

Estate Planning Starter Kit



**Lahey Hospital
& Medical Center**

Important disclaimer: This is not a will, nor is it a legal document.
It is designed to help your attorney to help you in preparation of your will.

Estate Planning Starter Kit

I: PERSONAL

A Name

B Spouse's Name

C Home Address

D Mailing Address (*if different*)

E Home Telephone

F Work Telephone

G Your Date of Birth

H Spouse's Date of Birth

I Your Social Security Number

J Spouse's Social Security Number

K Marriage Place and Date

L Citizenship

II: PRIOR MARRIAGES

A Name of Former Spouse

B Date of Marriage

C Home Address

D Specify if the marriage terminated by death or divorce.
If terminated by divorce, please attach dissolution decree.

E Date of Termination of Marriage

F List any relevant information regarding any obligations, child support or maintenance that is not contained in any dissolution decrees you have attached to this form.

G Your Date of Birth

H Spouse's Date of Birth

I Your Social Security Number

J Spouse's Social Security Number

K Marriage Place and Date

L Citizenship

Please note: If you have been previously married more than once, please provide all requested information for any additional spouses on a separate sheet.