Bruce W. McLaughlin Law Offices of Bruce McLaughlin, PLC One East Market Street, Ste. 302 Leesburg, VA 20176 (email)

8.

Office (703) 443-1169 Mobile (240) 344-0082 Fax (703) 443-9274 bwmcl@verizon.net

## **ESTATE PLANNING WORKSHEET**

Your Name	SSN	Telephone
Date of Birth		
If Married, Name of Spouse	SSN	
Spouse's Date of Birth		
Mailing Address		
Mailing Address		
Mailing Address  City or County of Residence  Names and ages of all children. Please	e children from a prior	
Mailing Address  City or County of Residence  Names and ages of all children. Please and ages and ages are adopted or are	e children from a prior	marriage, etc.

If you wish to consider having us prepare for you a living will and/or power of attorney to cover

your temporary or permanent disability, provide the full name, address and residence phone number of an agent and an alternate agent to make these decisions on your behalf:

	Liv	ring Will:	General Power of Attorney	<u>Last Will &amp; Testament</u>			
		ent: o Agent:					
€.	If y	ou wish to have us prepare a	a Will, provide:				
	a.	Names and address of Executor and Alternate Executor					
	b.	If minor children are declared, provide full names and addresses of legal guardian and alternate legal guardian					
	c.	Names and addresses of each beneficiary and what percentage of your assets you may wish each to receive					
	d.	Names and addresses and sto make	specific description of property for	or any special bequests you wish			
	e.	If you wish to specifically persons	disinherit an ex-spouse, or anyor	ne else, provide full names of such			