

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.



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 _____

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*)

- | | |
|--|--|
| <input type="checkbox"/> Protect children/grandchildren/partners | <input type="checkbox"/> Ease of mind |
| <input type="checkbox"/> Reduce Estate Taxes | <input type="checkbox"/> Upcoming surgery; date if applicable _____ |
| <input type="checkbox"/> Avoid probate | <input type="checkbox"/> Upcoming travel plans |
| <input type="checkbox"/> Organize my affairs | <input type="checkbox"/> Tired of procrastinating |
| <input type="checkbox"/> Make my financial planner happy | <input type="checkbox"/> Protect myself and assets if I become incapacitated |
| <input type="checkbox"/> Other | |
- _____

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

Full Legal Name _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 Email: _____ Tel. Nos. (Home and Cell) _____
 Natural Legally Adopted Married Needs Special Care Dependent

Full Legal Name _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 Email: _____ Tel. Nos. (Home and Cell) _____
 Natural Legally Adopted Married Needs Special Care Dependent

Full Legal Name _____ Birth date _____
 Home Address _____
 City, State, Zip _____
 Email: _____ Tel. Nos. (Home and Cell) _____
 Natural Legally Adopted Married Needs Special Care Dependent

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?

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?

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

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

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 are unable to care for them?

Full Legal Name: _____ Relationship: _____

Home Address: _____

Email: _____ Tel. Nos. (Home and Cell): _____

YOUR DISTRIBUTION PLANS

SPECIFIC GIFTS

List any gifts of specific real estate, personal property or cash gifts you wish to make to either individuals or charities.

Individual or Charity

Amount or Property

DIVISION OF THE REST OF MY PROPERTY

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

IMPORTANT QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have any on-going or new health concerns that we should discuss? <i>(Please explain)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you 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 governmental support or benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving Social security, Disability or other governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been divorced? If so, do you have any ongoing obligations pursuant to the divorce or property settlement agreement? <i>(Please furnish a copy)</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Have you been widowed? If so, was a federal or state estate tax return filed? <i>(Please furnish a copy)</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Have you ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you support any charitable organizations now that you wish to make provisions for at the time of your death?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY INFORMATION

BANK ACCOUNTS

Documents to gather: Bank statements

Note: If account is in your 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	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

REAL ESTATE

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

General Description and Address	Fair Market Value	Mortgage
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

INVESTMENT ACCOUNTS (DO NOT INCLUDE RETIREMENT ACCOUNTS)

Documents to gather: Account statements

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

Name of Brokerage Firm

Or Mutual Fund	Type of Account	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	Number of Shares	Fair Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

STOCK OPTIONS HELD BY YOU

ISO/NQSO	Company	Number of Shares	Strike Price	Current Stock Price
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

MORTGAGES OR PROMISSORY NOTES PAYABLE TO YOU

Name of Debtor	Date Due (mo/yr)	Payment	Current Balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT

Describe the 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.

_____	\$ _____
_____	\$ _____
_____	\$ _____

YOUR PARTNERSHIP AND LLC INTERESTS

Documents to gather: Partnership or LLC agreement. Important: bring your buy/sell agreement if you have one.

Partnership or LLC Name	Percentage Owned		Net Value
	General Partner	Ltd Partner/ Member	
_____	_____ %	_____ %	\$ _____
_____	_____ %	_____ %	\$ _____
_____	_____ %	_____ %	\$ _____
_____	_____ %	_____ %	\$ _____

CORPORATE BUSINESS INTERESTS

Documents to gather: Stock certificates

Company	Number of shares	Buy/Sell Agreement (Y / N)	Percentage Ownership	Net Value
_____	_____	___	_____ %	\$ _____
_____	_____	___	_____ %	\$ _____
_____	_____	___	_____ %	\$ _____
_____	_____	___	_____ %	\$ _____

SOLE PROPRIETORSHIPS

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

RETIREMENT ACCOUNTS

Type: Pension "P", Profit Sharing "PS", H.R. 10, IRA, SIMPLE IRA, SEP, 401(K), Roth IRA, 403(b) (indicate type below)

Evidence of Title: Statements and confirmations of beneficiary designations.

Type	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	\$ _____

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. *(indicate type below and give an estimated value)*

Description of Asset	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	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SIGNIFICANT PERSONAL PROPERTY

Type: Major personal effects such as motor vehicles, boats, jewelry, collections, antiques, furs and all other valuable nonbusiness personal property. *(indicate type below and give an estimated value)*

Type	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 a confirmation of beneficiary designations.

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 \$ _____
