**ESTATE PLANNING WORKSHEET**

**[Strictly Confidential]**

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Employer: \_\_\_\_\_\_\_\_\_\_

Marital Status: □ Never married □ Divorced □ Widowed Married

If married, name of Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

US citizen? □ Yes □ No. If no, what nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CHILDREN: AGE or DOB:**

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

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

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

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

* Number of grandchildren: \_\_\_\_\_\_\_\_ Range of Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **YES NO**

* Any deceased children?□□

 If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, survived by issue? □□

 If yes, name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **YES NO**

* Do any of your beneficiaries have a learning

disability, special educational, medical or physical needs?□□

* Do you have any relatives (other than children) who

depend on you for all or part of their support?□□

* Do you think any of your beneficiaries have special problems

with spouses, drugs, alcohol or handling money?□□

* Do you wish to disinherit any of your children,

grandchildren or any other close relative?□□

* If a named beneficiary dies before you,

do you want the assets to go to that beneficiary’s issue? □□

* Do you want assets passing to your beneficiaries

to be held in trust until a specific age or ages? □□

* Do you expect to inherit substantial assets ($100,000 +)? □□
* Do you have an existing Will? □□
* Have you ever executed a trust (either revocable or

irrevocable)?□□

* Have you ever filed a Federal Gift Tax Return? □□
* Do you have an existing General Power of Attorney? □□
* Do you currently hold any assets in Joint Tenancy

with another person? □□

* The name of the person(s) that you want to

be the decision maker concerning your estate upon your death:

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

* The name of the person(s) that you want to

raise a child that is under 18 (if applicable):

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

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* The name of the person(s) that you want to

make any major medical decisions on your behalf if you are incapacitated:

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

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

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The name of the person(s) that you want to

manage your assets and financial affairs on your behalf if you are incapacitated:

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

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

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In general, state how you want your estate distributed

among your beneficiaries?

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

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

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* State any specific concerns (not already mentioned) that you have regarding

the distribution of your estate:

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

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BURIAL WISHES

At my death, I wish to be: □cremated □buried.

If cremation, I would like my ashes disposed as follows:

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

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If buried, I would like my remains interred as follows:

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

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I have already made arrangements at:

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

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**ESTIMATED\* VALUE OF ESTATE**

 **TYPE OF ASSET: ESTIMATED VALUE**

* REAL ESTATE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(fair market value, less loans)

* SECURITIES: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(stocks, bonds, mutual funds)

* CASH TYPE ASSETS: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(cash, annuities, notes due you)

* BUSINESS INTERESTS: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(sole proprietorship, partnerships,

closely held corporation, etc.)

* RETIREMENT PLANS: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IRA, 401k, etc.\*\*)

* VEHICLES: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(autos, R.V., boat)

* PERSONAL PROPERTY: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(jewelry, furniture, antiques)

**TOTAL:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* Use best guess; this can be a “ballpark” estimate.

\*\* Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

 Value of Life Insurance policies will be listed separately on the next page.

**LIFE INSURANCE**

(do not include accidental death policies)

* "Cash Value" use best estimate (term policies normally have no cash value)
* "Face Value" is the amount payable at death

 **COMPANY CASH FACE BENEFICIARY**

 **VALUE VALUE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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