



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.

PART I: GENERAL INFORMATION

YOU	SPOUSE
What is your full legal name? _____ First Middle Last	What is your spouse's full legal name? _____ 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? ☐ Yes ☐ No	DOB: _____ U.S. Citizen? ☐ Yes ☐ No
Home Address: _____ Street	City State Zip
Do you have estate planning? Will or Trust? _____	
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? ☐ Yes ☐ No	

CHILDREN	
Full Name: _____	Full Name: _____
DOB: _____ Gender: __ Marital Status: _____	DOB: _____ Gender: __ Marital Status: _____
Born of: ☐ Current Marriage ☐ Previous Marriage	Born of: ☐ Current Marriage ☐ Previous Marriage
If from previous marriage, whose? _____	If from previous marriage, whose? _____
Is child adopted? ☐ Yes ☐ No	Is child adopted? ☐ Yes ☐ No
Who Adopted? ☐ You ☐ Spouse ☐ Both	Who Adopted? ☐ You ☐ Spouse ☐ Both

Full Name: _____	Full Name: _____
DOB: _____ Gender: __ Marital Status: _____	DOB: _____ Gender: __ Marital Status: _____
Born of: ☐ Current Marriage ☐ Previous Marriage	Born of: ☐ Current Marriage ☐ Previous Marriage
If from previous marriage, whose? _____	If from previous marriage, whose? _____
Is child adopted? ☐ Yes ☐ No	Is child adopted? ☐ Yes ☐ No
Who Adopted? ☐ You ☐ Spouse ☐ Both	Who Adopted? ☐ You ☐ Spouse ☐ 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): _____	Primary (Full Name): _____
Relationship to you: _____	Relationship to you: _____
Address: _____	Address: _____
1 st Alternate (Full Name): _____	1 st Alternate (Full Name): _____
Relationship to you: _____	Relationship to you: _____
Address: _____	Address: _____
2 nd Alternate (Full Name): _____	2 nd Alternate (Full Name): _____
Relationship to you: _____	Relationship to you: _____
Address: _____	Address: _____

TRUSTEE

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

For a Joint Trust, only state one list of Successor Trustees

JOINT TRUST SUCCESSOR TRUSTEE	SUC. TRUSTEE-SPOUSE'S SEPERATE TRUST
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: _____

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/ADULT CHILDREN/BENEFICIARIES/CHARITIES

If you have (a) minor child(ren), at what age do you want your child's trust to terminate? Do you want a Common Trust while children are minors if you have more than one minor child?

What age shall the trust split into Separate Trusts for each child? (Example, Common Trust until the youngest reaches age 18, then split into Separate Trusts, Distribution at 21 (30%) and 25 (Remainder)).

Do you have any estranged children/relatives who should be disinherited?

Are divorce, substance abuse, or spendthrift issues to be addressed in Trust Distributions?

If you do not have children, who are your beneficiaries?

If all the named individuals predecease you or do not exist, who is your Remote Contingent Beneficiary?

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:

MISCELLANEOUS INFORMATION

Provide Vehicle VIN, Year, Make, Model for assets with title at the Secretary of State

Are either you or your spouse currently a beneficiary of a trust? Will either you or your spouse inherit assets which should be taken into account when making your estate plan?

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, also known as a prenuptial or post nuptial agreement?

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 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: _____ _____ Cell Phone #: _____	1 st Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____ Cell Phone #: _____
2 nd Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____ Cell Phone #: _____	2 nd Alternate (Full Name): _____ Relationship to you: _____ Address: _____ _____ Cell Phone #: _____

HEALTH INFORMATION

YOU	SPOUSE
Determination of Incapacity Do you want Incapacity to be determined by 2 doctors or spouse and doctor if spouse is available? _____ Do you want your HIPAA Agents to be the same as your Advocates, with limited power to determine your capacity for financial and health care decisions? _____ Do you want your Advocate to have authority to sign a DNR? ☐ Yes ☐ No	Determination of Incapacity Do you want Incapacity to be determined by 2 doctors or spouse and doctor if spouse is available? _____ Do you want your HIPAA Agents to be the same as your Advocates, with limited power to determine your capacity for financial and health care decisions? _____ Do you want your Advocate to have authority to sign a DNR? ☐ Yes ☐ No
Do you want to donate your organs? ☐ Yes ☐ No Science or Transplant? _____	Do you want to donate your organs? ☐ Yes ☐ No Science or Transplant? _____
Do you want extraordinary Care? <i>e.g. life support, respirator</i> ☐ Yes ☐ No	Do you want extraordinary Care? <i>e.g. life support, respirator</i> ☐ Yes ☐ No
Do you have any special requirements that hospitals should be aware of (such as vegetarian, religious requirements, etc.)? ☐ Yes ☐ No <i>If so, please list:</i> _____	Do you have any special requirements that hospitals should be aware of (such as vegetarian, religious requirements, etc.)? ☐ Yes ☐ No <i>If so, please list:</i> _____

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 if you are incapacitated. The authority granted under a Durable Power of Attorney terminates upon knowledge of your death. An Agent can only perform duties listed in the document (e.g. gifting to charities, gifting to family, canceling or changing beneficiaries on life insurance, running a business).

AGENT (ATTORNEY-IN-FACT)

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

Do you have specific assets such as a business that would need a separate Power of Attorney?
 Do you have any gifting you want to continue if you are incapacitated?
 Do you have a wealth advisor or CPA you want your agent to work with?

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.*

****PLEASE STATE IF ANY GIFTS ARE TO BE DISTRIBUTED TO A SPECIFIC BENEFICIARY. OTHERWISE THEY ARE PART OF THE "RESIDUAL DISTRIBUTION".**

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/Vehicles</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			