

Estate Planning Information

This is a **confidential** estate planning worksheet designed to gather the basic information I need to begin the process of preparing your estate plan. The information you provide will be strictly confidential. Some of the information requested in this worksheet may not apply to your situation; **you should fill out only those portions of the worksheet that apply to you.**

Please complete this worksheet as completely as possible and bring it with you to our first meeting. If you need assistance completing this form, please call.

A. Personal Information:

Name:

Spouse's Name:

Address:

City/State/Zip:

Home Phone:

Work Phone:

Work Phone (spouse):

eMail:

Date of Birth:

Self: _____

Spouse: _____

Children Names / Date of Birth / Address/Phone:

People or Organizations, other than those listed above, whom you wish to leave a part of your estate to:

Name / Relationship / Address:

Do any of the children have mental or health-related impairments? Yes No, If so, what?

Are any of the children from a prior marriage? Yes No, If so, indicate by which parent and whether they have been legally adopted by the new parent.

If any children are adopted, shall they take equally with the natural children? Yes No, If no, give details.

Do you have any special wishes concerning the raising and development of your children? (e.g. - specific faith, education, etc.).

B. Information Concerning Personal Representative & Guardian

Whom do you want to serve as your **personal representative**? Name and address.

First choice:

Second choice:

Do you wish the personal representative to be bonded? Yes No

While your children are minors, who do you want to serve as **guardian** of your children? Name and address.

First choice:

Second choice:

C. Information Concerning Disposition of Personal Property and Residence

Are personal effects and household goods to pass to the surviving spouse? Yes No, If not, to whom?

At the death of the surviving spouse, are personal effects and household goods to pass equally to the surviving children? Yes No, If not, then to whom?

Is the primary residence to pass to the surviving spouse? Yes No, If not, to whom?

D. Information Concerning Specific Requests

Do you wish any individual or entity (e.g., church, brother, etc.) to receive specific property (jewelry, collections, stock, etc.) at the first death or at the survivor's death? Yes No, If so, what and to whom?

Do you own now or plan to acquire (a) property in another state, (b), tax shelters, or (c) business interests? Yes No, If yes, please note below.

E. Information Concerning Disposition of Remaining Property

Upon the death of the first spouse, what portion of the balance of the estate do you want to pass to your surviving spouse? What about the rest of the estate?

Upon the death of the surviving spouse or if your spouse does not survive you, do you want the estate to pass equally to the children? Yes No, If no, give details:

If the children or individuals listed above do not survive, where do you want your property to pass (grand children, etc.)?

F. Information Concerning the Creation of Trusts

Do you wish to establish a trust for: Your spouse Your children Others

Note: It is common for people with minor children to establish trusts within their Wills for their children. This allows assets to be held and managed until the children attain certain ages.

Whom do you desire as **trustee**? Name and address.

First Choice:

Second Choice:

Do you wish the trustee to be bonded? Yes No

Do you want the trustee to be under court supervision? Yes No

How do you wish the income from the trust fund to be paid (required distribution, trustee's discretion, etc.)?

Do you wish to give the trustee the power to distribute trust principal for any specific reason (health, education, house purchase, etc.)?

Do you want the trustee to be able to make unequal distributions between the trust beneficiaries?
 Yes No

Is there an age or set of ages at which you would like the trust to be terminated or distributed to the trust beneficiaries (children at 25, 30, 35)?

G. Insurance Information

Insured / Death Benefit / 1st Beneficiary / 2nd Beneficiary:

H. Retirement Plan Information

Owner / Value / 1st Beneficiary / 2nd Beneficiary:

I. Accounts/checking/saving/CD/Stocks/Bonds

Owner/value/Pay on death? 1st Beneficiary/2nd Beneficiary

J. Real Estate

Description and how held/ Value/Mortgage or liens/ life estate or transfer on death?

J. Miscellaneous

If you have advanced any gifts to your estate beneficiaries, do you wish the advancement to be deducted from their share? ___Yes ___No
