets: checking/savings accounts, certificates of deposit, savings bonds, investment/brokerage accounts, stock/trading accounts, profit sharing accounts, 401k, 403b, 457, Roth, SIMPLE, and other retirement accounts, life insurance, residential property, commercial property, condos, timeshares, business interests, high value vintage cars, recreational vehicles, RVs, campers, and watercraft.

Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):

Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):

Trustee & Agent Information

Prior to our first planning session, please begin thinking about the trusted individuals in your life that you may want to name as your Successor Trustee(s), Agent(s) in your Durable Power(s) of Attorney and Healthcare Directive(s), and Guardians of your minor children (if applicable).

You don't have to name the same people for each role, and in some situations you shouldn't. You may have someone in your life who is savvy with finances but too emotional to handle difficult medical decisions. Or you may have someone in your life from the healthcare field that isn't the best fit to manage your assets. These should be individuals who you are comfortable sharing personal information with, including your wishes regarding your healthcare. Once we have met to review this, you should plan to discuss this with each individual to make sure they are comfortable with this responsibility.

Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone: