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# **ESTATE PLANNING WORKSHEET**

(PLEASE COMPLETE THIS PACKET IN INK)

WE LOOK FORWARD TO MEETING WITH 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 "C1" if only Client 1 is the biological parent, note "C2" if only Client 2 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**

	<u><b>CLIENT 1</b></u>		<u><b>CLIENT 2</b></u>	
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 joint 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?

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

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**\*\*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.

<b>INCOME:</b>	<b><u>Client 1</u></b>	<b><u>Joint</u></b>	<b><u>Client 2</u></b>
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)

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>	_____	_____

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
			Total	_____

### 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.

			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.

			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** \_\_\_\_\_

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*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> _____