

Estate Planning Worksheet

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

Date: _____

Client 1:

Name (First, Middle Initial, Last): _____

AKA: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ E-mail: _____

Employer: _____

City: _____ State: _____ Zip Code: _____

Marital Status: Separated/Divorced Single Widow

Client 2:

Name (First, Middle Initial, Last): _____

AKA: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ E-mail: _____

Employer: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: Separated/Divorced Single Widow

What is your primary motivation for considering estate planning? (*Select one or more*)

- | | |
|--|--|
| <input type="checkbox"/> Probate avoidance | <input type="checkbox"/> Business or farm planning |
| <input type="checkbox"/> Guardianship for minor children | <input type="checkbox"/> Federal estate tax planning |
| <input type="checkbox"/> Other: _____ | |

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How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? _____

	Client 1	Client 2
Do you presently have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages? If yes, year marriage ended in: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with a former spouse? (such as a prenuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any family member or potential beneficiaries have any serious health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe briefly: _____

Do you own a long-term care (nursing home) insurance policy? Yes No Yes No

Net Worth: If you added the value of all property owned by you including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of your estate? _____

What is the value of death benefits on life insurance? Insuring Client 1 _____ Insuring Client 2 _____

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What is the total amount of your outstanding liabilities? _____

Gift Tax Returns

Have gift tax returns ever been filed to report gifts made? _____ ***If YES, please bring copies of the returns to your appointment.

Plan of Distribution

Children or Other Beneficiaries

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

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Potential Charitable Beneficiaries

Name	Address

1. **Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

2. Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

- All to my children equally, and if a child didn't survive, the deceased child's share to the deceased child's children.
- All to my surviving children.
- All to _____, then _____
- As follows: _____

3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, nor your children/other beneficiaries named above survive.

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Appointments

1. **Personal Representative.** The Will should name a personal representative to handle the transfer of ownership of assets under the supervision of the Court. (Personal representative is also sometimes referred to as executor or administrator.) For example, my child as primary personal representative, and a relative, friend, or corporate trustee as alternate.

Client 1/Personal Representative:

Client 1/Alternate:

Client 1/Second Alternate:

Client 2/Personal Representative:

Client 2/Alternate:

Client 2/Second Alternate:

2. **Successor Trustee.** If you choose to avoid probate (the court-supervision procedure for transferring ownership of someone's assets after he or she dies) of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable or if you were unable to manage assets due to incompetence. The successor trustee would distribute assets to beneficiaries after death.

Successor Trustee:

Alternate:

Second Alternate:

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3. **Health Care Agent.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

Client 1/Health Care Agent:

Name: _____

Address: _____

Telephone No.: _____

Alternate:

Name: _____

Address: _____

Telephone No.: _____

Second Alternate:

Name: _____

Address: _____

Telephone No.: _____

Client 2/Health Care Agent:

Name: _____

Address: _____

Telephone No.: _____

Alternate:

Name: _____

Address: _____

Telephone No.: _____

Second Alternate:

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Name: _____

Address: _____

Telephone No.: _____

4. **Agent for business and financial matters.** Who should be named to act for you in financial matters, including signing legal documents, paying bills, and buying and selling real estate? It is not necessary to appoint the same person who is your successor trustee or personal representative as your agent for business and financial matters.

Client 1/Agent for business and financial matters:

Alternate:

Second Alternate:

Client 2/Agent for business and financial matters:

Alternate:

Second Alternate:

Please complete numbers 4, 5, and 6 only if you have minor beneficiaries or beneficiaries with disabilities.

4. **Guardian.** If you have child(ren) who are minors or who have special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

Guardian:

Alternate:

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5. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

Testamentary Trustee:

Alternate:

6. **Age of Distribution.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.
-

Income/Asset/Liability Information

Please list your income/asset/liability information in the appropriate category below.
Attach a separate page if necessary.

	Client 1	Client 2
Income		
Earned Monthly Income from Labor	_____	_____
Monthly Social Security Income	_____	_____
Monthly Pension Income	_____	_____
Other Monthly Income	_____	_____

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Type of Asset	Title in Which Held (Client 1 sole, Client 2 sole, Joint with third party, Tenants in common, etc.)	Current Value
Real Estate (Include type of property e.g., residential, agricultural, commercial, or manufacturing.)		
Personal Residence		
Vacant Land		
Other:		
Liquid Assets (Include account number and address where held.)		
Cash on Hand		
Government and Publicly Traded Securities		
Unlisted Securities (Not Publicly Traded)		
Money Market Accounts		
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership		
Notes and Loans Receivable		
Checking Accounts		
Savings Accounts		
Certificates of Deposit		

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Type of Asset	Title in Which Held (Client 1 sole, Client 2 sole, Joint with third party, Tenants in common, etc.)		Current Value
Automobiles			
Other Personal Property			
Annuities	Owner	Beneficiary	Current Value
IRAs			
Pension/Profit Sharing			
Life Insurance			Cash Value
			Death Benefit
Other Assets:			
Liabilities	Name Loan Taken In (Client 1, Client 2 etc.)		Amount Owed

STATEMENT OF FAITH DECLARATION
(Optional Language)

For many people it is important that their estate documents contain a declaration of their trust and confidence in the Lord, in this life and their life thereafter. They hope it will be a source of comfort for those they will leave behind upon their passing. We are providing samples of the Faith Statement that we often use for Wills or Trusts and for Healthcare Powers of Attorney.

Faith Statement for Will or Trust

I commit myself to God’s care, secure in His love for me and trusting in the salvation purchased for me through Christ’s suffering, death and resurrection. I leave those who survive me the comfort of knowing that I have died in this faith and have now joined my Lord in eternal glory. I commend my loved ones to the protecting arms of the Lord, knowing that He will continue to provide for them despite my absence and I encourage them to place their faith and trust in Him alone for their salvation.

Are you interested in including a faith statement in your Will or Trust? _____

If you prefer to use something different then above, please specify: _____

Faith Statement for Healthcare Power of Attorney

I hereby declare my faith in Jesus Christ as my Lord and Savior. While I thank God for the skills and abilities with which He has gifted me the medical personnel who will be attending to my care, ultimately my health and my life remain in His hands. Therefore, I request that my health care agent pray for God’s guidance in all matters hereunder whenever my agent is asked to make decisions on my behalf.

Are you interested in including a faith statement in your Healthcare Power of Attorney? _____

If you prefer to use something different then above, please specify: _____

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General Questions

Notes and Questions: Please note anything else which may be of importance in planning your estate, or note any questions you may have.

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