

NAME OF CLIENT: _____

DATE OF CONSULTATION: _____

Estate Planning Worksheet

Pittman Law Office

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE 48 HOURS PRIOR TO YOUR APPOINTMENT VIA HAND DELIVER, EMAIL, OR MAIL. CONSULTATION WILL BE RESCHEDULED IF WORKSHEET IS NOT PROVIDED TO OUR OFFICE 48 HOURS PRIOR TO CONSULTATION.

THE INTENT OF THIS ORGANIZER IS TO HAVE YOU START CONSIDERING YOUR ESTATE PLAN AS WELL AS ASSISTS US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. YOU DO NOT NEED TO ANSWER ALL OF THE QUESTIONS. THE ATTORNEY WILL GO OVER THE WORKSHEET IN DEPTH WITH YOU AT YOUR CONSULTATION.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Our regular office hours are Monday thru Thursday, from 8:00 AM to 4:00 PM.

We are closed on Fridays.

Part I
Personal Information

Page 1

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

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

Referred By: _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

E-mail Address _____ Driver License? _____ State ID card _____

☐ 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	Birth date	Relationship/ Male or Female
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisors

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____

☐ It is okay to communicate with the above advisors

Part II
Property Information

Assets	Amount*		Total Value
	Client	Other's	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
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:	_____	_____	_____

Additional information concerning assets:

Monthly Income

Type: Social Security, Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

Do you have long term care insurance? _____

Do you have a chronic health condition? _____

Are you prepared for the possibility of needing long term care? _____

Do you have an existing Revocable Living Trust? _____

If so, is your Trust funded? _____ Discuss Funding _____

Part III

Design Information

PERSONS TO ACT FOR YOU:

If you were unable to make decisions for yourself (incapacitated), who would you want to make decisions for you with regards to your property and assets if you have a Revocable Living Trust?

Name

Relationship

_____	_____
_____	_____

After your death, who do you want managing your estate - dealing with your assets, creditors and beneficiaries?

Name

Relationship

_____	_____
_____	_____

Do you worry about losing control if you were to be incapacitated? If you lose control because of incapacity, what are you most worried about happening?

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

Name

Relationship

_____	_____
_____	_____
_____	_____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____

Do you want to be cremated? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes? _____

HEALTH CARE: If you were unable (incapacitated) to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name

Relationship

_____	_____
_____	_____
_____	_____

HIPAA (authorization to medical info): Who do you want to have access to your medical information?

Name

Relationship

_____	_____
_____	_____
_____	_____

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

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

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:**

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: Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.