

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 **return it to us at least two weeks prior** to your first meeting. When complete, you can mail it, drop it off, or ask us to set up a secure portal for you.

If you prefer to complete this form on your computer, we can email you a fill-in PDF, or you can download it from our website at www.dawsonestate.law. If you use the fill-in worksheet, please be sure to save the file to your computer when you are finished so you don't lose your data.

All information will be kept strictly confidential.



CLIENT INFORMATION

PERSONAL INFORMATION

Full Legal Name _____

Preferred Name _____

Birth Date _____ Gender _____

Home Address _____

Mailing Address (if different) _____

Primary Phone _____ Email _____

Can you receive text messages at this number? Yes No

Employer (former, if retired) _____ How long have you and your spouse been together? _____

Spouse's Full Legal Name _____

Preferred Name _____

Birth Date _____ Gender _____

Address (if different from yours) _____

Primary Phone _____ Email _____

Employer (former, if retired) _____

ADVISORS

	Name	Telephone
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____
Trustee (if any)	_____	_____

Who referred you (or how you heard about us) _____

Your primary objectives for estate planning at this time (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Protect children/grandchildren | <input type="checkbox"/> Ease of mind |
| <input type="checkbox"/> Reduce Estate Taxes | <input type="checkbox"/> Health concerns or upcoming surgery |
| <input type="checkbox"/> Avoid probate | <input type="checkbox"/> Upcoming travel plans |
| <input type="checkbox"/> Organize our affairs | <input type="checkbox"/> Have procrastinated long enough |
| <input type="checkbox"/> Make our financial planner happy | <input type="checkbox"/> Protect us and our assets if we become incapacitated |
| <input type="checkbox"/> Other _____ | |

CHILDREN AND/OR OTHER DEPENDENTS

Full Legal Name _____
 Birth Date _____ Gender _____
 Home Address _____
 Email _____ Primary Phone _____
 Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both of us One of us: _____

Full Legal Name _____
 Birth Date _____ Gender _____
 Home Address _____
 Email _____ Primary Phone _____
 Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both of us One of us: _____

Full Legal Name _____
 Birth Date _____ Gender _____
 Home Address _____
 Email _____ Primary Phone _____
 Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both of us One of us: _____

Full Legal Name _____
 Birth Date _____ Gender _____
 Home Address _____
 Email _____ Primary Phone _____
 Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both of us One of us: _____

Full Legal Name _____
 Birth Date _____ Gender _____
 Home Address _____
 Email _____ Primary Phone _____
 Natural Legally Adopted Married Needs Special Care Dependent
 Child Of: Both of us One of us: _____

NOMINATE PEOPLE TO ACT FOR YOU

The next two pages will ask you to name individuals to act on your behalf when you are unable to act for yourself, and when you pass away. If you are unsure of who to choose, please write down some *potential* names and keep in mind that you are not making any final decisions at this point. We will discuss these choices during our meeting, but the more you think this through ahead of time, the more productive our discussion will be.

MEDICAL DECISION-MAKERS

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

FOR YOU

1. Full Legal Name _____
 Birth Date _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

2. Full Legal Name _____
 Birth Date _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

3. Full Legal Name _____
 Birth Date _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

FOR SPOUSE

1. Full Legal Name _____
 Birth Date _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

2. Full Legal Name _____
 Birth Date _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

3. Full Legal Name _____
 Birth Date _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

FINANCIAL MANAGEMENT DURING YOUR INCAPACITY

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

FOR YOU

1. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

2. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

FOR SPOUSE

1. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

2. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

EXECUTOR/ADMINISTRATOR OF YOUR ESTATE AFTER DEATH

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

FOR YOU

1. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

2. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

FOR SPOUSE

1. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

2. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

GUARDIANS FOR YOUR CHILDREN (IF NEEDED)

Who do you nominate as the legal guardian and caregiver for your children if you and your spouse are unable to care for them?

1. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

2. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

TRUSTEES FOR YOUR CHILDREN (IF NEEDED)

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

1. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

2. Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

CARETAKER FOR YOUR PETS (IF NEEDED)

Who do you nominate to care for your pets if you both cannot care for them?

- Full Legal Name _____ Relationship _____
 Home Address _____
 Email _____ Primary Phone _____

YOUR DISTRIBUTION PLANS

SPECIFIC GIFTS

List any specific gifts of real estate, personal property, or cash you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if your spouse is alive.

GIFTS FROM YOU

Individual or Charity	Amount or Property	Contingent on spouse predeceasing?
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GIFTS FROM YOUR SPOUSE

Individual or Charity	Amount or Property	Contingent on spouse predeceasing?
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TANGIBLE PERSONAL PROPERTY

How would you and your spouse like to divide your tangible personal property (i.e., home furnishings, jewelry, cars) after the specific gifts above have been made?

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:

IMPORTANT QUESTIONS

(Please check "Yes" or "No" for your answers)	Yes	No
Are you or your spouse a veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a child with special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a child who receives government support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other significant financial support to adult children or other individuals?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse receiving Social Security, Disability, or other government benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Have either you or your spouse been divorced? If so, do you have any ongoing obligations under the divorce or property settlement agreement? (Please explain or furnish a copy of the settlement) _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Have you or your spouse been widowed? If so, was a federal or state estate tax return filed? (Please furnish a copy)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
In what states have you lived with your current spouse? _____		
Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies)	<input type="checkbox"/>	<input type="checkbox"/>
Do you and your spouse have a prenuptial agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse previously completed a will, trust, or estate plan? (Please furnish copies)	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently support any charitable organizations that you wish to provide for after death?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse currently the beneficiary of anyone else's trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are you and your spouse U.S. Citizens?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have any ongoing or new health concerns that we should discuss? Any scheduled surgeries? (Please explain) _____	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY INFORMATION

REAL ESTATE

General Description (i.e., "residence," "rental," etc.) and Address	Owner	Value	Mortgage
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

BANK ACCOUNTS (CHECKING, SAVINGS & CDS)

Note: If you own the account with another person, please explain.

Name of Bank or Credit Union	Type of Account	Owner	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

SAFE-DEPOSIT BOX

Do you have a safe-deposit box? Yes No

If you do, where is it located? _____

SAVINGS BONDS

Issue Date	Series	Paper or Electronic?	Owner	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

RETIREMENT ACCOUNTS

Please list all your retirement accounts. Under "type," please indicate whether the account is a pension, profit-sharing, H.R. 10, IRA, SIMPLE IRA, SEP, 401(K), Roth IRA, 403(b), etc.

Type	Owner	Company	Beneficiaries	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

INVESTMENT ACCOUNTS (NON-RETIREMENT)

Name of Brokerage Firm or Mutual Fund	Type of Account	Owner	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

HSA HEALTH SAVINGS ACCOUNTS

Name of Institution	Owner	Beneficiary	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

529 COLLEGE SAVINGS PLANS

Name of Institution	Owner	Beneficiary	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 \$ _____

LONG - TERM CARE POLICY

Company _____ Policy Number _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Describe the benefits _____

SOLE PROPRIETORSHIPS

Name of Business and Description	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____

YOUR PARTNERSHIP & LLC INTERESTS

If applicable, please furnish a copy of your Partnership or LLC agreement and Buy/Sell agreement.

Partnership or LLC Name	Owner	Buy/Sell Agreement (Y/N)?	% Ownership	Value
_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____ %	\$ _____

CORPORATE BUSINESS INTERESTS

If applicable, please furnish a copy of our Shares and Buy/Sell Agreement.

Company	Owner	# of Shares	Buy/Sell Agreement (Y/N)?	% Ownership	Value
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____

FARM & RANCH INTERESTS (ENTER LAND VALUES IN REAL ESTATE)

Please identify the farm or ranch interest (i.e., livestock, machinery, leases, and business assets). If your farm or ranch operation is owned by a corporation, partnership, or LLC, enter it above in the appropriate section. If it is in your name, enter it here.

	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____

OIL, GAS & MINERAL INTERESTS

Please identify the oil, gas, or mineral interest.

	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____

CEMETERY PLOT

Please describe _____

STOCK & BOND CERTIFICATES (THAT ARE NOT IN A BROKERAGE ACCOUNT)

Company	Owner	# of Shares	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

STOCK OPTIONS

ISO/NQSO	Company	Owner	# of Shares	Strike Price	Current Price
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

SIGNIFICANT PERSONAL PROPERTY

Please list and briefly describe significant personal effects like motor vehicles, boats, jewelry, collections, antiques, furs, and other valuable nonbusiness personal property.

Description	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

DIGITAL ASSETS

Please list personal digital assets with monetary value, including cryptocurrencies, domain names, virtual property, or websites that generate revenue for you.

Description	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

INTELLECTUAL PROPERTY

Please list and describe your personal artistic, literary, musical, or other creations with monetary value. Intellectual property may include musical compositions or published literature written by you, artwork or inventions you have created, and any patents, copyrights, or trademarks you own, etc.

Description	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

MONEY OWED TO YOU (MORTGAGES OR PROMISSORY NOTES PAYABLE TO YOU)

Name of Debtor	Date Due	Owed To	Payment	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.

Description	Owner	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	\$ _____