



## **INDIVIDUAL ESTATE PLANNING WORKSHEET**

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Estate Planning, Estate & Trust Settlement, Elder Law, Special Needs Planning, Real Estate

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE BRING THE COMPLETED WORKSHEET TO YOUR INITIAL APPOINTMENT, OR, IF POSSIBLE, MAIL/E-MAIL IN ADVANCE OF YOUR INITIAL APPOINTMENT.

# PERSONAL INFORMATION

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)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ 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/OR OTHER FAMILY MEMBERS

Name (use full legal name)	Birth date	Relationship
_____	_____	_____
Address: _____	_____	_____
_____	_____	_____
Address: _____	_____	_____
_____	_____	_____
Address: _____	_____	_____
_____	_____	_____
Address: _____	_____	_____
_____	_____	_____
Address: _____	_____	_____
_____	_____	_____
Address: _____	_____	_____
_____	_____	_____
Address: _____	_____	_____
_____	_____	_____
Address: _____	_____	_____

## ADVISORS

Name	Telephone
Personal Attorney _____	_____
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 concern, 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.

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Providing for and protecting children.

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Providing for and protecting grandchildren.

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Disinheriting a family member.

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Providing for charities at the time of death.

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Plan for the transfer and survival of a family business.

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Avoiding or reducing your estate taxes.

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Avoiding probate.

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Reduce administration costs at time of your death.

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Avoiding a guardianship in case of a disability.

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Avoiding will contests or other disputes upon death.

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Protecting assets from lawsuits or creditors.

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Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

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Plan for a child with disabilities or special needs, such as medical or learning disabilities.

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Protecting children's inheritance from the possibility of failed marriages.

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Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

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Maximize use of disability benefit programs e.g. Medicaid or SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance).

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Other Concerns (Please list below):

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## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security or other governmental retirement 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 completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>		
Do you (or your spouse) currently have Long Term Care Insurance? <i>If so, please furnish a copy of the policy.</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?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Are you eligible for Veteran's benefits?		
Are you currently receiving Medicaid, SSI, or SSDI?		

## ADDITIONAL RELEVANT INFORMATION

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## 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. If you do not own property under a particular heading, just leave that section 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	Abbrev:
Property titled in your name only	I
Property titled as Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

# INCOME

**TYPE:** Any income from wages, maintenance, retirement benefits, etc.

Description of Source of Income	Owner	Amount/month
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

# 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, current market value and balance of loan, if any:

_____
_____
_____
_____

## 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	Approximate Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

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 Amount	Type	Owner	Approximate Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

## 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.

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

## RETIREMENT PLANS

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K), 403(b). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

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

## 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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## MONEY OWED TO YOU

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

**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** \_\_\_\_\_

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



## SUMMARY OF VALUES

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			
<b>Total Assets:</b>			

\* Values for property owned with other person(s) enter 1/2 of the value in your column and 1/2 of the value in the other's column.

## GIFTS

List any gifts of money or property that you have made in the last five years (not including birthday or holiday gifts of less than \$100.00):

Gift: \_\_\_\_\_

Recipient: \_\_\_\_\_

Date of Gift: \_\_\_\_\_

Gift: \_\_\_\_\_

Recipient: \_\_\_\_\_

Date of Gift: \_\_\_\_\_

Gift: \_\_\_\_\_

Recipient: \_\_\_\_\_

Date of Gift: \_\_\_\_\_

If you made gifts greater than \$14,000 in a single year to anyone, please bring copies of any gift tax returns that were filed.

**DESIGNATION INFORMATION**

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

Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you want to place any limits on your Financial Agent’s authority to make gifts on your behalf?**

**If so, please describe the limits:** \_\_\_\_\_  
\_\_\_\_\_

**POWER OF ATTORNEY FOR HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name and Address

Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**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

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
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**TRUSTEE(S) FOR TESTAMENTARY TRUST FOR CHILDREN:** If you have children under the age of 18 and/or you would prefer to delay your children’s access to funds you’ll need to appoint trustees for the Children’s Trust(s):

Name

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE CREATING AN ESTATE PLAN USING A WILL, YOU WILL NEED TO APPOINT PERSONAL REPRESENTATIVES.**

**PERSONAL REPRESENTATIVE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

**IF YOU ARE CREATING AN ESTATE PLAN USING A REVOCABLE TRUST, YOU WILL NEED TO APPOINT A PRIMARY TRUSTEE AND SUCCESSOR TRUSTEES.**

**PRIMARY TRUSTEE:** Usually you will be the Trustee of your own trust. This allows you to control all of your assets as before. If you want to name someone other than yourself as Primary Trustee provide that person's name here.

Name	Relationship
_____	_____
_____	_____

**SUCCESSOR TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

Name	Relationship
_____	_____
_____	_____
_____	_____

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to provide that your personal property (e.g. furniture, jewelry, appliances, etc.) 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 estate or trust.
- Other named individuals. List on next line.

\_\_\_\_\_

\_\_\_\_\_

**BEQUESTS:** List any bequests (gifts) you wish to make to either individuals or charities that are not listed in the Personal Property Memorandum and you wish to mention specifically. Cash gifts and gifts of real property should be listed in your will (or Revocable Trust).

Individual or Charity	Description of 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:**

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**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

**DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

**TESTAMENTARY 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 and maintenance). 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:

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**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:

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**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:

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