
ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

We must have this Worksheet returned to us at least three days prior to our meeting
If you need assistance completing the worksheet, call our office (813-252-8667).

WE LOOK FORWARD TO SEEING YOU!!!



PERSONAL INFORMATION

Client's Legal Name _____

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth Date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

County: _____ Cell Phone Number _____ Home Telephone _____

Best Method of Communication: _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Married: Date of Marriage _____ Divorced Widowed Single

Cohabiting: Domestic Partnership Registration Filed? _____

Client's Legal Name _____

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

County: _____ Cell Phone Number _____ Home Telephone _____

Best Method of Communication: _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

CHILDREN

(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent.)

Name	Birth date	Who is the Parent?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

If you are not working with one of the above, are you interested in a referral to someone who may be a good fit for you and your family? Yes No

IMPORTANT FAMILY QUESTIONS

HUSBAND

WIFE

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <i>If yes, please describe below</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you own a business? Yes No Yes No

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

Do you own any property that is not community property? Yes No Yes No

Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.* Yes No Yes No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.* Yes No Yes No

Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.* Yes No Yes No

Have you made any arrangements for your burial or funeral? Yes No If so, what are they?

If you answer no above, please provide your preferences regarding your funeral, burial, cremation, etc.

****YOU MAY ESTIMATE AMOUNTS FOR THE PROCEEDING SECTIONS****

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME:	<u>Husband</u>	<u>Community/Joint</u>	<u>Wife</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.
(please list manner in which title held – Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*).
Do not include IRA’s or 401(k)’s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

SUMMARY OF VALUES

	Amount*		
ASSETS	Husband	Wife	Total Value
Real Property			
Furniture and Personal Effects			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* *Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

WE CAN ALSO MAKE THESE DECISIONS AT OUR MEETING SO THESE SECTIONS MAY BE LEFT BLANK BUT YOU SHOULD START CONSIDERING EACH ROLE

PERMANENT GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number

Relationship

TEMPORARY GUARDIANS: These are people who live within 20 minutes of your house and could pick up your child(ren) if something ever happened to you.

Name, Address and Phone Number

Relationship

FINANCIAL DECISION MAKERS

PERSONAL REPRESENTATIVE: After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

HUSBAND'S AGENT

Name, Address and Phone Number

Relationship

WIFE'S AGENT

Name, Address and Phone Number

Relationship

SUCCESSOR TRUSTEE (IF APPLICABLE): If you have minor children, *or* you have a revocable living trust, who do you want to be the trustee of the assets after you pass?

Name, Address and Phone Number

Relationship

DURABLE POWER OF ATTORNEY: Who do you want to be able to make financial and legal decisions for you?

HUSBAND'S AGENT

Name, Address and Phone Number

Relationship

WIFE'S AGENT

Name, Address and Phone Number

Relationship

HEALTH CARE

HEALTH CARE SURROGATE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

HUSBAND'S AGENT

Name, Address, and Phone Number

Relationship

WIFE'S AGENT

Name, Address, and Phone Number

Relationship

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes?

