Intergenerational Planning Your Family Tree

First Name:

Beneficiary?

YOB:



| | Parent A |
|-------------|----------|
| First Name: | |
| City: | YOB: |

| | Parent B | |
|-------------|----------|--|
| First Name: | | |
| City: | YOB: | |

Client A

Spouse:

City:

| Parent A |
|----------|
| |
| YOB: |
| |

Client B

Spouse:

City:

| | Parent B |
|-------------|----------|
| First Name: | |
| City: | YOB: |

| Si | blings |
|-------------------------------------|------------------|
| First Name: YOB: Beneficiary? | Spouse: City: |

| Full Name: | Full Name: | |
|---|------------------------------|--|
| POA(s): | POA(s): | |
| Date of Last Will: | Date of Last Will: | |
| Your Executor/Trustee: Your Executor/Trustee: | | |
| Are you an Executor/Trustee: | Are you an Executor/Trustee: | |
| | | |
| | | |
| Chil | dren | |
| Chil First Name: | dren First Name: | |
| | | |

First Name:

Beneficiary?

YOB:

| | Y B |
|--|-------------|
| | F Y B |
| | F Y B |

| | Siblings |
|-------------------------------------|------------------|
| First Name: YOB: Beneficiary? | Spouse: City: |

| Nieces/Nephews |
|-------------------------------------|
| First Name: YOB: Beneficiary? |
| First Name: YOB: Beneficiary? |
| First Name: YOB: Beneficiary? |

| Grandchildren | | | |
|---------------|--------------|--------------|--------------|
| First Name: | First Name: | First Name: | First Name: |
| YOB: | YOB: | YOB: | YOB: |
| Beneficiary? | Beneficiary? | Beneficiary? | Beneficiary? |
| First Name: | First Name: | First Name: | First Name: |
| YOB: | YOB: | YOB: | YOB: |
| Beneficiary? | Beneficiary? | Beneficiary? | Beneficiary? |

| | Other Significant | t Friends/Family | |
|---------------|-------------------|------------------|---------------|
| First Name: | First Name: | First Name: | First Name: |
| Relationship: | Relationship: | Relationship: | Relationship: |
| City: | City: | City: | City: |
| YOB: | YOB: | YOB: | YOB: |

| Nieces/Nephews |
|-------------------------------------|
| First Name: YOB: Beneficiary? |
| First Name: YOB: Beneficiary? |
| First Name: YOB: Beneficiary? |