



Simple Estate Plan Worksheet

I. Personal and Family Information (Give full names including middle initial)

Your Family:

Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Primary Email Address: _____

- I Authorize E-Mails Concerning My Case. I Authorize E-Mails of General Interest and Newsletters
- I Want To Receive My Bill Via Email How were you referred to us? _____

Children:

Name	Sex	Date of Birth	Married		Child of		
			Yes	No	H	W	Both
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Financial and Special Considerations

Have either or both of you been previously married? Yes No

Reason for Separation: Death _____ Divorce _____

Do you have a prenuptial agreement? Yes No (If yes, please attach a copy)

Will any members of your immediate family require special treatment (e.g., someone with physical or mental disabilities)? Yes No

Will anyone, other than children, be dependent on you in the future? Yes No

Have you created any trusts? Yes No If yes, please provide a complete copy

Are you, your spouse, and/or your children currently a beneficiary of a trust? Yes No

Have you and/or your spouse made any gifts over \$14,000.00 each in any one year to one individual? Yes No If yes, please continue:

How much: _____ Have gift tax returns ever been filed? Yes No

Where do you keep your valuable documents? _____

Who has access to them? _____

III. Distribution of your Estate (Will)

A. Disposition of Assets

Who do you wish to have your tangible personal property distributed to?

Name: _____ Relationship: _____

If the above beneficiary should not survive you, who would you like your tangible personal property distributed to? *(If no amount is indicated, it will be considered equal shares)*

Name: _____ Relationship: _____ Amount: _____

Name: _____ Relationship: _____ Amount: _____

Name: _____ Relationship: _____ Amount: _____

Special Gifts:

Do you wish to make a specific gift to an individual? Yes No

If yes, please list:

Name: _____ Relationship: _____ Amount: _____

Name: _____ Relationship: _____ Amount: _____

Name: _____ Relationship: _____ Amount: _____

Would you like to make any charitable bequests, such as to a specific charity? Yes No

If yes, please list:

Name: _____ Location: _____ Amount: _____

Name: _____ Location: _____ Amount: _____

Name: _____ Location: _____ Amount: _____

Would you like to make any non-charitable bequests? Yes No

If yes, please list:

Name: _____ Location: _____ Amount: _____

Name: _____ Location: _____ Amount: _____

Name: _____ Location: _____ Amount: _____

Residual Gifts:

Usually a person leaves the residue of the estate to a spouse outright or in trust depending on the estate tax consequences, if the spouse is living, and if the spouse is not living, to children or descendants outright or in trust. Do you want this type of disposition? Yes No

If no, please describe how you would like your estate distributed:

Contingent Beneficiaries:

Who would you want to receive your estate in the event that you, your spouse, and all your children/descendants do not survive? Customary provisions provide that your estate be divided equally between your heirs-at-law and the heirs-at-law of your spouse. Would you be in favor of this type of disposition? Yes No

B. Fiduciary Selections

Personal Representative:

Usually a person names a spouse as personal representative (executor) of the estate and an alternate if the spouse cannot serve for any reason.

First choice:

Name: _____

Relationship to you: _____

Second Choice (alternate):

Name: _____

Relationship to you: _____

Guardian (if applicable):

Please indicate below your choice for guardian of your minor children.

Your first choice for guardian:

Name: _____

Relationship to you: _____

Your second choice:

Name: _____

Relationship to you: _____

Residence (choose one):

_____ I authorize the Guardian of a child of mine to remove such child to the Guardian’s place of residence, whether or not it is in the state of my residence at my death.

_____ I do not authorize the Guardian of a child of mine to remove my child to the Guardian’s place of residence, if it is not the state of my residence at my death.

C. Summary of Assets

Do you own your home Yes No

Do you own vacation or recreational real estate Yes No

Do you have Stocks, Bonds, Mutual Funds, etc. Yes No

Do you or your spouse own any interest in a business whose stock is not publicly traded (e.g. small corporations, partnerships, investment groups, etc.)? Yes No

Do you have any death benefits available under a “qualified” retirement plan? Yes No

Do you have any life insurance policies Yes No

D. Government Benefits

Do you or your spouse receive any government benefits? If so, please specify what type of benefits and how much is received. _____

E. Exclusions

Is there anyone you wish to intentionally omit from your will? Yes No

Please name:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Do you wish to exclude any child who has been legally adopted by a parent after the child has reached the age of ____? Yes No

Do you wish to exclude any child of a male parent whose male parent did not acknowledge in writing that the child was his biological child? Yes No

F. Trusts

If any trust is included as part of your estate plan, it will be necessary to name one or more trustees to manage the trust. If you already know which individual(s) or company you would like to name as trustee(s), please provide that information below. If you select an individual who is also a beneficiary, there should be two trustees selected to act together. If you leave the following lines blank, we will discuss the options together.

First Choice

Trustee's name: _____

Relationship to you: _____

Co-Trustee's name: _____

Relationship to you: _____

Alternative Choice

Trustee's name: _____

Relationship to you: _____

Co-Trustee's name: _____

Relationship to you: _____

G. Taxes

Apportionment – choose optional paragraphs from sample form (to be completed in appt. with attorney)

6.5.1 #1 6.5.2 #1A 6.5.2 #1B 6.5.2 #1C

6.5.1 #2 6.5.2 #2

6.5.3

IV. Power of Attorney

A. Nomination of Attorney-in-Fact(s)

Attorney-in-Fact:

Name: _____

Name: _____

Address: _____

Address: _____

First Successor Attorney-in-Fact:

Second Successor Attorney-in-Fact:

Name: _____

Name: _____

Address: _____

Address: _____

B. Powers Granted

Do you wish for your attorneys-in-fact to Independently or jointly exercise powers granted?

Which of the transactions listed below do you grant your attorneys-in-fact to handle?

- Real Estate Banking Beneficiary Tangible Personal Property
- Business Operating Insurance Gift Bond, Share, Commodity
- Fiduciary Claims & Litigation Family Maintenance
- Benefits from Military Service Records, Reports, Statements
- All above listed Powers

If you should become incompetent or incapacitated, do you wish for the above granted powers to continue? Yes No

Do you wish to allow your Attorneys-in-Fact to make gifts to themselves, or to those they are legally obligated to support? Yes No

Do you wish for your attorneys-in-fact to render an (Annual/Quarterly/Monthly) accounting to you or someone else? Yes No

Submitted to (Name/Address): _____

V. Healthcare Directive

A. Nomination of Health Care Agent(s)

Primary Health Care Agent(s): Agents to act: independently together

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Alternate Health Care Agent(s): Agents to act: independently together

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

If my agents fail to agree then I appoint:

Name: _____

Address: _____

Home Phone: _____

B. Wishes

I do I do not wish my Agent(s) to have power to make mental health treatment decisions for me, meaning the voluntary or involuntary administration of electroshock therapy and neuroleptic, psychotropic, or psychoactive medications.

Agent(s) is/are to be nominated as guardian when/if necessary.

I do I do not wish to be kept alive by artificial/heroic measures.

I do I do not wish to donate my organs.

I have agreed in another document to donate my organs.

I wish the donation to be made to _____

do not want my donated organs to be used for _____

Whether or not I have authorized organ donation, I do not object if an autopsy is conducted on my body, to advance science and the treatment of illness and disease.

Unless required by law, I do not wish to have an autopsy.

I request I do not request cremation of my remains.

I wish to be buried at: _____.

Other Instructions: _____

Spiritual or religious beliefs and traditions: _____