



ESTATE PLANNING WORKSHEET

**USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS
YOUR GOALS.**

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.



PERSONAL INFORMATION AS OF _____
(DATE)

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

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ County of Residence _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ E-mail Address _____

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

☐ Married (Date of Marriage) _____ ☐ Divorced ☐ Widowed (Date of death) _____ ☐ Single

Spouse

Name _____ Birth date _____ SS# _____ US Citizen? _____

Home Telephone _____ Cell Phone _____ County of Residence _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name:

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Social Security No. & Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Social Security No. & Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Social Security No. & Comments: _____



Name, Address & Phone

Birth date

Relationship

Social Security No. & Comments: _____

Name, Address & Phone

Birth date

Relationship

Social Security No. & Comments: _____

ADVISORS

Name & Contact Information

Telephone

Personal Attorney _____

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

Banker _____



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	Level of Concern
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 from the possibility of failed marriages.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____
Protect your estate in the event of your surviving spouse's remarriage	_____

Other Concerns (Please list below):



IMPORTANT FAMILY QUESTIONS

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



PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings This *Property Information* checklist is designed to help you list all the property you own and what it is worth. You probably will not 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, use **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	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time-share, 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
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
<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 & SAVINGS 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
Total			

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

STOCKS AND BONDS

TYPE: List any and 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 POLICES 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<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 _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____



SUMMARY OF VALUES

ASSETS	Amount*		
	Client	Other's	Total Value
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:			

