

ESTATE PLANNING WORKSHEET

Please complete this worksheet as fully as possible and bring it with you to your conference. Providing the requested information will give the attorney much of what is needed to advise you properly about your estate planning options. This is basic personal information that you should know or to which you should have access. Completing this worksheet should probably take no more than 15 minutes.

PART I: GENERAL INFORMATION

YOU	SPOUSE
What is your legal name? _____	What is your spouse's legal name? _____
First Middle Last	First Middle Last
How do you want your name to appear on legal documents? _____	How do you want your name to appear on legal documents? _____
DOB: _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOB: _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN: _____	SSN: _____
Home Address: _____	Home Address: _____
Street	City State Zip
County Where You Reside: _____	Home Phone #: _____
Work Phone #: _____	Work Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____
May we e-mail your drafts to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILDREN	
Full Name: _____	Full Name: _____
DOB: _____ Gender: __ Marital Status: _____	DOB: _____ Gender: __ Marital Status: _____
Born of: <input type="checkbox"/> Current Marriage <input type="checkbox"/> Previous Marriage	Born of: <input type="checkbox"/> Current Marriage <input type="checkbox"/> Previous Marriage
If from previous marriage, whose? _____	If from previous marriage, whose? _____
Is child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who Adopted? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Who Adopted? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both

Full Name: _____	Full Name: _____
DOB: _____ Gender: __ Marital Status: _____	DOB: _____ Gender: __ Marital Status: _____
Born of: <input type="checkbox"/> Current Marriage <input type="checkbox"/> Previous Marriage	Born of: <input type="checkbox"/> Current Marriage <input type="checkbox"/> Previous Marriage
If from previous marriage, whose? _____	If from previous marriage, whose? _____
Is child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who Adopted? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Who Adopted? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both

PART II: LAST WILL & TESTAMENT OR REVOCABLE TRUST

A Last Will and Testament sets out your desires for the distribution of your estate upon your death and appoints a Personal Representative (also known as an “Executor”) to handle the administration of your estate. If you have minor children, you should appoint a Guardian to look after your children and a Trustee to look after the assets you leave your children, if both you and your spouse are deceased.

PERSONAL REPRESENTATIVE (EXECUTOR)

(Administers your estate; if joint, please list together)

YOUR WILL	SPOUSE’S WILL
Primary (Full Name): _____ Relationship to you: _____ Address: _____ _____	Primary (Full Name): _____ Relationship to you: _____ Address: _____ _____
1 st Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____	1 st Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____
2 nd Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____	2 nd Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____

TRUSTEE

(Holds, invests, and distributes trust funds for trust beneficiary)

YOUR WILL	SPOUSE’S WILL
Primary (Full Name): _____ Relationship to you: _____	Primary (Full Name): _____ Relationship to you: _____
1 st Alternate (Full Name): _____ Relationship to you: _____	1 st Alternate (Full Name): _____ Relationship to you: _____
2 nd Alternate (Full Name): _____ Relationship to you: _____	2 nd Alternate (Full Name): _____ Relationship to you: _____

GUARDIAN

(Has custody and control of minor children if you and your spouse are both deceased)

YOUR WILL	SPOUSE’S WILL
Primary (Full Name):_____	Primary (Full Name):_____
Relationship to you: _____	Relationship to you: _____
1 st Alternate (Full Name):_____	1 st Alternate (Full Name):_____
Relationship to you: _____	Relationship to you: _____
2 nd Alternate (Full Name):_____	2 nd Alternate (Full Name):_____
Relationship to you: _____	Relationship to you: _____

DISTRIBUTION TO MINOR CHILDREN

If you have a minor child, at what age do you want your child’s trust to terminate?

SPECIAL NEEDS

Do you, your spouse, or any of your beneficiaries have special needs and/or receive Disability or any other governmental benefits? If so, please explain:

DISPOSITION OF BODY

Please provide any specific instructions regarding disposition of your body (cremation, burial, etc.) if you wish to include that information in your Will:

MISCELLANEOUS INFORMATION

Have either you or your spouse made a gift of more than \$14,000 to anyone in the last year? If yes, please explain:

Are either you or your spouse currently a beneficiary of a trust? If so, please explain:

Will either you or your spouse inherit assets which should be taken into account when making your estate plan? If so, please explain:

Are you or your spouse making payments pursuant to a divorce or property settlement order?

If married, do you and your spouse have a pre-or-post-marriage contract?

Have you, or your spouse, ever been widowed?

PART III: HEALTH CARE POWER OF ATTORNEY, ADVANCE DIRECTIVE (LIVING WILL), & HIPAA AUTHORIZATION

A Health Care Power of Attorney authorizes a person to make health care decisions for you if you are unable to make the decisions for yourself. Your health care agent can be anyone you choose: perhaps your spouse, adult child, or a friend. The North Carolina Health Care Power of Attorney allows you to add special provisions regarding your care. If you have religious reasons for not wanting a specific procedure done, for example, a blood transfusion, you may say so in your Health Care Power of Attorney.

An Advance Directive is also known as a “Living Will” and allows you to state your wishes for end-of-life medical care in the event you are unable to express them.

A HIPAA Authorization will be automatically prepared in conjunction with your Health Care Power of Attorney. This document gives your Health Care Agent the authority to obtain your medical information.

HEALTH CARE AGENT

YOU	SPOUSE
Primary (Full Name): _____ Relationship to you: _____ Address: _____ _____ Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____	Primary (Full Name): _____ Relationship to you: _____ Address: _____ _____ Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
1 st Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____ Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____	1 st Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____ Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
2 nd Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____ Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____	2 nd Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____ Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

HEALTH INFORMATION

YOU	SPOUSE
<p>Do you wish for your primary physician to be listed on your health care documents? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please provide the following information:</i></p> <p>Name and Practice: _____</p> <p>Telephone Number: _____</p> <p>Address: _____</p> <p>_____</p> <p><i>If you wish for your medical insurance information to be listed on your health care card, please list:</i></p> <p>Insurance Company: _____</p> <p>Policy # or Medicare #: _____</p>	<p>Do you wish for your primary physician to be listed on your health care documents? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please provide the following information:</i></p> <p>Name and Practice: _____</p> <p>Telephone Number: _____</p> <p>Address: _____</p> <p>_____</p> <p><i>If you wish for your medical insurance information to be listed on your health care card, please list:</i></p> <p>Insurance Company: _____</p> <p>Policy # or Medicare #: _____</p>
<p>Do you suffer from any disease that a hospital should know about upon admission (Diabetes, heart attack, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please list:</i> _____</p>	<p>Do you suffer from any disease that a hospital should know about upon admission (Diabetes, heart attack, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please list:</i> _____</p>
<p>Do you have any drug allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please list:</i> _____</p>	<p>Do you have any drug allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please list:</i> _____</p>
<p>Do you have any special requirements that hospitals should be aware of (such as vegetarian, religious requirements, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please list:</i> _____</p>	<p>Do you have any special requirements that hospitals should be aware of (such as vegetarian, religious requirements, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please list:</i> _____</p>

PART IV: DURABLE (FINANCIAL) POWER OF ATTORNEY

A Durable (Financial) Power of Attorney appoints someone as your agent to handle your business and financial affairs. The authority granted under a Durable Power of Attorney terminates upon your death.

AGENT (ATTORNEY-IN-FACT)

YOU	SPOUSE
<p>Primary (Full Name): _____</p> <p>Relationship to you: _____</p> <p>City, State _____</p>	<p>Primary (Full Name): _____</p> <p>Relationship to you: _____</p> <p>City, State _____</p>
<p>1st Alternate (Full Name): _____</p> <p>Relationship to you: _____</p> <p>City, State _____</p>	<p>1st Alternate (Full Name): _____</p> <p>Relationship to you: _____</p> <p>City, State _____</p>
<p>2nd Alternate (Full Name): _____</p> <p>Relationship to you: _____</p> <p>City, State _____</p>	<p>2nd Alternate (Full Name): _____</p> <p>Relationship to you: _____</p> <p>City, State _____</p>

Is there anything else you need to discuss with your attorney?

PART V: ASSET & LIABILITY ASSESSMENT

It is important to determine the approximate net value of your estate in order to determine if you need to do tax planning. Please list each asset and advise which assets are in your name solely, in your spouse’s name solely, or in both your and your spouse’s names, jointly. *Values need only be approximate.*

NON-RETIREMENT ASSETS	YOU	SPOUSE	JOINT
<u>Checking & Savings</u> 1. 2. 3. 4. 5.			
<u>Money Market Funds</u> 1. 2. 3. 4. 5.			
<u>CDs</u> 1. 2. 3. 4. 5.			
<u>Investment Accounts</u> 1. 2. 3. 4. 5.			
<u>Individually Held Stocks & Bonds</u> 1. 2. 3. 4. 5.			
<u>Annuities</u> 1. 2. 3.			
<u>Personal Residence</u>			
<u>Other Real Estate</u> 1. 2. 3.			

<u>Life Insurance</u> 1. 2. 3. 4. 5.			
<u>Business Interests (Corp. or Partnerships)</u> 1. 2. 3. 4. 5.			
<u>Collectibles & Other Assets</u> (Tangible Personal Property) 1. 2. 3. 4. 5.			
Other (Including cash value on another life)			
TOTAL NON-RETIREMENT ASSETS			

RETIREMENT ASSETS	YOU	SPOUSE	JOINT
<u>IRAs</u> 1. 2.			
<u>401(k)</u> 1. 2.			
<u>403(b)</u> 1. 2.			
<u>Pension</u> 1. 2.			
<u>Profit Sharing</u> 1. 2.			
<u>Non-Qualified Plan</u> 1. 2.			
TOTAL RETIREMENT ASSETS			

LONG-TERM DEBT	YOU	SPOUSE	JOINT
<u>Real Estate Mortgage</u>			
<u>Other Long Term Debt</u>			
TOTAL LONG-TERM DEBT			