

Estate Planning Worksheet ^{Page 1}

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE 48 HOURS PRIOR TO YOUR APPOINTMENT VIA HAND DELIVERY, EMAIL, OR MAIL.

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 office hours are **Monday through Thursday: 8:00 AM to 4:00 PM.**
We are closed on Fridays.

Part I Personal Information

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

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

Driver's License? _____ Birth date: _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Date of Marriage _____ Referred By: _____

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

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

Driver's License? _____ Birth date: _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Children and Other Family Members

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name	Birth date	Relationship/ Male/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
	Husband	Wife	
Real Property: list separate if more than one	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank Accounts (checking, savings, money market)	_____	_____	_____
Brokerage Account, Stocks and Bonds	_____	_____	_____
Life Insurance and Non-Qualified Annuities	_____	_____	_____
Retirement Plans (IRA, 401(k), 403(b), Qualified Annuities)	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

* *Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*

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?

FOR HUSBAND

Name

Relationship

FOR WIFE

Name

Relationship

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

FOR HUSBAND

Name

Relationship

FOR WIFE

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?

HUSBAND'S AGENT

Name

Relationship

_____	_____
_____	_____
_____	_____

WIFE'S AGENT

Name

Relationship

_____	_____
_____	_____
_____	_____

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

Do you want to be cremated? Husband: _____ Wife: _____

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

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

HUSBAND'S AGENT

Name

Relationship

_____	_____
_____	_____
_____	_____

WIFE'S AGENT

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 Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Husband: Yes No Wife: Yes No

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

FOR HUSBAND:

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?
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FOR WIFE:

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?
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PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE

- All to surviving spouse. _____% to surviving spouse.

DIVISION OF PROPERTY UPON DEATH OF SURVIVING SPOUSE

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 each spouse’s heirs-at-law. One-half to Husband’s heirs-at-law and one-half to Wife’s 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:

