

LAW OFFICES

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ATTORNEY AT LAW

Estate Planning Worksheet

Date: _____

Husband's full name: _____

Wife's full name: _____

Address: _____

Phone numbers (home and work): _____

County of residence: _____

Are both you and your spouse citizens of the United States? _____

Children: _____

Name/Age: _____ Married? _____

Address (if living away from home):

Have any of your children died? _____

Do you have children from a previous marriage? If yes, list names and ages. _____

Do you have family members with special needs? _____

Do you want to leave any specific items of personal effects to family members or others? _____

It is best to discuss burial instructions with family members. Do you have any wishes, such as cremation, that should be mentioned in your will? _____

Name and address of proposed guardian for minor children: _____

Name and address of possible successor guardian: _____

Who do you want as Executor of your Will? _____

Age of distribution of trust funds to children (i.e. staggered distributions at ages 25, 30, 35) _____

Who do you want as the Trustee to manage the trust funds? _____

Do you wish to make any special gifts to charities or friends? If so, list these: _____

Do you have a Living Will and Durable Power of Attorney for Health Care? _____

Do you have a financial Power of Attorney? _____

Do you have a safe deposit box? If so, where? _____

Do you expect to inherit a substantial amount of money from anyone? _____

Please list family assets and approximate values:

Asset	Husband	Wife	Joint
1. Residence	\$	\$	\$
2. Other Real Property	\$	\$	\$
3: Mortgages	\$	\$	\$
4. Listed or Traded Securities	\$	\$	\$

Asset Continued	Husband	Wife	Joint
5. Closely Held and Untraded Securities	\$	\$	\$
6. Partnership or Sole Proprietor Interests	\$	\$	\$
7. Checking Accounts	\$	\$	\$
8. Savings Accounts	\$	\$	\$
9. Retirement Accounts	\$	\$	\$
10. Other Personal Effects	\$	\$	\$
TOTAL GROSS ESTATE	\$	\$	\$
All Debts and Mortgages	\$	\$	\$
TOTAL NET ESTATE	\$	\$	\$
Other Assets	\$	\$	\$
a. Life Insurance	Policy 1	Policy 2	Policy 3

Owner: _____

Company: _____

Face Amount: _____

Beneficiary: _____

Term or Whole Life: _____

Present cash value: _____

b. In case of your death or retirement, would any employer make payments to you or your spouse under any qualified pension or profit-sharing plan, deferred compensation plan, etc.? If so, please describe. Did you contribute to such plans? Who is the beneficiary upon your death?