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## ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN BLUE INK)

*Please return this Worksheet to us at least three days prior to our meeting* (this will ensure we have enough time to understand the specifics of your situation before our meeting).

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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## PERSONAL INFORMATION

Client's Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Business Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Divorced  Widowed  Single  Life Partner \_\_\_\_\_

## CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

*Use full legal name:*

Name	Birth date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

## YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

### Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 40% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

### Protect Yourself

- From malpractice or other creditor claims
- From conservatorship proceedings if you become incapacitated
- From probate delays and stress upon your death
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

### Protect Your Children or other Beneficiaries

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary's inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors' claims (such as car accident plaintiffs)
- From the stress and delays of the average 18-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from neglect in the government care system

**Achieve your Dreams**

- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

**IMPORTANT FAMILY QUESTIONS**

Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*  Yes  No

Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*  Yes  No

Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*  Yes  No

Do you own a business?  Yes  No

Do you own any property that is not community property?  Yes  No

Have you ever filed federal or state gift tax returns? *Please furnish copies of these returns.*  Yes  No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*  Yes  No

Are you (or your children) currently the beneficiary of anyone else’s trust? *If so, please explain below.*  Yes  No

**ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL US.**

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## SUMMARY OF VALUES

*In order to get a general idea of your assets please complete the information below. We will discuss this information further at your meeting.*

ASSETS	Amount*		Total Value
	Client	Other's	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to your	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

### ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL US.

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## DESIGN INFORMATION

The following items will be discussed at your meeting. We will discuss the pros and cons of naming a specific person or persons in each role. Please consider the following items but there is no need to make a final decision.

### PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

#### 1. GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number

Relationship

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#### 2. FINANCIAL DECISION MAKERS

**DEATH TRUSTEE:** After your death, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number

Relationship

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#### 3. HEALTH CARE DECISION MAKERS

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name, Address, and Phone Number

Relationship

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