CONFIDENTIAL
ESTATE PLANNING WORKSHEET

This worksheet is designed to help organize your affairs and provide the information we need to best serve you. Please complete it as thoroughly as you can and bring it to your first meeting. All information will be kept strictly confidential.

WARNING: You will not be able to submit this worksheet online, and if you attempt to fill this worksheet out in a browser window you may have trouble saving your data. We suggest you download the worksheet to your computer, complete as much as you can, then immediately print to finish by hand.

Documents you will need to gather include:

- A recent statement from each financial account
- Life insurance policies
- Confirmation of beneficiary designations for life insurance policies, health savings accounts and retirement accounts

Other documents you may need, if you have them

- Prior estate planning documents
- Gift tax or estate tax returns you have filed
- Divorce settlement agreement or judgment (if you have any remaining obligations)
- Real property deeds and time share information
- Ownership document for your business or farm interests
- Promissory notes payable to you
- Car titles
- Evidence of all other assets such as mineral rights, intellectual property, etc.

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PERSONAL INFORMATION

Full Legal Name ______________________________

Preferred name ______________________________ Birth Date ______________

Home Address ____

City, State, Zip ______________________________

County ______________ Email ______________________________

Home Phone ______________ Cell Phone ______________________________

Would you like a ☐ text and/or ☐ email reminder of your appointments with us?

Employer ______________ How long have you and your spouse been together? __________

Spouse's Full Legal Name ______________________________

Preferred name ______________ Birth Date ______________

Home Address ____

City, State, Zip ______________________________

County ______________ Email ______________________________

Home Phone ______________ Cell Phone ______________________________

Employer __________________

ADVISORS

	Name	Telephone
Accountant:		
Financial Advisor:		
Life Insurance Agent:		
Stock Broker:		
Trustee (if any):		

Who referred you (or how you heard about us): ______________________________

What are your primary objectives for estate planning at this time (*check all that apply)*

- ☐ Protect children/grandchildren
- ☐ Reduce Estate Taxes
- ☐ Avoid probate
- ☐ Organize our affairs
- ☐ Make our financial planner happy
- ☐ Other ____
- ☐ Ease of mind
- ☐ Upcoming surgery; date if applicable __________
- ☐ Upcoming travel plans
- ☐ Have procrastinated long enough
- ☐ Protect us and our assets if we become incapacitated

CHILDREN AND/OR OTHER DEPENDENTS

Full Legal Name ______________________ Birth date ________
Home Address ______________________
City, State, Zip ______________________
Email: ____________ Tel. Nos. (Home and Cell) ____________

☐ Natural ☐ Legally Adopted ☐ Married ☐ Needs Special Care ☐ Dependent
Child Of: ☐ Both of us ☐ One of us: ____________

Full Legal Name ______________________ Birth date ________
Home Address ______________________
City, State, Zip ______________________
Email: ____________ Tel. Nos. (Home and Cell) ____________

☐ Natural ☐ Legally Adopted ☐ Married ☐ Needs Special Care ☐ Dependent
Child Of: ☐ Both of us ☐ One of us: ____________

Full Legal Name ______________________ Birth date ________
Home Address ______________________
City, State, Zip ______________________
Email: ____________ Tel. Nos. (Home and Cell) ____________

☐ Natural ☐ Legally Adopted ☐ Married ☐ Needs Special Care ☐ Dependent
Child Of: ☐ Both of us ☐ One of us: ____________

Full Legal Name ______________________ Birth date ________
Home Address ______________________
City, State, Zip ______________________
Email: ____________ Tel. Nos. (Home and Cell) ____________

☐ Natural ☐ Legally Adopted ☐ Married ☐ Needs Special Care ☐ Dependent
Child Of: ☐ Both of us ☐ One of us: ____________

Full Legal Name ______________________ Birth date ________
Home Address ______________________
City, State, Zip ______________________
Email: ____________ Tel. Nos. (Home and Cell) ____________

☐ Natural ☐ Legally Adopted ☐ Married ☐ Needs Special Care ☐ Dependent
Child Of: ☐ Both of us ☐ One of us: ____________

NOMINATE PEOPLE TO ACT FOR YOU

MEDICAL DECISION MAKERS

Who do you nominate to make medical decisions for you when you are unable to communicate your wishes?

FOR YOU

Full Legal Name: ____ Relationship: ______________

Birth date: ___________ Home Address: ____

Email: ______________________ Tel. Nos. (Home and Cell): _________________________________

Full Legal Name: ____ Relationship: ______________

Birth date: ___________ Home Address: ____

Email: ______________________ Tel. Nos. (Home and Cell): _________________________________

Full Legal Name: ____ Relationship: ______________

Birth date: ___________ Home Address: ____

Email: ______________________ Tel. Nos. (Home and Cell): _________________________________

FOR SPOUSE

Full Legal Name: ____ Relationship: ______________

Birth date: ___________ Home Address: ____

Email: ______________________ Tel. Nos. (Home and Cell): _________________________________

Full Legal Name: ____ Relationship: ______________

Birth date: ___________ Home Address: ____

Email: ______________________ Tel. Nos. (Home and Cell): _________________________________

Full Legal Name: ____ Relationship: ______________

Birth date: ___________ Home Address: ____

Email: ______________________ Tel. Nos. (Home and Cell): _________________________________

GUARDIANS FOR YOUR CHILDREN (IF NEEDED)

Who would you appoint to care for your children if you are unable to care for them? If you do not know, I will help you decide who is appropriate.

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ________________ Tel. Nos. (Home and Cell): ______________________

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ________________ Tel. Nos. (Home and Cell): ______________________

TRUSTEES FOR YOUR CHILDREN (IF NEEDED)

Who do you nominate to manage the inheritance you leave for your minor or young adult children?

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ________________ Tel. Nos. (Home and Cell): ______________________

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ________________ Tel. Nos. (Home and Cell): ______________________

FINANCIAL MANAGEMENT DURING YOUR INCAPACITY

Who do you nominate to manage your property and assets when you are incapacitated?

FOR YOU

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ________________ Tel. Nos. (Home and Cell): ______________________

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ________________ Tel. Nos. (Home and Cell): ______________________

FOR SPOUSE

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ________________ Tel. Nos. (Home and Cell): ______________________

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ______________ Tel. Nos. (Home and Cell): ______________________

EXECUTOR/ADMINISTRATOR OF YOUR ESTATE AFTER DEATH

Who do you nominate to administer your estate and distribute your property after your death?

FOR YOU

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ______________ Tel. Nos. (Home and Cell): ______________________

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ______________ Tel. Nos. (Home and Cell): ______________________

FOR SPOUSE

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ______________ Tel. Nos. (Home and Cell): ______________________

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ______________ Tel. Nos. (Home and Cell): ______________________

CARETAKER FOR YOUR PETS (IF NEEDED)

Who would you ask to care for your pets if you both are unable to care for them?

Full Legal Name: ______________________________ Relationship: ____________

Home Address: ____

Email: ______________ Tel. Nos. (Home and Cell): ______________________

YOUR DISTRIBUTION PLANS

SPECIFIC GIFTS

Are there any specific assets or cash amounts that you would like to leave to certain people or charities? Indicate whether these gifts are to be made even if your spouse is alive.

FOR YOU:

Individual or Charity	Amount or Property	Contingent on spouse predeceasing?

FOR SPOUSE:

Individual or Charity	Amount or Property	Contingent on spouse predeceasing?

DIVISION OF THE REST OF OUR PROPERTY

How would you like to divide the remainder of your estate after personal property and specific gifts have been distributed?

- ☐ **ALL TO MY SPOUSE, and then after their death to be divided between my children and/or grandchildren**
- ☐ **SOME TO MY SPOUSE AND SOME TO BE DIVIDED BETWEEN MY CHILDREN AND/OR GRANDCHILDREN**
- ☐ **TO MY CHILDREN AND/OR GRANDCHILDREN**
- ☐ **DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

OTHER QUESTIONS

(Please check "Yes" or "No" for your answers)	Yes	No
Do any of your children receive governmental support or benefit?	☐	☐
Do any of your children have special educational, medical or physical needs?	☐	☐
Do you support any charitable organizations now that you wish to make provisions for at the time of your death?	☐	☐
Are you or your spouse currently the beneficiary of anyone else's trust?	☐	☐
Are you or your spouse receiving Social security, Disability, or other governmental benefits?	☐	☐
Are you or your spouse a Veteran?	☐	☐
Do you provide primary or other major financial support to adult children or others?	☐	☐
Have either you or your spouse been divorced?	☐	☐
Are you making payments pursuant to a divorce or property settlement agreement? *(Please furnish a copy)*	☐	☐
Have you or your spouse been widowed? *(If a federal estate tax return or state death tax return was filed, please furnish a copy)*	☐	☐
In what states have you lived with your current spouse? During what periods of time did you reside there? ____________________ ____________________ ____________________ ____________________		
Have you or your spouse ever filed federal or state gift tax returns? *(Please furnish copies of these returns)*	☐	☐
Have you or your spouse completed previous will, trust, or estate planning? *(Please furnish copies of these documents)*	☐	☐
Are both you and your spouse United States citizens?	☐	☐
Do you or your spouse have any on-going or new health concerns that we should discuss? Any scheduled surgeries? *(Please explain)* ____ ____	☐	☐

PROPERTY INFORMATION

Bank Accounts

Documents to gather: Bank statements

Note: If account is in your name (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Bank or Credit Union	Type of Account	Account Number	Owner	Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Real Estate

Documents to gather: Deeds or land contracts. If you don't have the deeds, we will search the public record.

General Description and Address	Owner	Fair Market Value	Mortgage
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

Brokerage & Mutual Fund Accounts (**DO NOT** INCLUDE RETIREMENT ACCOUNTS)

Documents to gather: Account statements

Note: If account is in your (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Brokerage Firm or Mutual Fund	Type	Account Number	Owner	Current Value
				$
				$
				$
				$
				$

529 College Savings Plans

Owner	Beneficiary	Current Value
______________	______________	$ _______
______________	______________	$ _______
______________	______________	$ _______

HSA Health Savings Accounts

Owner	Beneficiary	Current Value
______________	______________	$ _______
______________	______________	$ _______

Stock & Bond Certificates (NOT IN A BROKERAGE ACCOUNT)

Documents to gather: Stock certificates or statements

Company	Owner	Number of Shares	Fair Market Value
______________	______________	_____	$ _______
______________	______________	_____	$ _______
______________	______________	_____	$ _______

Stock Options

ISO/NQSO	Company	Owner	Number of Shares	Strike Price	Current Stock Price
________	______________	______________	_______	$ _______	$ _______
________	______________	______________	_______	$ _______	$ _______

Mortgages or Promissory Notes Payable to You

Documents to gather: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date Due	Owed To	Payment (per mo/yr)	Current Balance
______________	_______	______________	$ _______	$ _______
______________	_______	______________	$ _______	$ _______

Anticipated Inheritance, Gift or Lawsuit Judgement

Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

______________________________	$ _______
______________________________	$ _______

Partnership & LLC Interests

Documents to gather: Partnership or LLC agreement, certificate of partnership, or any documents you signed when purchasing the partnership/LLC interest. Important: bring your buy/sell agreement if you have one.

Partnership Name	Percentage Owned General Partner	Percentage Owned Ltd Partner/ Member	Owner	Net Value
______________	_____ %	_____ %	______________	$ _______
______________	_____ %	_____ %	______________	$ _______
______________	_____ %	_____ %	______________	$ _______
______________	_____ %	_____ %	______________	$ _______

Corporate Business Interests

Documents to gather: Stock certificates

Company	Number of shares	Buy/Sell Agreement (Y / N)	Percentage Ownership	Owner	Net Value
______________	_______	__	_____ %	______________	$ _______
______________	_______	__	_____ %	______________	$ _______
______________	_______	__	_____ %	______________	$ _______
______________	_______	__	_____ %	______________	$ _______

Sole Proprietorships

Name of Business	Description of Business	Owner	Value
______________	______________	______________	$ _______
______________	______________	______________	$ _______

Farm & Ranch Interests (Enter Land Values in Real Estate)

Type: Livestock, machinery, leases and all business assets. If your farm or ranch operation is owned by a corporation, partnership, or LLC, enter it in the appropriate section. If it is in your name, enter it here. Describe each asset.

Type	Owner	Value
______________	______________	$ _______
______________	______________	$ _______

RETIREMENT ACCOUNTS

Type: Pension "P", Profit Sharing "PS", IRA, SIMPLE IRA, SEP, 401(K), Roth
Documents to gather: Statements and confirmations of beneficiary designations.

Type	Owner	Company	Beneficiary	% Vested	Value
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______
________	________	____________________	______________________	_____ %	$ _______

YOUR ANNUAL INCOME

Your W-2 Wages Per Year	$ _______
Commissions and Bonuses	$ _______
Interest / Dividend Income	$ _______
Rental Income	$ _______
Withdrawals from Retirement and Annuities	$ _______
Social Security	$ _______
Income from Trust Distributions	$ _______
Other Income	$ _______
Total Income	**$ _________**

YOUR SPOUSE'S ANNUAL INCOME

W-2 Wages Per Year	$ _______
Commissions and Bonuses	$ _______
Interest / Dividend Income	$ _______
Rental Income	$ _______
Withdrawals from Retirement and Annuities	$ _______
Social Security	$ _______
Income from Trust Distributions	$ _______
Other Income	$ _______
Total Income	**$ _________**

Digital Assets

Type: Personal digital property with monetary value. This may include: digital or alternative cryptocurrencies, domain names, virtual property, and websites or blogs that generate revenue for you.

Description of Asset	Owner	Value
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______

Intellectual Property

Type: Personal intellectual property with monetary value. This may include musical compositions, published literature, artworks, inventions, patents, architectural designs, etc. *(indicate type below and give an estimated value)*

Description of Asset	Owner	Value
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______

Significant Personal Property

Type: Major personal effects such as motor vehicles, boats, jewelry, artwork, collections, antiques, firearms and all other valuable nonbusiness personal property *(indicate type below and give a lump sum value for miscellaneous, less valuable items)*

Type	Owner	Value
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______
______________________	__________	$ _______

Oil, Gas & Mineral Interests

Type: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.
Documents to gather: Lease agreement, deed, royalty agreement, farm out agreement, pooling agreement or other agreement you signed to create your oil, gas or mineral interest.

Type	Owner	Value
________________________________	__________	$ _______
________________________________	__________	$ _______
________________________________	__________	$ _______

LIFE INSURANCE POLICIES AND ANNUITIES

Type: Term, whole life, split dollar, group life, annuity *(Indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation".)*
Documents to gather: The policy itself, including all endorsements and amendments, and the original application you signed.

Company ______________________________
Policy Number ______________ Type ______________
Owner ______________________ Who Pays Premium ______________
Insured ______________________________
Primary Beneficiary ______________________________
Secondary Beneficiary ______________________________
Face Amount $ __________ Cash Value $ __________ Amount of Loans On Policy $ __________

Company ______________________________
Policy Number ______________ Type ______________
Owner ______________________ Who Pays Premium ______________
Insured ______________________________
Primary Beneficiary ______________________________
Secondary Beneficiary ______________________________
Face Amount $ __________ Cash Value $ __________ Amount of Loans On Policy $ __________

Company ______________________________
Policy Number ______________ Type ______________
Owner ______________________ Who Pays Premium ______________
Insured ______________________________
Primary Beneficiary ______________________________
Secondary Beneficiary ______________________________
Face Amount $ __________ Cash Value $ __________ Amount of Loans On Policy $ __________

Company ______________________________
Policy Number ______________ Type ______________
Owner ______________________ Who Pays Premium ______________
Insured ______________________________
Primary Beneficiary ______________________________
Secondary Beneficiary ______________________________
Face Amount $ __________ Cash Value $ __________ Amount of Loans On Policy $ __________
