

Estate Planning Worksheet

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

Part I

Personal Information

Client's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

☐ He/Him/His ☐ She/Her/Hers DOB _____ SS# _____ US Citizen? _____

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 with me via my E-mail address.

☐ Divorced ☐ Widowed ☐ Single

Children and Other Family Members

(Use full legal name).

Name	Date of Birth	Parent or Relationship
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Home Address _____	City _____	State _____ Zip _____
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<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	
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Home Address _____	City _____	State _____ Zip _____
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<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	
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Home Address _____	City _____	State _____ Zip _____
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<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	
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Home Address _____	City _____	State _____ Zip _____
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<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	
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Advisors

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

Your Concerns

Please rate the following as to how important they are to you:

(**H**= High Concern, **S**= Some Concerned, **L**= Low Concern, **N/A**= No Concern or not applicable).

Description	Concern Level
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
Providing for and protecting children.	
Providing for and protecting grandchildren.	
Disinheriting a family member.	
Providing for charities at the time of death.	
Plan for the transfer and survival of a family business.	
Avoiding or reducing your estate taxes.	
Avoiding probate.	
Reduce administration costs at time of your death.	
Avoiding a conservatorship (“living probate”) in case of a disability.	
Avoiding will contests or other disputes upon death.	
Protecting assets from lawsuits or creditors.	
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	
Protecting children’s inheritance in the event of a failed marriage(s).	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	

Other Concerns (Please list below):

[illegible]

Important Family Questions

(Please check “Yes” or “No” for your answers)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>If Yes, describe below:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the beneficiary of anyone else’s trust? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other financial support to adult children or others?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

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Part II Property Information

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps you list all the property you own and what it is worth. You probably won't own property under all the headings; if not, just leave those blank. Under certain headings, you may own more property than can be listed on this checklist. If so, attach **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If own property in your name only.	I
Joint Tenancy with someone, i.e., a child, parent, etc.	JTO
If you cannot determine how the property is owned.	?

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	<i>Total:</i>	_____	_____

Furniture and Personal Effects

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
<i>Miscellaneous Furniture and Household Effects (Total)</i>		
_____	_____	_____
_____	_____	_____
_____	<i>Total:</i>	_____

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc., please list the following: description, how titled, market value, and encumbrance:

Bank Accounts

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*).

Do not include IRAs or 401(k)s here

Name of Institution and Account Number	Type	Owner	Amount
		<i>Total:</i>	

Note: If Account is in your name for the benefit of a minor, please specify and give minor's name.

Stocks and Bonds

TYPE: List all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct Number	Owner	Amount
			Total:	

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total:

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total: _____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total: _____

Money Owed To You

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed To	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total:	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description: _____

Total Estimated Value: _____

Other Assets

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

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total:

Summary of Values

Assets	Amount*		
	Client	Others	Total Value
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RVs			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money Owed to You			
Anticipated Inheritance, etc.			
Other Assets			
Total Assets:			

* Values for property owned with other(s), put your percentage in Client's column and other's percentage in Others column.

Comments:This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing. There are no margins, text, or other markings on the page.

Part III Design Information

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <hr/>	<hr/>	<hr/>
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <hr/>	<hr/>	<hr/>

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <hr/>	<hr/>	<hr/>
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <hr/>	<hr/>	<hr/>

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you about your property and assets?

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <hr/>	<hr/>	<hr/>
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <hr/>	<hr/>	<hr/>

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?

Name	Address	Relationship
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <hr/>	<hr/>	<hr/>
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <hr/>	<hr/>	<hr/>

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

Name	Pronoun	Relationship	Instructions or Guidelines
<hr/>	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	<hr/>	<hr/>
<hr/>	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	<hr/>	<hr/>
<hr/>	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	<hr/>	<hr/>

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

☐ Yes ☐ No

Gifting Power Details: _____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? ☐ Yes ☐ No Do you want to provide that your organs and tissues should be made available for transplant purposes? ☐ Yes ☐ No

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you about medical treatment? _____

Name	Pronoun	Relationship	Instructions or Guidelines
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than a nursing home? ☐ Yes ☐ No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? ☐ Yes ☐ No

In making distributions during any period of time that the client is incapacitated, the Successor Trustee shall give primary consideration to:

☐ Your needs, and then needs of others dependent upon you.

☐ Your needs and the needs of others dependent upon you equally.

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to include 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 below).

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:**

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, maintenance, and support). 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 co-trustee and/or choose his or her own co-trustee? You decide how the trust is designed. List your desires:

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REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- ☐ To my heirs-at-law.
- ☐ To the following named individuals and/or charities:

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