

# Estate Planning Worksheet

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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
_____	_____	_____
Home Address _____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	City _____	State _____ Zip _____
Comments: _____	_____	_____
_____	_____	_____
Home Address _____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	City _____	State _____ Zip _____
Comments: _____	_____	_____
_____	_____	_____
Home Address _____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	City _____	State _____ Zip _____
Comments: _____	_____	_____
_____	_____	_____
Home Address _____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	City _____	State _____ Zip _____
Comments: _____	_____	_____

### **Advisors**

Personal Attorney	Name	Telephone
_____	_____	_____
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):**

## Important Family Questions

<b>(Please check "Yes" or "No" for your answers)</b>	<b>Yes</b>	<b>No</b>
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

## 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:

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## 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
<i>Total:</i>				

# 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.

## 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.

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**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.

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*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
<i>Total:</i>				

## 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:** *Indicates the type of information being recorded.*

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**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
		<b>Total:</b>

*Total:* \_\_\_\_\_

## Summary of Values

	Amount*		
	Client	Others	Total Value
Assets			
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:

## 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	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**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	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**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	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**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	_____	_____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

**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
_____	<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 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

He/Him/His    She/Her/Hers  
 He/Him/His    She/Her/Hers  
 He/Him/His    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:

**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:

**OTHER ITEMS TO INCLUDE OR DISCUSS:** Obviously, your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss: