CONFIDENTIAL
ESTATE PLANNING
WORKSHEET

Using this worksheet will assist us in designing an estate plan that meets your goals.

All information provided is strictly confidential.

If possible, please complete this worksheet prior to your next appointment. However, this worksheet is just a starting point. ***Do not be concerned if you were not able to complete it. There will be plenty of time to obtain all of the necessary information as we move forward.***

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Estate Planning | Elder Law | Real Estate | Probate |Business Formation

Client 1 Information

Full Legal Name ____

Prefer to be called _________________________________

Home Address ____

City ____________________________State ___________ ZIP _____________

Telephone_________________

Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced

US Citizen? ☐ Yes ☐ No

Client 2 Information

Full Legal Name ____

Prefer to be called _________________________________

Home Address ____

City ____________________________State ___________ ZIP _____________

Telephone_________________

Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced

US Citizen? ☐ Yes ☐ No

Children

a. Please identify ALL of your children. If you have more than six children, please list them on the back of this form.

	Name	Date of Birth	City & State of Residence	Child of whom
1)				
2)				
3)				
4)				
5)				
6)				

b. Any deceased children? ☐ Yes ☐ No If yes, what is his or her name? ____________________________

Did that deceased child have any children? ☐ Yes ☐ No

c. Are any of your children disabled or receiving government benefits? ☐ Yes ☐ No

d. Are any of your children financially irresponsible? ☐ Yes ☐ No If so, whom? ________________________

e. Do you have any special concerns or objectives regarding your children? ________________________________

____

f. Do you have any pets? ☐ Yes ☐ No Special instructions: _____________________________________

Distribution of Your Estate

Division of property upon your death or upon death of both spouses:

☐ Divide equally between my/our children and the decendants of any deceased children.

☐ Divide equally between my/our surviving children who are then living.

☐ Divide among named individuals and/or charities in the following percentages:

____

____

____

____

How and when to distribute my property:

☐ Distribute outright/immediately to my/our beneficiaries.

☐ Over time. If so:

- ☐ Monthly amount: $ ______________________
- ☐ Yearly amount: $ ______________________
- ☐ As needed to pay for their needs such as education, health care, living expenses
- ☐ Other: ______________________________________

- ☐ At what age can they receive the full amount?
  - ☐ Age 25
  - ☐ Age 30
  - ☐ Age 35
  - ☐ Age 40
  - ☐ Other: ____________________
  - ☐ Never

☐ Any other restrictions or provisions to include? ______________________________________

____

☐ Any additional concerns? ______________________________________

Who do you nominate to serve as **guardian** for your minor children (if any)?

		Client 1 Responses	Client 2 Responses
Guardians	Initial Choice	Name:	Name:
		Relationship:	Relationship:
		City/State:	City/State:
	Back Up #2	Name:	Name:
		Relationship:	Relationship:
		City/State:	City/State:
	Back Up #3	Name:	Name:
		Relationship:	Relationship:
		City/State:	City/State:

If you were incapacitated for any period of time, who would you choose to handle your **financial** affairs?

		Client 1 Responses	Client 2 Responses
Financial Agents	Initial Choice	Name:	Name:
		Relationship:	Relationship:
		City/State	City/State
	Back Up #2	Name:	Name:
		Relationship:	Relationship:
		City/State	City/State
	Back Up #3	Name:	Name:
		Relationship:	Relationship:
		City/State	City/State

If you were incapacitated for any period of time, who would you choose to make **health care** decisions for you?

		Client 1 Responses	Client 2 Responses
Health Care Agents	Initial Choice	Name:	Name:
		Relationship:	Relationship:
		City/State	City/State
	Back Up #2	Name:	Name:
		Relationship:	Relationship:
		City/State	City/State
	Back Up #3	Name:	Name:
		Relationship:	Relationship:
		City/State:	City/State:

If you were deceased, who would you choose to **administrate and distribute** your estate?

		Client 1 Responses	Client 2 Responses
Executor or Trustee	Initial Choice	Name:	Name:
		Relationship:	Relationship:
		City/State	City/State
	Back Up #2	Name:	Name:
		Relationship:	Relationship:
		City/State	City/State
	Back Up #3	Name:	Name:
		Relationship:	Relationship:
		City/State:	City/State:

Assets	Client 1	Client 2	Joint Ownership
	Approx. Total Value	Approx. Total Value	Approx. Total Value
Cash Accounts (i.e. checking, savings, CD, Money Market)			
Investment Accounts (i.e. brokerage accounts)			
Stocks & Bonds (not held in an investment account)			
Retirement Plans (401k, IRAs, etc.)			
Pension Plans			
Life Insurance Policies (death value)			
Annuities			
Business Interests (Corporate, Partnerships, S-Corp, LLC, Sole Proprietor)			
Monies Owed to You (promissory notes)			
Personal Residence			
Other Real Property			
Other Assets			
Anticipated Inheritance, Gift, or Judgement			
TOTAL ASSET VALUE			

Liabilities			
Loans			
Debts more than $10,000			
Mortgages			
TOTAL LIABILITIES ($$$)			

Concerns:

____
____
____
____

Please indicate below anything else you wish to discuss or questions you want answered.

____
____
____
____

Existing Estate Planning Documents:

a. Do you have a current Will? ☐ Yes ☐ No If yes, please bring a copy.
b. Do you have any trusts? ☐ Yes ☐ No If yes, please bring a copy.
c. Do you have any other estate planning documents (Durable Powers of Attorney, Living Wills, Community Property Agreements)? ☐ Yes ☐ No If yes, please bring a copy.

How did you hear about our firm?

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