

ESTATE PLANNING WORKSHEET

Information provided is held in complete confidence and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this checklist is not mandatory prior to the initial appointment, but if we are able to review the completed worksheet prior to your appointment, more can generally be covered during the initial consultation.

Please complete one form for each person that we are completing estate planning for.

I. Your basic information

1. Name: _____
2. Address: _____

3. County: _____
4. Date of Birth: _____
5. Social Security Number: _____
6. Marital Status: _____

II. Spouse basic information

1. Name: _____
2. Address: _____

3. County: _____
4. Date of Birth: _____
5. Social Security Number: _____

III. Your Estate

List the contents of your estate, including bank accounts, stock, IRAs, real estate, motor vehicles, life insurance, and anything else that you may own, whether by yourself or with another person. For this purpose, an estimate of the value is sufficient.

Bank Accounts

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

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4. _____ \$ _____

Stocks, Bonds, Treasury Notes, Other Investments

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Life Insurance, IRAs, Pension, 401K

1. _____ \$ _____

Beneficiary _____

2. _____ \$ _____

Beneficiary _____

3. _____ \$ _____

Beneficiary _____

4. _____ \$ _____

Real Estate

1. Address: _____

Value: \$ _____

Deed to: _____

2. Address: _____

Value: \$ _____

Deed to: _____

Tangible Personal Property

(This category includes furniture, jewelry or artwork -- anything of significant value or that you would like to go to a particular person.)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

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IV. Beneficiaries

Here, list the people you would like to receive a part of your estate, including family members, friends, and charities.

Children

1. Name, Address, Date of Birth, Relationship

2. Name, Address, Date of Birth, Relationship

3. Name, Address, Date of Birth, Relationship

4. Name, Address, Date of Birth, Relationship

Other Individuals

(Include friends, grandchildren, brothers and sisters, or anyone else to whom you would like to give a part of your estate.)

1. Name, Address, Date of Birth, Relationship

2. Name, Address, Date of Birth, Relationship

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3. Name, Address, Date of Birth, Relationship

4. Name, Address, Date of Birth, Relationship

Charities

(List any religious or other non-profit organizations to whom you would like to make a bequest. This may reduce the taxes on your estate.)

1. _____
2. _____
3. _____
4. _____

V. Executor

Name the person or persons you would like to appoint to administer your estate. He or she -- in which case she is called the "executrix" -- will carry out your wishes as stated in your will. Two people may serve together in this role. Also name an alternate in case the first appointed cannot serve for any reason.

Executor, executrix

1. _____
2. _____

Alternate

1. _____
2. _____

Please list instructions you wish regarding your estate. For example, if you everything to be left to one person, please list that person's name and 100% (i.e John Doe – 100%). If you want your estate to be divided equally among your heirs, please state this (i.e. John Doe, Mary Doe, Jane Doe – each 1/3 of estate). If you want a different division, please list it (i.e. John Doe – 50%; Mary Doe – 30%; Jane Doe 20%). Please also list any alternative plans in the event that an heir predeceases you. Specific gifts will be listed at the bottom of this form.

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VI. Guardian of Children

The most important purpose of a will for most younger people is the appointment of a guardian for their children under age 18. All people with children should have wills for this purpose.

Guardian _____

Alternate _____

VII. Power of Attorney

If you want to establish a person as your power of attorney in the event that you are unable to make decisions on your own, please provide the following information:

Attorney in Fact (person to be appointed)

Name: _____

Address: _____

County of Residence: _____

Alternate:

Name: _____

Address: _____

County of Residence: _____

VIII. Medical POA

If you want to establish a person as your medical power of attorney in the event you are incapacitated and are unable to make medical decisions regarding your care, please provide the following information:

Attorney in Fact (person to be appointed)

Name: _____

Address: _____

