

**Estate Planning Worksheet**

The information in this worksheet consists of the general information necessary to begin the preparation of documents for your estate plan. While completion of the worksheet is optional, it is a great tool for you to organize your thoughts in preparation for our initial appointment. As you progress through the worksheet, please provide the names of individuals as you would like them to appear in your documents.

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| **I. PERSONAL INFORMATION** |
|  | **You** | **Your Spouse** |
| **1. Full Legal Name** |  |  |
| **2. Preferred Name** |  |  |
| **3. Date of Birth** |  / /  |  / /  |
| **4. Citizenship** |  |  |
| **5. Occupation** |  |  |
| **6. Estimated Annual Income****(Salary, Investment, Bonuses, etc.)** |  |  |
| **7. Work Phone Number** |  |  |
| **8. Cell Number** |  |  |
| **9. Email Address** |  |  |
| **10. Home Address** | (Address, City, County, State and Zip) |
| **11. Home Phone Number** |  |
| **12. Mailing Address** |  |
| **13. Date and Place of Marriage** |  |
| **14. Marital Agreement** | Yes [ ]  No [ ] (Please provide a copy of agreement) |
|  |  |  |
|  | **You** | **Your Spouse** |
| **15. Please list any prior marriage. If a prior marriage ended in divorce, please include the year and location of said divorce.** |  |  |
| **16. Children**  |
| **Name and Date of Birth** | **Address/Phone** | **Husbands/Wifes/Ours** |
| N: DOB: / /  | A: P: ( )  | Husband [ ]  Wife [ ] Ours [ ]  |
| N: DOB: / /  | A: P: ( )  | Husband [ ]  Wife [ ] Ours [ ]  |
| N: DOB: / /  | A: P: ( )  | Husband [ ]  Wife [ ] Ours [ ]  |
| N: DOB: / /  | A: P: ( )  | Husband [ ]  Wife [ ] Ours [ ]  |
| N: DOB: / /  | A: P: ( )  | Husband [ ]  Wife [ ] Ours [ ]  |
| **17. Notes on Family Dynamics** |
|  |
| **Professional Advisors** |
| **18. Name and Contact Information for Financial Planner or Broker** |  |
| **19. Name and Contact Information for CPA** |  |
| **20. Name and Contact Information for Insurance Agent** |  |
|  **II. ASSETS** |
| **Description** | **How is the asset held/titled?\*** | **Current Fair Market Value** |
| **1. Bank Accounts (not IRAs or other retirement plans)** |  |  |
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| **2. Stocks, Bonds and Mutual Funds (not IRAs or other retirement accounts)** |  |  |
|  |  |  |
|  |  |  |
| **3. Closely Held Business Interests (e.g. Limited Partnerships, LLCs)** |  |  |
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|  |  |  |
| **4. Real Estate** |  |  |
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|  |  |  |
| **5. Vehicles** |  |  |
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| **6. Other Property** |  |  |
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|  |  |  |
| **Total**  |  |

\*Please state whether the property is the separate property of either spouse. If known, please state whether the property is held with a right of survivorship.

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| **III. LIFE INSURANCE AND ANNUITIES** |
| **Company** | **Policy No.** | **Insured** | **Face Amount** | **Cash Value** |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |
|  |
| **IV. LIABILITIES** |
| **Description** | **Amount** |
| **1. Mortgages** |  |
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| **2. Short-term Obligations ( ≤ 5 years)** |  |
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|  |  |
| **3. Long-term Obligations (≥ 5 years)** |  |
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| **4. Other Liabilities** |  |
|  |  |
|  |  |
| **Total**  |  |
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| **VII. RETIREMENT PLANS, IRAs, and 401(k)s** |
| **Company/Custodian and Type of Account** | **Participant** | **Death Beneficiary** | **Vested Amount** | **Death Benefit** |
|  | Husband [ ]  Wife [ ]  |  |  |  |
|  | Husband [ ]  Wife [ ]  |  |  |  |
|  | Husband [ ]  Wife [ ]  |  |  |  |
|  | Husband [ ]  Wife [ ]  |  |  |  |
|  | Husband [ ]  Wife [ ]  |  |  |  |
| **Total** |  |  |
| **VIII. DISPOSITIVE PLAN** **Describe in general terms how you wish to leave your property at your death.** |
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| **IX. FIDUCIARIES** |
| **1. Executor(s)****The executor is the individual responsible for probating the will and administering your estate.** |
|  | **You** | **Your Spouse** |
| **Initial Executor** |  |  |
| **First Alternate Executor** |  |  |
| **Second Alternate Executor** |  |  |
| **2. Trustee(s)****The Trustee is the individual responsible for long-term management of property for a beneficiary.**  |
| **Initial Trustee** |  |  |
| **First Alternate Trustee** |  |  |
| **Second Alternate Trustee** |  |  |
| **3. Guardian for Minor Children****The guardian is the individual who will take physical care of your minor children should both parents die.**  |
| **Initial Guardian** | N: A: P: ( )  | N: A: P: ( )  |
| **First Alternate Guardian** | N: A: P: ( )  | N: A: P: ( )  |
| **Second Alternate****Guardian** | N: A: P: ( )  | N: A: P: ( )  |
| **4. Agent Under A Durable Power of Attorney (“Property Agent”)****The agent appointed under a Durable Power of Attorney is the individual who will manage your financial affairs in the event you become incapacitated.** |
| **Initial Property Agent** | N: A: P: ( )  | N: A: P: ( )  |
| **First Alternate Property Agent** | N: A: P: ( )  | N: A: P: ( )  |
| **Second Alternate Property Agent** | N: A: P: ( )  | N: A: P: ( )  |
| **5. Agent Under A Medical Power of Attorney (“Medical Agent”)****The agent appointed under a Medical Power of Attorney is the individual who will make health care decisions on your behalf in the event you become incapacitated.** |
|  | **You** | **Your Spouse** |
| **Initial Medical Agent** | N: A: P: ( )  | N: A: P: ( )  |
| **First Alternate Medical Agent** | N: A: P: ( )  | N: A: P: ( )  |
| **Second Alternate Medical Agent** | N: A: P: ( )  | N: A: P: ( )  |
| **6. Guardian Appointed Under Declaration of Guardian****The guardian named under a Declaration of Guardian is the individual you wish to appoint as your guardian in the event you become incapacitated. You may also name individuals you wish to exclude from serving as your guardian.** |
| **Initial Guardian** | N: A: P: ( )  | N: A: P: ( )  |
| **First Alternate Guardian** | N: A: P: ( )  | N: A: P: ( )  |
| **Second Alternate Guardian** | N: A: P: ( )  | N: A: P: ( )  |
| **Declaration of Guardian - Individuals Excluded from Serving as Guardian** |
| **Excluded Individual #1** | N: A: P: ( )  | N: A: P: ( )  |
| **Excluded Individual #2** | N: A: P: ( )  | N: A: P: ( )  |
| **Excluded Individual #3** | N: A: P: ( )  | N: A: P: ( )  |
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| **7. Authorized Individuals Under A HIPAA Waiver****The individuals named under a HIPAA Waiver are authorized to receive medical information concerning you. Please list any additional individuals that are not named as a Medical Agent under the Medical Power of Attorney.** |
|  | **You** | **Your Spouse** |
| **Additional Individual** | N: A: P: ( )  | N: A: P: ( )  |
| **Additional Individual** | N: A: P: ( )  | N: A: P: ( )  |
| **Additional Individual** | N: A: P: ( )  | N: A: P: ( )  |
| **X. SAFEKEEPING OF DOCUMENTS****Please state the location where you intend to keep your original documents for safekeeping.** |
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