

ESTATE PLANNING WORKSHEET

Legal Name: _____
Nicknames: _____
Home Address: _____ City _____ State _____ Zip _____
Home Phone: _____ County of Residence _____
Alternate Numbers: _____
Email Address: _____
Date of Birth & Social Security Number: _____
If Married Date of Marriage: _____

Spouse/Partner's Legal Name: _____
Nicknames: _____
Home Address: _____ City _____ State _____ Zip _____
Home Phone: _____ County of Residence _____
Email Address: _____
Date of Birth & Social Security Number: _____

Please List Any Children or Beneficiaries to take under Trust or Will:

Relationship to you (i.e. Spouse, son, daughter, sister, brother etc.)

1. Legal Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

2. Legal Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

3. Legal Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

4. Legal Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

Personal Representative: Please list, in order of preference, who you would like to serve as Personal Representative of your estate. The Personal Representative is the person who handles your financial affairs and administers your estate after your death.

Name	Relationship	Address	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Guardian: If you have any children under the age of 18, please list, in order of preference, who you would like to serve as Guardian of any minor children. The Guardian is the person who will raise and care for your children until they reach the age of 18.

Name	Relationship	Address	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Age for Family Trust to Terminate: _____ (21 or 25 are common ages depending upon the size of your estate and whether you anticipate graduate school.)

Trustee: Please list, in order of preference, who you would like to serve as Trustee of any trusts. Whomever you choose, the person selected should be reasonably skilled at managing financial matters.

Name	Relationship	Address	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Would you like a Durable Power of Attorney? ____ Yes ____ No

If Yes, who would you like to be your Agent:

1. Name: _____
Address: _____

Phone Numbers: _____

Relationship to you: _____
Date of Birth: _____

2. Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

3. Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

Would you like an Advance Health Care Directive (i.e. Health Care Power of Attorney and Living Will)? Yes No

If Yes, who would you like to be your Surrogate:

1. Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

2. Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

3. Name: _____
Address: _____

Phone Numbers: _____
Relationship to you: _____
Date of Birth: _____

List of Assets and how are they owned:

Asset

Item	\$Value/Amount	How held?(Husband, Wife or Jointly)
Cash	\$ _____	_____
Checking Accounts	\$ _____	_____
Savings Accounts	\$ _____	_____
Other Bank Accounts	\$ _____	_____

Securities

Stock(company/shares)	\$ _____	_____
US Bonds	\$ _____	_____
Mutual Funds	\$ _____	_____
Other	\$ _____	_____

Personal Property

Household Goods	\$ _____	_____
Jewelry	\$ _____	_____
Apparel	\$ _____	_____
Other	\$ _____	_____

Real Estate

Home	\$ _____	_____
Recreational	\$ _____	_____
Investment	\$ _____	_____
Other	\$ _____	_____

Business Holdings

Briefly Describe Business:

Corporation, LLC, Partnership? _____
 Best Estimate of Fair Market Value \$ _____

Retirement

IRA, Profit Share, 401K. etc \$ _____

Specify primary and alternate beneficiary designation:

Insurance and Annuities

Type (term, etc.) _____ \$ _____

Specify primary and alternate beneficiary designation:

Inheritance

Do you or your spouse expect to receive any inheritance within the next 10 years?

_____ Best Estimate of Amount \$ _____

Other Assets Not Listed Above

Type

\$ _____

\$ _____

\$ _____

Liabilities

Mortgages

\$ _____

Car Loans

\$ _____

Personal Loans

\$ _____

Business Loans

\$ _____

Life Insurance Loans

\$ _____

Other

\$ _____

\$ _____

\$ _____

List of questions you may have:

