

## **ESTATE PLANNING WORKSHEET**

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Elder Law, Estate Planning, Business Law

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.  
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

## PERSONAL INFORMATION

Client's Full Legal Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(name most often used to title property and accounts)

Date Completed: \_\_\_\_\_

Referred By: \_\_\_\_\_

### GENERAL INFORMATION

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_

#### Spouse Information

Also Known As \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(other names used to title property and accounts)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate via my E-mail address.

	YOU	YOUR SPOUSE
Social Security # (optional)		
Date of Birth		
U.S. Citizen	YES                      NO	YES                      NO
Currently Have Estate Plan	YES                      NO Year Created: _____ State: _____	YES                      NO Year Created: _____ State: _____
Do you expect to receive:	Gift Inheritance Lawsuit Proceeds Other Monies	Gift Inheritance Lawsuit Proceeds Other Monies
If Yes, how much	\$ _____ From _____ \$ _____ From _____ \$ _____ From _____	\$ _____ From _____ \$ _____ From _____ \$ _____ From _____

**MILITARY SERVICE**

YOU \_\_\_\_\_ YOUR SPOUSE \_\_\_\_\_

BRANCH \_\_\_\_\_

DATES OF SERVICE \_\_\_\_\_

**IMPORTANT FAMILY QUESTIONS**

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

**ADDITIONAL RELEVANT INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**YOUR CHILDREN**

NAME	DOB	WHOSE CHILD HIS/HERS/BOTH

OTHER HEIRS/BENEFICIARIES

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**ADVISORS**

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

**FINANCIAL INFORMATION**

1. Do you own your own home or any other real property (land, vacation home, etc.)?

Description/Address	How is it Titled	Purchase Price	Current Value	Mortgage	Equity

2. Do you own other property that has a title such as an automobile, boat, motorcycle, etc.?

Description	How is it Titled	Purchase Price	Current Value	Loan	Equity

3. Checking Accounts, Savings Accounts, CDs?

Name of Institution	How is it Titled	Account #	Approximate Balance

4. Stock, Bonds, Mutual Funds?

Description	# Shares	Account #	How is it Titled	Purchase Price	Current Value

5. IRAs, profit sharing, pension plans?

Description	How is it Titled	Current Value

6. Own a Business or Business Interest?

Name of Business/Entity	Type of Business (LLC, Partnership, etc.)	Home Office Address	Type of Interest	Value of Interest

7. Life insurance or annuities?

Company Name	Owner of Policy	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Death Beneficiary

8. Debts not listed above like credit cards, personal loans, etc.?

Description	How is it Titled	Balance Owed

**OTHER ASSETS**

TYPE: Other property is ANY property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<b>Total</b>	_____

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## BENEFICIARIES

1. To whom do you want your property distributed at your death?

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2. Do you have specific bequests of personal property to be identified in your will/trust?

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3. Do you want to disclaim any potential heirs and if so, list those potential heirs?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

4. If you have minor children, who do you want to serve as their guardian (list in order)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

5. If there is a trust in place for your children (Living Trust, Testamentary Trust, etc.) who do you want to serve as the Trustee of the trust, list in order?

- a. \_\_\_\_\_
- b. \_\_\_\_\_

## DESIGN INFORMATION

### PERSONS TO ACT FOR YOU:

**INITIAL TRUSTEE(S), CO-TRUSTEE(S), SUCCESSOR TRUSTEE(S):**

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Name and Address	Relationship
_____	_____
_____	_____
_____	_____

### DISABILITY TRUSTEE:

**INITIAL TRUSTEE(S), CO-TRUSTEE(S), SUCCESSOR TRUSTEE(S):**

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

**INITIAL TRUSTEE(S), CO-TRUSTEE(S), SUCCESSOR TRUSTEE(S):**

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

**POWER OF ATTORNEY (POA):** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

**INITIAL POA(S), CO-POA(S), SUCCESSOR POA(S):**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

### DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?  Yes  No

Any property not listed on the memorandum should be distributed to:

- Children equally.  To the balance of the trust.



Other named individuals. List on next line.

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**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity	Amount or Property

**DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH**

DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:

DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

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**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

**DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

**STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary’s needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

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**OTHER ESTATE PLANNING INFORMATION**

1. When would you like to have your estate plan in place? \_\_\_\_\_
2. Upon completion of your estate plan, do you wish to have an annual meeting to have your plan reviewed and updated? \_\_\_\_\_
3. Whom do you wish to name as Executor? \_\_\_\_\_
  - a. Successor Executor? \_\_\_\_\_
4. Relationship of Executor? \_\_\_\_\_
5. Relationship of Successor Executor? \_\_\_\_\_