

ESTATE PLANNING WORKSHEET

DATE: _____

SECTION ONE: GENERAL INFORMATION:

CLIENT NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

EMAIL ADDRESS: _____

HOME: _____ WORK: _____

CELL: _____ FAX: _____

SS #: _____ DL #: _____

D/O/B: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

MARITAL STATUS: ___SINGLE ___DIVORCED ___WIDOW
 ___MARRIED (If married please have spouse complete Section Two.)

SECTION TWO: SPOUSAL INFORMATION:

SPOUSE'S NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

EMAIL ADDRESS: _____

HOME: _____ WORK: _____

CELL: _____ FAX: _____

SS #: _____ DL #: _____

D/O/B: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

SECTION THREE: CHILDREN

NAME: _____ AGE: _____ D/O/B: _____

NAME: _____ AGE: _____ D/O/B: _____

NAME: _____ AGE: _____ D/O/B: _____

NAME: _____ AGE: _____ D/O/B: _____

SECTION FOUR; SPECIAL BEQUESTS:

(If married please have your spouse complete his/her own copy of Sections Four - Six.)

Do you wish to leave any money to a charitable organization?

____ No (Skip to Section Five)

____ Yes (Complete remainder of Section Four)

What is the full name of the organization? _____

How can we contact the organization (phone number or web site is preferable)? _____

How much do you wish to leave the organization? _____

____ Please list any additional items and corresponding information on the back of this sheet and indicate that you are doing so here.

SECTION FIVE: DIVISION OF ESTATE:

How do you want your estate to be split? (i.e. In what order do you want others to inherit from your estate and how much to each?) _____

In the event one of your named heirs cannot inherit from your estate, do you want:

____ That person's heirs to inherit his/her portion of your estate (per stirpes); or

____ Your remaining named heirs to equally inherit his/her portion (per capita)?

SECTION SIX: ESTATE PLANNING DOCUMENTS:

Who do you want to perform the duties of executor of your Will?

Name: _____

Address: _____

How are they related to you? _____

Who do you want as your Power of Attorney for Property?

Name: _____

Address: _____

Successor Name: _____

Address: _____

Who do you want as your Power of Attorney for Healthcare?

Name: _____

Address: _____

Successor Name: _____

Address: _____

Do you wish to donate organs?

_____ Transplant _____ Medical Research

Any specific organs? (If yes please specify)

Do you want your life prolonged by machines? ___ Yes ___ No

Food/Water by tube? ___ Yes ___ No

Organ Transplants? ___ Yes ___ No

Blood Transfusions? ___ Yes ___ No

Do you wish to die at home, if possible? ___ Yes ___ No

(If you do not have children please skip the remaining portion of this Section)

Who would you like to be responsible for your children? This will be your minor children's Guardian(s). (Spouse is always first unless otherwise indicated)

Name: _____

Address: _____

Relationship to children? _____

In the event the person you've chosen cannot act as Guardian, who would you chose next?

Name: _____

Address: _____

Relationship to children? _____

In the event this person also cannot act as Guardian, who would you chose next?

Name: _____

Address: _____

Relationship to children? _____

Who would you like to be responsible for your minor children's money (i.e. paying for normal care and education expenses, etc.)? This will be your children's Trustee(s). (Spouse is always first unless otherwise indicated)

Name: _____

Address: _____

Relationship to children? _____

In the event the person you've chosen cannot act as Trustee, who would you chose next?

Name: _____

Address: _____

Relationship to children? _____

In the event this person also cannot act as Trustee, who would you chose next?

Name: _____

Address: _____

Relationship to children? _____

When would you like your minor children to be able to access the funds held in Trust for them?

___ All at 21 ___ All at 25 ___ ½ at 21; ½ at 25 ___ Other: _____

SECTION SEVEN:

How were you referred to our offices?

_____ Phone Book

_____ Previously Used Our Services

_____ Web Site

_____ Other (please explain) _____

Are you a member of any legal services plan? ___ Yes ___ No

If yes please provide name of plan and plan ID #: _____
