

## ESTATE PLANNING WORKSHEET

The following confidential information is helpful to properly evaluate and design your estate plan and to help you better understand the various matters that are important to the development of your estate plan. This information may also be valuable to your family in the event of your death or disability. While some questions may not be directly applicable to you, many of the questions will provide key information necessary to create a comprehensive plan. This form is provided to merely assist you in developing your Last Will and Testament and other estate planning documents. It is not meant to give specific legal or tax advice. The actual structure of your estate plan may involve many complex legal and tax issues not specifically addressed within this Estate Planning Worksheet. You are advised to seek competent legal counsel to draft your documents. You should complete this form as completely as possible in order to be given accurate advice and counsel. If available, please bring copies of the following: Deeds, Wills, Trusts, Powers of Attorney, and Living Wills/ Advance Care Plan.

### I. PERSONAL INFORMATION:

Husband's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS # \_\_\_\_\_

Wife's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS # \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Work (Husband): \_\_\_\_\_ Work (Wife): \_\_\_\_\_

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

Email: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Occupation: Husband \_\_\_\_\_ Wife \_\_\_\_\_

US Citizen: Husband: Y \_\_\_\_\_ N \_\_\_\_\_ Wife: Y \_\_\_\_\_ N \_\_\_\_\_

Have you ever filed a gift tax return (Federal or State)? \_\_\_\_\_

Do you currently have a will or trust? Will: Y \_\_\_\_\_ N \_\_\_\_\_ Trust: Y \_\_\_\_\_ N \_\_\_\_\_

If married, do you have a prenuptial agreement? Y \_\_\_\_\_ N \_\_\_\_\_ (If so, please provide a copy.)

Have you ever lived in a community property state while married (AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI)?

Y \_\_\_\_\_ N \_\_\_\_\_ If yes, where, when and for how many years? \_\_\_\_\_

Describe your health and life expectancy: \_\_\_\_\_

### II. CHILDREN (by blood or adoption)

Name and DOB	by Husband, Wife, or Joint: H/W/J	Married	# of their children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Adopted Children: \_\_\_\_\_ Total No. of Grandchildren: \_\_\_\_\_ Age Range of Grandchildren: \_\_\_\_\_

Are your children and grandchildren in good health? \_\_\_\_\_

Do any of your children have taxable estates (over \$ 5,000,000)? \_\_\_\_\_

Are you currently supporting anyone other than your spouse and you? Y \_\_\_\_\_ N \_\_\_\_\_ If so, whom? \_\_\_\_\_

### III. GUARDIANS, FIDUCIARIES AND ADVANCE CARE PLAN

The executor, trustee and guardian have extensive duties, the most important of which will be noted. Although it may be an honor to be named, it also involves significant work for which the person or entity named is entitled to compensation. In selecting a person or entity to serve, give thought to the position's duties and responsibilities, the person's experience and ability, and the time that will be involved to properly execute the assigned duties.

**A. EXECUTOR.** My initial executor is \_\_\_\_ my surviving spouse \_\_\_\_\_ other: \_\_\_\_\_  
(Husband)

My successor executor(s) is the following: \_\_\_\_\_

**EXECUTOR.** My initial executor is \_\_\_\_ my surviving spouse \_\_\_\_\_ other: \_\_\_\_\_  
(Wife)

My successor executor(s) is the following: \_\_\_\_\_

NOTE: The Executor must do the following:

- Identify, collect and value each asset and debt of the decedent;
- Invest the assets to produce income and growth;
- Verify each claimed debt before paying the debt;
- Mediate disputes among beneficiaries over disputed items;
- Divide and distribute all personal property among persons designated;
- Prepare US and State income, gift and death tax returns and arrange to have money to pay any taxes due. Death tax returns are due nine (9) months from date of death

**B. GUARDIAN.** If you have minor children, whom would you want to have serve as their guardians (guardian of the person, not their money) if your spouse and/or you are deceased? \_\_\_\_\_

Second choice: \_\_\_\_\_ Only if still married? \_\_\_\_\_

NOTE: The person or persons to be appointed as guardian are persons who will raise your child or children in the manner you would want them raised. Since the money for your child or children can be put in trust, the guardians of the person of the child or children do not necessarily have to be a good money manager. If you name a couple, please indicate if you are comfortable with only one of them serving if only one of them can serve. Before naming anyone, it is recommended that you speak to the person whom you are considering to ensure that the person is willing to serve.

### C. POWER OF ATTORNEY FOR FINANCIAL MATTERS.

**Husband:** In the event that you become incapacitated during your lifetime, whom would you want to manage your financial affairs?

\_\_\_\_ Surviving spouse is first choice.

List other choices in order of priority: \_\_\_\_\_

**Wife:** In the event that you become incapacitated during your lifetime, whom would you want to manage your financial affairs?

\_\_\_\_ Surviving spouse is first choice.

List other choices in order of priority: \_\_\_\_\_

NOTE: The person or persons who you appoint to hold your Power of Attorney for Financial Matters will have the power to make all financial decisions for you. This person will have full access to all of your financial records and your financial accounts. Before naming someone, it is recommended that you speak to the person whom you are considering to ensure that the person is willing to serve.

**D. POWER OF ATTORNEY FOR HEALTHCARE.**

**Husband:** In the event that you become incapacitated during your lifetime, whom would you want to make health care decisions for you?

\_\_\_\_ Surviving spouse is first choice.

List other choices in order of priority: \_\_\_\_\_

**Wife:** In the event that you become incapacitated during your lifetime, whom would you want to make health care decisions for you?

\_\_\_\_ Surviving spouse is first choice.

List other choices in order of priority: \_\_\_\_\_

NOTE: The person or persons who you appoint to hold your Power of Attorney for Healthcare will have the power to make important health care decisions for you. This person will have full access to your medical records and can potentially make critical, life-and-death decisions for you. Before naming someone, it is recommended that you speak to the person whom you are considering to ensure that the person is willing to serve.

**E. ADVANCE CARE PLAN**

Would you like to execute an Advance Care Plan (provides guidance on the type and scope of medical treatment you may or may not want)?

Y \_\_\_\_ N \_\_\_\_

**IV. ESTATE PLAN**

Specific Distributions: Is there any specific property (furniture, family heirloom, bank account) or specific dollar amount that you wish to leave to a particular person before making any other distributions from your estate? Y \_\_\_\_ N \_\_\_\_

If so, please list property and person: (if additional space is needed, please write on the back of this sheet)

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

Other Distributions: Household goods to: spouse \_\_\_\_\_ surviving children \_\_\_\_\_ other \_\_\_\_\_

Remaining Property: To my spouse first, if he/she survives me \_\_\_\_\_  
To my children equally and outright (not held in trust) \_\_\_\_\_  
To my children in trust \_\_\_\_\_

If a beneficiary predeceases you, what would you like to have happen to the property?  
To beneficiary's children \_\_\_\_\_ Divided equally among surviving beneficiaries \_\_\_\_\_

Do you wish to make any bequests to a charity or your church? Y \_\_\_\_\_ N \_\_\_\_\_ If so, describe what you would like to bequest: \_\_\_\_\_

Ultimate beneficiaries: If all beneficiaries and descendants listed above predecease you:

To my heirs (including remote relatives) only \_\_\_\_\_ 50% to heirs on each spouse's side of family \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

### KEY QUESTIONS

Is there anyone who you would like to inherit from your estate that is financially irresponsible or has a disability that would make it difficult for them to manage their inheritance? \_\_\_\_\_

Is there anyone who you would like to inherit from your estate that is currently receiving disability or other governmental benefits? \_\_\_\_\_

Trustee: Whom do you wish to manage any trusts created in your will?

Surviving spouse is first choice: \_\_\_\_\_

List other choices in order of priority: \_\_\_\_\_

Do you have any special concerns, requests, or questions not addressed in this worksheet?  
\_\_\_\_\_  
\_\_\_\_\_

### V. FINANCIAL INFORMATION:

What is your annual household income? (H) \_\_\_\_\_ (W) \_\_\_\_\_

What is the source of your income (i.e. salary, retirement, passive, etc.)? Y \_\_\_\_\_ N \_\_\_\_\_.

Do you anticipate any dramatic changes (increase or decrease) in your income in the future? Y \_\_\_\_\_ N \_\_\_\_\_

If so, describe anticipated change: \_\_\_\_\_

Do you view your assets as: \_\_\_\_\_ equally owned by both spouses \_\_\_\_\_ separate property

Ownership of assets can determine to whom assets will pass upon your death. The method of ownership may negate will or trust provisions dealing with tax planning. Please indicate how you hold title to each asset listed below by using these codes listed below. Please note that exact values are not required.

(H=Husband is sole owner W=Wife is sole owner JT=Joint tenancy TIC=Tenants in common CP=Community Property)

1. Retirement Plans: (including IRAs) Total Value: \$ \_\_\_\_\_

Type of Plan	Owner (H or W)	Company	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you receiving Social Security or other pension benefits? Y \_\_\_\_\_ N \_\_\_\_\_

Social Security: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Other pensions: Source/Amount: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

2. Cash/Checking Accounts/Savings Accounts/Money Market Accounts/Investment Accounts:

Name of Institution/Issuer	Type	Acct. No.	Owner	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

3. Life Insurance and Annuity Policies: Total Value: \$ \_\_\_\_\_

A. Company: \_\_\_\_\_ Policy No. \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Owner: \_\_\_\_\_ Beneficiaries: 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

B. Company: \_\_\_\_\_ Policy No. \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Owner: \_\_\_\_\_ Beneficiaries: 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

C. Company: \_\_\_\_\_ Policy No. \_\_\_\_\_ Type of Policy: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Beneficiaries: 1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

4. Business Interests and Partnerships: Total Value: \$ \_\_\_\_\_

List details and ownership:

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5. Real Estate: (include residence, rentals, time shares, etc.) Total Value: \$ \_\_\_\_\_

General Description or Address	Owner	Market Value	Mortgage (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Personal Effects: Total Value: \$ \_\_\_\_\_

Type of Property	Owner	Market Value
Automobile: _____	_____	_____
Automobile: _____	_____	_____
Furniture, Jewelry, Household Items	_____	_____
Other (special collections, etc.): _____	_____	_____
Other : _____	_____	_____

7. Notes Receivable: (money owed to you, not by you) Total Value: \$ \_\_\_\_\_

Name of Debtor	Date Due	Owed To	Secured by	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Anticipated Inheritance, Gifts, or Lawsuit/Settlement(s)

Total Value: \$ \_\_\_\_\_

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

9. Liabilities (money you owe, i.e. mortgage, credit cards, auto loans, etc.)

Total Value: \$ \_\_\_\_\_

Owed to Whom	Signer(s)	Secured By	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Other Assets Not Listed Above:

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

Additional Information:

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

By evidence of my (our) signature(s) below, I (we) affirm and attest that the information provided within this document accurately reflects the assets and liabilities of my (our) estate(s) as of the date shown below. I (we) understand that not disclosing information about my (our) estate may hinder my advisor from being able to properly plan for its disposition in the most tax efficient and administratively expedient manner. If I (we) should choose to not make full disclosure, then I (we) acknowledge my (our) full responsibility for any adverse consequences of my (our) nondisclosure. I (we) further acknowledge that it is my (our) responsibility to notify my advisor when there is a material change in my (our) estate or life circumstances .

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date