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**CONFIDENTIAL ESTATE PLANNING**  
**PERSONAL INFORMATION**

**1. GENERAL INFORMATION:**

FULL NAME(S):	/
EMAIL: COUNTY	/
ADDRESS:	
TELEPHONE #:	/
DATE OF BIRTH:	/
U.S. CITIZEN	Yes                      No
SOCIAL SECURITY #:	/
LIVING PARENTS:	Mother Father
FORMER SPOUSE (if any):	
EMAIL ADDRESS:	/

**2. HEIRS:**

NAME	AGE	ADDRESS	# OF CHILDREN

Percentage of Estate to each heir: Equally or \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

Deceased Children: \_\_\_\_\_

Living Children of Deceased Child(ren): \_\_\_\_\_

*NOTE: If there are no living children or grandchildren, list the brothers and sisters (living and deceased) of husband and wife.*

**3. HISTORY**

SAFE DEPOSIT BOX?	Yes	No
Location: _____		
ACCOUNTANT?	Yes	No
Name: _____		
INSURANCE AGENT?	Yes	No
Name: _____		
STOCK BROKER?	Yes	No
Name: _____		

Have you ever resided in one of the following community property law states while you were married? Yes/No If so, name the state(s) and years resided there: \_\_\_\_\_

Arizona	New Mexico
California	Texas
Idaho	Washington
Louisiana	Wisconsin
Nevada	

**4. PROPERTY INFORMATION**

REAL ESTATE		
Description	Mortgage Balance	Market Value
CASH		
Location of Account	Amount	



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**6.** Who would you like as Patient Advocate? \_\_\_\_\_  
Successor Patient Advocate(s)? \_\_\_\_\_  
\_\_\_\_\_

**7.** Who would you like as your Durable Power of Attorney? \_\_\_\_\_  
\_\_\_\_\_  
Successor Durable Power of Attorney(s)? \_\_\_\_\_  
\_\_\_\_\_

**8.** Who would you like to act as Guardian for your minor child(ren)? \_\_\_\_\_  
\_\_\_\_\_  
Successor Guardian(s)? \_\_\_\_\_

\_\_\_\_\_  
Signature