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# 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? \_\_\_\_\_

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

<b>Name</b>	<b>Telephone</b>
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

- Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*                       Yes                       No
- Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*                       Yes                       No
- If married have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*                       Yes                       No
- Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*                       Yes                       No
- Do you own a business?                       Yes                       No
- Do you own a long-term care (nursing home) insurance policy?                       Yes                       No
- Do you own any property that is not community property?                       Yes                       No
- Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*                       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
- Are you currently the beneficiary of anyone else's trust? *If so, please explain below.*                       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:**

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, Separate Property, Tenant in Common)

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

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

## STOCKS AND BONDS

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

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

(*indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

## LIFE INSURANCE POLICES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

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*Total* \_\_\_\_\_

## RETIREMENT PLANS

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

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*Total* \_\_\_\_\_

## BUSINESS INTERESTS

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_

## MONEY OWED TO YOU

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_

\_\_\_\_\_

*Total estimated value* \_\_\_\_\_

## OTHER ASSETS

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

## SUMMARY OF VALUES

ASSETS	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	_____
<b>Total Assets:</b>	_____

## 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 your death, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

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?**

**Name, Address and Phone Number**

**Relationship**

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**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?**

**Name, Address, and Phone Number**

**Relationship**

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**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?**

**DISTRIBUTION OF YOUR ESTATE**

**SPECIFIC DISTRIBUTIONS: Do you want to leave any specific assets (real estate, automobile, a sum of money, artwork, jewelry, collections, etc) to a specific person? If so, please list the asset and the recipient below:**

**Recipient Name and Relationship to You**

**Asset Description**

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**RESIDUE DISTRIBUTIONS**: How would you like the remainder of your estate distributed? You should use percentages for each recipient. The percentages should add up to 100%.

<b>Recipient Name and Relationship to You</b>	<b>Percentage</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____