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ESTATE PLANNING WORKSHEET

Please complete this form to the best of your ability and bring it with you to our initial meeting. If you have scheduled the meeting for another person, such as your parents, please complete the worksheet using their information (and not yours). If you are not married, just ignore the information requested for the spouse.

The information requested is relevant to effective planning and having the information gathered here will help to make your appointment more productive and therefore save you both time and money. If you need assistance completing the information, call our office and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

DOCUMENTS TO BE BROUGHT TO FIRST CONFERENCE

If available, we would like you to bring a recent **photograph** of yourself and your family to our first meeting. We like to make this photo part of our file. In addition, please bring copies of any of the following documents which are relevant:

1. Any existing wills, powers of attorney, living wills, trusts or other estate planning documents.
2. All Federal gift tax returns that either spouse may have filed.
3. Any pre-nuptial, post nuptial or marital settlement agreement where either spouse has a continuing obligation.
4. Beneficiary designations for life insurance policies and for IRAs and employer retirement plans.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

WE LOOK FORWARD TO SEEING YOU!

NOTE: Although this form requests information regarding both spouses, and other family members, this is not meant to imply that an attorney should, or can, in all situations provide such services for both spouses, or for other family members. Each situation must be considered individually. However, even when representing one spouse, information regarding the overall family situation is important so that the worksheet should still be completed to the extent possible.

Revised 6/2022

Estate Planning Worksheet

Date: ____________________

General Information

YOU:

NAME: ____

OTHER NAMES USED: ____

HOME ADDRESS: ____

OTHER RESIDENCES: ____

TELEPHONE: ____

E-MAIL ADDRESS: ____

EMPLOYER/POSITION: ____

BUSINESS ADDRESS: ____

BUSINESS PHONE: ____

PLACE OF BIRTH: ____

CITIZENSHIP: ____

MARITAL STATUS: ____

SPOUSE (if applicable):

NAME: ____

RESIDENCE IF OTHER THAN YOURS: ____

OTHER NAMES USED: ____

CITIZENSHIP: ____

EMPLOYER/POSITION: ____

PLACE OF BIRTH: ____

WHO REFERRED YOU TO OUR OFFICE? ____

FAMILY PROFILE

	NAME	MARITAL STATUS	NO. OF CHILDREN	DATE OF BIRTH	OCCUPATION	SOCIAL SECURITY NUMBER
YOU	______		______	______	______	______
SPOUSE	______		______	______	______	______
CHILDREN AND DECEASED CHILDREN	______	______	______	______	______	______
(include address if other than	______	______	______	______	______	______
yours, and note if child is deceased or adopted)	______	______	______	______	______	______
	______	______	______	______	______	______
	______	______	______	______	______	______
	______	______	______	______	______	______
	______	______	______	______	______	______
	______	______	______	______	______	______

Are any of your children disabled? ____________________________

If so, please name that child: ____

Assets

Note: Please show the approximate value of the following assets in the appropriate column. Feel free to prepare supplementary schedules to provide further details with respect to any of the following categories.

	You	Spouse	Joint
Cash, Bank Accounts and Money Market Funds	________	________	________
Certificates of Deposit	________	________	________
Bonds and Bond Funds	________	________	________
Stocks and Mutual Funds	________	________	________
Annuities	________	________	________
Residence	________	________	________
Second Homes	________	________	________
Investment Real Estate	________	________	________
Professions or Businesses (Sole Proprietorships, Partnerships or Corporations)	________	________	________
Retirement plans (including IRAs) (Complete supplemental information on page 5)	________	________	________
Life Insurance (Complete supplemental information on page 6)	________	________	________
Interests in Estates or Trusts	________	________	________
Prepaid Funerals	________	________	________
Home Furnishings	________	________	________
Automobiles	________	________	________
Collections	________	________	________
Miscellaneous Assets (identify if significant)	________	________	________
TOTALS	________	________	________

Supplemental Information Regarding Retirement Plans:

	IRA	IRA	Pension	Profit Sharing
Participant	__________	__________	__________	____________
Beneficiary	__________	__________	__________	____________
Present Value	__________	__________	__________	____________

Liabilities

	Debt #1	Debt #2	Debt #3	Debt #4
Creditor	__________	__________	__________	____________
Amount of Debt	__________	__________	__________	____________

Income

Please provide the following information regarding the ***monthly*** income of you and your spouse:

Source	You	Spouse
Work earnings	___________________	____________________
Social Security Retirement	___________________	____________________
Social Security Disability	___________________	____________________
Private pension	___________________	____________________
IRA Distribution	___________________	____________________
Other income (______________)	___________________	____________________

Long Term Care Insurance

Do you have Long Term Care Insurance? __________.
If yes, how much does it pay? _______________ How long does it cover you? _______________

Advisors

	Name and Address	Telephone No.
Accountant:	____	____________________
Life Insurance Agent:	_______________________________________	____________________
Investment Advisor:	____	____________________
Other Attorney:	____	____________________
Physician:	____	____________________

LIFE INSURANCE

Policy Owner	Insured	Insurance Company & Policy Number	Death Benefit	Accidental Death Benefit, if any	Type of Policy	Annual Premium	Cash Value/ Policy Loan	Policy Beneficiary

Additional Information

1. If you or your spouse were married previously, indicate to whom, when and how marriage was terminated, whether there were children of such marriage and whether there are any continuing rights or obligations arising pursuant to any property settlement agreement or divorce decree.

2. Where and when did your current marriage occur?

3. In what states have you resided during your marriage?

4. Have you and your spouse entered into a pre-nuptial or post-nuptial agreement?

5. Has either spouse filed gift tax returns or made any gifts (outright or in trust) exceeding the annual gift tax exclusion ($16,000 in 2022 and $10,000-$15,000 in prior years) per year to any person?

6. Is either spouse the beneficiary of a trust created by someone else? If so, please bring a copy of the trust.

7. Does either spouse expect a significant inheritance?

8. Is either spouse a party to a buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan other than a qualified pension or profit sharing plan?

9. In general, how do you want your estate distributed among your beneficiaries?

10. To what degree is each spouse capable of managing financial affairs?

11. Does either spouse want to control the way his or her assets pass after the other spouse dies (as opposed to giving the other spouse such control)?

12. If a trust is established for the surviving spouse, to what extent should he or she be permitted to invade the principal?

13. Is there anyone other than your spouse and children for whom you are financially responsible or to whom you or your spouse wish to leave a part of your estate?

14. Do you wish to make any charitable gifts in your Wills?

15. Do you want any assets to pass to your children before the second spouse's death?

16. Do you want assets passing to your children or grandchildren to be held in trust until a specific age?

17. Should any special problems be considered or special allowances be made as to any person, for example, for physical or mental disabilities?

18. If a child is under 18 when both spouses die, who do you want to raise such child?

19. Who do you and your spouse want the Executors of your estate to be? (You may each select one or more individuals and/or a bank.)

20. Are any of your children or grandchildren adopted? Should adopted children and grandchildren be treated the same as natural children?

21. If a child dies while assets are in trust for him or her, do you want such child to be able to leave any of such assets to his or her spouse?

22. If neither of you and none of your issue (lineal descendants) survive, to whom do you want your assets to pass?

23. Do you have any specific preferences as to funeral, burial and/or anatomical bequests?

24. Are you or your spouse a veteran? If so, please provide branch and dates of service?

25. Do you or your spouse have a safe deposit box? If so, where is each located, and in what name or names is each maintained?

26. Where are your insurance policies kept?

27. Where are original wills and other important papers kept?

28. Do you wish to discuss Powers of Attorney or instructions regarding medical treatment (Living Wills)?

29. If your future medical condition made it necessary to place you in a nursing home, would you want your family to conduct "Medicaid planning", by giving your assets to loved ones, so that you could qualify for Medicaid and protect assets for your family?

30. Within the **past 5 years**, have you or your spouse made any large gifts ($500 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts?