

ESTATE PLANNING WORKSHEET

Names: _____

Address: _____

Telephone: (H) _____; **(O)** _____; _____

Email Address: _____

File No.: _____ Appointment Date: _____ Time: _____

I. PERSONAL INFORMATION.

A. Husband's Name: _____

1. SS #: _____
2. Date of Birth: _____
3. County of Residence: _____
4. Are you a U. S. Citizen: _____
5. Estimated Earned Income: _____
6. Estimated Investment Income: _____

B. Wife's Name: _____

1. SS #: _____
2. Date of Birth: _____
3. County of Residence: _____
4. Are you a U. S. Citizen: _____
5. Estimated Earned Income: _____
6. Estimated Investment Income: _____

C. Previous Marriages: _____

D. Children:

1. Name of Child One: _____
 - a. Parents: _____
 - b. Date of Birth: _____
 - c. Address: _____

 - d. Telephone: _____
 - e. Child's Spouse: _____
 - f. Child's Children (name/age): _____

2. Name of Child Two: _____
a. Parents: _____
b. Date of Birth: _____
c. Address: _____

d. Telephone: _____
e. Child's Spouse: _____
f. Child's Children (name/age): _____

3. Name of Child Three: _____
a. Parents: _____
b. Date of Birth: _____
c. Address: _____

d. Telephone: _____
e. Child's Spouse: _____
f. Child's Children (name/age): _____

4. Name of Child Four: _____
a. Parents: _____
b. Date of Birth: _____
c. Address: _____

d. Telephone: _____
e. Child's Spouse: _____
f. Child's Children (name/age): _____

E. Husband's Parents:

1. Father: _____
a. Address: _____

b. Age: _____
c. Is father financially dependent upon you? _____

2. Mother: _____
 - a. Address: _____
 - _____
 - b. Age: _____
 - c. Is mother financially dependent upon you? _____
 - _____

F. Wife's Parents:

1. Father: _____
 - a. Address: _____
 - _____
 - b. Age: _____
 - c. Is father financially dependent upon you? _____
 - _____

2. Mother: _____
 - a. Address: _____
 - _____
 - b. Age: _____
 - c. Is mother financially dependent upon you? _____
 - _____

II. ASSETS AND LIABILITIES.

A. Real Estate:

1. Address: _____
 - a. County: _____
 - b. Description: _____
 - c. Fair Market Value: _____
 - d. Mortgage Amount: _____
 - e. How is title held (husband, wife, joint)? _____
 - f. Tax Map #(on tax bill) _____

2. Address: _____
 - a. County: _____
 - b. Description: _____
 - c. Fair Market Value: _____
 - d. Mortgage Amount: _____
 - e. How is title held (husband, wife, joint)? _____
 - f. Tax Map #(on tax bill) _____

3. Address: _____
a. County: _____
b. Description: _____
c. Fair Market Value: _____
d. Mortgage Amount: _____
e. How is title held (husband, wife, joint)? _____
f. Tax Map #(on tax bill) _____

4. Address: _____
a. County: _____
b. Description: _____
c. Fair Market Value: _____
d. Mortgage Amount: _____
e. How is title held (husband, wife, joint)? _____
f. Tax Map #(on tax bill) _____

B. Husband's Insurance:

1. Company and Policy #: _____
a. Owner: _____
b. Beneficiary: _____
c. Death Benefit: _____
d. Cash Value: _____
e. Loans on Policy: _____
f. What type of policy is this (term, whole life, or universal policy)?

2. Company and Policy #: _____
a. Owner: _____
b. Beneficiary: _____
c. Death Benefit: _____
d. Cash Value: _____
e. Loans on Policy: _____
f. What type of policy is this (term, whole life, or universal policy)?

3. Company and Policy #: _____
a. Owner: _____
b. Beneficiary: _____
c. Death Benefit: _____
d. Cash Value: _____
e. Loans on Policy: _____
f. What type of policy is this (term, whole life, or universal policy)?

C. Wife's Insurance:

1. Company and Policy #: _____
 - a. Owner: _____
 - b. Beneficiary: _____
 - c. Death Benefit: _____
 - d. Cash Value: _____
 - e. Loans on Policy: _____
 - f. What type of policy is this (term, whole life, or universal policy)?

2. Company and Policy #: _____
 - a. Owner: _____
 - b. Beneficiary: _____
 - c. Death Benefit: _____
 - d. Cash Value: _____
 - e. Loans on Policy: _____
 - f. What type of policy is this (term, whole life, or universal policy)?

3. Company and Policy #: _____
 - a. Owner: _____
 - b. Beneficiary: _____
 - c. Death Benefit: _____
 - d. Cash Value: _____
 - e. Loans on Policy: _____
 - f. What type of policy is this (term, whole life, or universal policy)?

D. Husband's Retirement Plans and IRA's:

1. What type of plan is this (IRA, profit sharing, pension, 401(k), non-qualified deferred comp)? _____

 - a. Amount of Benefit: _____
 - b. Beneficiary: _____

2. What type of plan is this (IRA, profit sharing, pension, 401(k), non-qualified deferred comp)? _____

 - a. Amount of Benefit: _____
 - b. Beneficiary: _____

E. Wife's Retirement Plans and IRA's:

1. What type of plan is this (IRA, profit sharing, pension, 401(k), non-qualified deferred comp)? _____

a. Amount of Benefit: _____

b. Beneficiary: _____

2. What type of plan is this (IRA, profit sharing, pension, 401(k), non-qualified deferred comp)? _____

a. Amount of Benefit: _____

b. Beneficiary: _____

F. Brokerage Accounts:

1. Brokerage Company: _____

a. Account Number: _____

b. Fair Market Value: _____

c. How is this account titled (husband, wife, joint tenants with rights of survivorship, or tenants in common)? _____

2. Brokerage Company: _____

a. Account Number: _____

b. Fair Market Value: _____

c. How is this account titled (husband, wife, joint tenants with rights of survivorship, or tenants in common)? _____

3. Brokerage Company: _____

a. Account Number: _____

b. Fair Market Value: _____

c. How is this account titled (husband, wife, joint tenants with rights of survivorship, or tenants in common)? _____

G. Please describe any other stocks, bonds, or annuities that you own: _____

H. Bank Accounts and Certificates of Deposit:

1. Bank: _____
 - a. Account or CD Number: _____
 - b. Name on Account: _____
 - c. Balance: _____
 - d. Type of account: _____

2. Bank: _____
 - a. Account or CD Number: _____
 - b. Name on Account: _____
 - c. Balance: _____
 - d. Type of Account: _____

3. Bank: _____
 - a. Account or CD Number: _____
 - b. Name on Account: _____
 - c. Balance: _____
 - d. Type of Account: _____

4. Bank: _____
 - a. Account or CD Number: _____
 - b. Name on Account: _____
 - c. Balance: _____
 - d. Type of Account: _____

I. Business Interests:

1. Do you own any interest in any closely held business, professional practice, partnership, limited liability company or sole proprietorship? _____

2. Please describe the nature of your interest and provide your estimate of the fair market value of your interest? _____

3. If the business is incorporated is it a subchapter S Corporation? _____

4. Is there a buy-sell or business continuation agreement? _____

- J. Please estimate the value of miscellaneous personal property including automobiles, boats, jewelry, antiques, art, tools, etc.: _____

K. Does anyone owe you money? If so, please describe the nature of the loan arrangement and outstanding balance. _____

L. Please list any liabilities other than real estate mortgages that are listed under Item A.

III. MISCELLANEOUS ISSUES.

A. Do you currently have a will? _____

B. Do you currently have a revocable trust? _____

C. Do you currently have a durable power of attorney and a health care power of attorney?

D. Are there any life insurance policies on your life that are owned by third parties (children, trusts, or companies)? _____

E. Are either of you currently the beneficiary of any Trust arrangement? _____

F. Have either of you established a trust of any type? _____

G. Are either of you expecting any substantial inheritances? _____

H. Have either of you ever lived in a Community Property State (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, or Idaho)? _____

I. Have either of you ever made any substantial gifts (greater than \$10,000 per year) or filed a gift tax return? _____

J. Have either of you ever signed a prenuptial agreement, a post-nuptial agreement or an elective share waiver? _____

- K. Do either of you have any health problems that may be relevant to this estate plan?

- L. Do you have disability income insurance? If so, please describe the amount of insurance that you carry. _____

- M. Have you started a gift program for children or grandchildren? _____

- N. What is the name, address and phone number of your accountant?

- O. Do you own have joint accounts with anyone other than your spouse? _____

- P. Are any of your beneficiaries handicapped or disabled? _____

- Q. Do you have long-term care insurance? _____
