

## ESTATE PLANNING WORKSHEET

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone: (H)** \_\_\_\_\_; **(O)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

File No.: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **I. PERSONAL INFORMATION.**

A. Your 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. Previous Marriages: \_\_\_\_\_

\_\_\_\_\_

C. 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Your 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? \_\_\_\_\_
- f. Tax Map #(on tax bill) \_\_\_\_\_

2. Address: \_\_\_\_\_  
a. County: \_\_\_\_\_  
b. Description: \_\_\_\_\_  
c. Fair Market Value: \_\_\_\_\_  
d. Mortgage Amount: \_\_\_\_\_  
e. How is title held? \_\_\_\_\_  
f. Tax Map #(on tax bill) \_\_\_\_\_

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

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

**B. Your 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. Your 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: \_\_\_\_\_

D. Your Brokerage Accounts:

1. Brokerage Company: \_\_\_\_\_  
a. Account Number: \_\_\_\_\_  
b. Fair Market Value: \_\_\_\_\_  
c. How is this account titled? \_\_\_\_\_  
\_\_\_\_\_
2. Brokerage Company: \_\_\_\_\_  
a. Account Number: \_\_\_\_\_  
b. Fair Market Value: \_\_\_\_\_  
c. How is this account titled? \_\_\_\_\_  
\_\_\_\_\_
3. Brokerage Company: \_\_\_\_\_  
a. Account Number: \_\_\_\_\_  
b. Fair Market Value: \_\_\_\_\_  
c. How is this account titled? \_\_\_\_\_  
\_\_\_\_\_

- E. Please describe any other stocks, bonds, or annuities that you own: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. 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: \_\_\_\_\_

G. 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? \_\_\_\_\_  
\_\_\_\_\_

H. Please estimate the value of miscellaneous personal property including automobiles, boats, jewelry, antiques, art, tools, etc.: \_\_\_\_\_

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

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

J. 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 you currently the beneficiary of any Trust arrangement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Have you established a trust of any type? \_\_\_\_\_  
\_\_\_\_\_

G. Are you expecting any substantial inheritances? \_\_\_\_\_  
\_\_\_\_\_

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

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

J. Have you ever signed a prenuptial agreement, a post-nuptial agreement or an elective share waiver? \_\_\_\_\_  
\_\_\_\_\_

K. Do 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? \_\_\_\_\_  
\_\_\_\_\_
- P. Are any of your beneficiaries handicapped or disabled? \_\_\_\_\_  
\_\_\_\_\_
- Q. Do you have long-term care insurance? \_\_\_\_\_  
\_\_\_\_\_