



ESTATE PLANNING WORKSHEET

I will use the information you provide in this questionnaire to help you organize personal and financial information so that you can assess your current estate plans and evaluate whether changes are desired or required. Based upon the information provided as well as our consultation I will make estate planning recommendations. The estate plan is your plan, not mine, and you must be satisfied that it is workable and properly expresses your wishes.

The information you provide must be as accurate as possible. If you are uncertain about exact information, please make a note of it and give your best assessment. If exact information is required, I will ask you to be more precise. You may provide as much or as little information as you want. However, the more complete the information is, the more appropriate the planning process will be. Your information will be kept confidential unless you authorize or request its release to others.

PERSONAL AND FAMILY INFORMATION

State the names requested below exactly as you want them to appear in your will and other estate planning documents. Where the space on the form is insufficient, please use the reverse side.

Your name: _____ Date of birth: _____

Home Address: _____

Telephone No.: _____

Employer/Position: _____

Marital Status:
 MARRIED **SINGLE** **WIDOWED** **DIVORCED** **SEPARATED**

(If divorced or separated at any time, please provide a copy of any divorce decree and separation agreement.)

Spouse's name: _____ Date of birth: _____

Home Address: _____

Telephone No.: _____

Employer/Position: _____

Are you a United States citizen? Yes No
If not, of what country are you a citizen?

Is your spouse a citizen of the United States? Yes No
If not, of what country is he/she a citizen?

Do you or your spouse have any existing Wills, Trusts, Health Care Proxies, Living Wills or Powers of Attorney? Yes No
(please provide copies of any previously executed estate planning documents)

Children and Parents

Indicate which, if any, of your children is your child but not your spouse's, or vice versa. Also show the date and place of adoption of any adopted child. Be sure to include any deceased child and indicate the date of the child's death and his or her surviving spouse and children.

Mother: Living or Deceased?

Current Address:

Father: Living or Deceased?

Current Address:

Child#1: Date of birth:

Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

Child's spouse:

Child's children (and their dates of birth):

Child#2: Date of birth:

Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

Child's spouse:

Child's children (and their dates of birth):

Child#3: Date of birth:

Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

Child's spouse:

Child's children (and their dates of birth):

If either you or your spouse has been married previously, state the name of each prior spouse and indicate whether he or she is now living (if living give his or her address):

Is there other important personal information that might affect your estate plans? For example, does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future?

ASSETS

Insert your estimate of the approximate current value. List each type of asset individually owned by spouses or jointly owned by spouses (registered in the name of both spouses). If jointly owned with someone other than your spouse, insert name and relationship of that person. Do not itemize bank accounts or list securities individually. Merely insert total value of each type of asset according to its current registration. Indicate the beneficiary, if any, for any of the security or bank account registrations below.

Real Estate

Personal residence:

Address:

Description (e.g., single family, condo, or co-op, similar description):

How you hold title:

Fair Market Value:

Mortgage balance, if any:

Mortgage life insurance?

Other personal residences or vacation homes:

Address:

Description:

How you hold title:

Fair Market Value:

Mortgage balance, if any:

Mortgage life insurance?

Other real estate owned:

Address:

Description:

How you hold title:

Fair Market Value:

Mortgage balance, if any:

Personal and Household effects

If you think that the general categories do not provide an adequate description, please provide additional detail. Also state your best estimate of the value of each kind of property and who owns it (how you hold title).

Automobiles:

General personal and household effects such as furniture, furnishings, books, and pictures of no special value:

Valuable jewelry (indicate if insured):

Valuable works of art (indicate if insured):

Valuable antiques (indicate if insured):

Other valuable collections, e.g., coins, stamps, or gold (indicate if insured):

Other tangible personal property that does not seem to be covered by any of the other categories:

Cash, cash deposits, and cash equivalents (state the name and address of each bank or institution and who owns each item):

Bank Accounts

Checking accounts, including money market accounts:

You:

Spouse:

Jointly with:

Ordinary savings accounts:

You:

Spouse:

Jointly with:

Certificates of deposit:

You:

Spouse:

Jointly with:

Short-term U.S. obligations (T-bills):

You:

Spouse:

Jointly with:

Pension & profit-sharing plans, IRAs, ESOPs or other tax-favored employee-benefit plans

Pension plans

You:

Vested: Y/N

Current value: _____

Spouse:

Vested: Y/N

Current value: _____

Profit-sharing plans

You: Vested: Y/N Current value: _____
Spouse: Vested: Y/N Current value: _____

Individual Retirement Accounts (IRAs)

You: Current value: _____
Spouse: Current value: _____

Other tax-qualified employee benefit plan interests (please provide similar information)

Life Insurance

Life Insurance on your life

Ordinary life insurance.
Company name, address, and policy number:
Face amount of policies (proceeds):
Owner if other than you:
Beneficiaries:
Cash value: Loans, if any, against it:
Amount of Accidental death benefits, if any:

Term/group term insurance.
Company name, address, and policy number.
Face amount of policies:
Owner if other than you:
Beneficiaries:
Amount of Accidental death benefits, if any:

Supply similar information with respect to other life insurance or insurance having life insurance features:

Life insurance on your spouse's life

Ordinary life insurance.
Company name, address, and policy number:
Face amount of policies (proceeds):
Owner if other than spouse:
Beneficiaries:
Cash value: Loans, if any, against it:
Amount of Accidental death benefits, if any:

Term/group term insurance.
Company name, address, and policy number.
Face amount of policies:
Owner if other than spouse:
Beneficiaries:
Amount of Accidental death benefits, if any:

Supply similar information with respect to other life insurance or insurance Ohaving life insurance features:

Closely held business interests

Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., corporation, partnership, etc.), whether you are active in its operations, and your estimate of its value. If it is a corporation, please indicate whether an "S election" is in force with respect to the federal taxation of the corporation.

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person?

Investment assets

With respect to each category, please state the owner (how title is held) and the approximate value.

Publicly traded stocks and corporate bonds.

You:

Spouse:

Jointly owned with:

Municipal bonds.

You:

Spouse:

Jointly owned with:

Long-term U.S. Treasury Notes and Bonds.

You:

Spouse:

Jointly owned with:

Limited partnership interests.

You:

Spouse:

Jointly owned with:

Other investments. (please describe the general nature and value of interests)

You:

Spouse:

Jointly owned with:

Other interests of current or future value

Interests in trusts

Describe any trusts created by you, by any other person, such as a parent or ancestor, in which you or a member of your immediate family has a right to receive distributions of income or principal and whether such distributions are actually being received or anticipated in the future. Be as specific as you can. If possible, submit a copy of the trust agreement. If the trust agreement is not available, show the date the trust was created, whether it can be amended or changed, whether someone has a power of appointment over it, when the trust terminates, and who will receive the trust property upon termination. Also, state the approximate current value of the trust and the annual income from it.

Anticipated inheritances

If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than yourself or your spouse, describe your best estimate of the value and the nature of each inheritance.

Other assets or interests of value

Describe the general nature, form of ownership, and your estimate of the value of any asset or interest of value that does not seem to fit in any of the categories above.

Liabilities

Describe here substantial financial liabilities not reflected in the asset information you have provided above. If they are secured, indicate the nature of the security. Also show any substantial contingent liabilities, such as personal guarantees you have made on obligations of a business, a family member, or any other person. Indicate whether you have insured against any of these obligations in the event of your death, or if the obligations do not survive your death.

Personal Estate Planning Objectives

I am concerned with the following issues:

- Providing income for a surviving spouse or partner
- Estate taxes
- Gift taxes
- Paying for a child’s education
- Providing for a special needs child
- Arranging continuing care for pets/animals
- Making a charitable bequest
- Estate planning for your business
- Disinheriting an heir
- Establishing a trust fund for a child or other individual
- Medicaid planning
- Other _____

Guardians, Executors and Trustees

Guardians for minor children

If you have minor children, you may designate in your will a guardian or guardians of the person and/or their estate (property) in the event of your death and a substitute if they are unable or unwilling to serve.

Guardian(s) of the person

Name(s):

Address:

Guardian(s) of the estate (if different)

Name(s):

Address:

Substitute guardian of the person

Name(s):

Address:

Substitute guardian of the estate

Name(s):

Address:

Executor

Your executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid, and then distribute your property to trustees or others you have named. It is a task of limited duration, substantial responsibility, and much work.

Principal executor

Name(s):

Address:

Substitute executor

Name(s):

Address:

Trustees

Your trustees have the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create.

Please note that, depending upon the terms of the trust, there may be adverse tax consequences if a trustee has an interest or possible interest in the trust. A trustee can be a corporation or individual. If you choose a corporation be aware that they will charge fees for services, which may be large. You may choose to have co-trustees.

In general, choose trustees with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment acumen. If you wish to select co-trustees, you may want to choose them for how well their individual strengths complement each other. Executor(s) may also be designated as trustee(s).

Principal trustee(s)

Names:

Addresses:

Substitute trustee(s)

Names:

Addresses:

Other Matters

Describe or list here any facts or matters that do not seem to be covered by the other sections of this questionnaire and that you believe may be important for me to know.

