

# CONFIDENTIAL ESTATE PLANNING WORKSHEET

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This worksheet is designed to help organize your affairs and provide the information we need to best serve you. All information will be kept strictly confidential.

Please complete it as thoroughly as you can and return it to us **at least two weeks prior** to your first meeting.

If you prefer to fill out this form electronically, it is available as a downloadable fill-in PDF on our website ([www.kbdawson.com](http://www.kbdawson.com)). We are also happy to email it to you.



## 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) \_\_\_\_\_

Do you have a significant other?  Yes  Yes, married  Yes, registered domestic partnership  No

If you do, please provide their information below:

Full Legal Name \_\_\_\_\_  
 Preferred Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Address (if different from yours) \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Email \_\_\_\_\_  
 How long have you been together? \_\_\_\_\_ Does your partner have an estate plan?  Yes  No  
 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/partners | <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 my affairs                     | <input type="checkbox"/> Have procrastinated long enough                     |
| <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 \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Natural     Legally Adopted     Married     Needs Special Care     Dependent

Full Legal Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Natural     Legally Adopted     Married     Needs Special Care     Dependent

Full Legal Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Natural     Legally Adopted     Married     Needs Special Care     Dependent

Full Legal Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Natural     Legally Adopted     Married     Needs Special Care     Dependent

Full Legal Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Natural     Legally Adopted     Married     Needs Special Care     Dependent

## 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?

Full Legal Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

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?

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

## EXECUTOR/ADMINISTRATOR OF YOUR ESTATE

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

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

## GUARDIANS FOR YOUR CHILDREN (IF NEEDED)

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

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

## TRUSTEES FOR YOUR CHILDREN (IF NEEDED)

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

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

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Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

## CARETAKER FOR YOUR PETS (IF NEEDED)

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

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

## YOUR DISTRIBUTION PLANS

### SPECIFIC GIFTS

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

**Individual or Charity**

**Amount or Property**

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### TANGIBLE PERSONAL PROPERTY

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

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### DIVISION OF THE REST OF MY PROPERTY

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

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## IMPORTANT QUESTIONS

(Please check "Yes" or "No" for your answers)	Yes	No
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 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 receiving Social Security, Disability, or other government benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been divorced? If so, do you have any ongoing obligations under the divorce or property settlement agreement? <i>(Please explain or furnish a copy of the settlement)</i> _____ _____	<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"/>
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 previously completed a will, trust, or estate plan? <i>(Please furnish copies of these documents)</i>	<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 currently the beneficiary of anyone else's trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any ongoing or new health concerns that we should discuss? Any scheduled surgeries? <i>(Please explain)</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

## PROPERTY INFORMATION

### REAL ESTATE

General Description (i.e., "residence," "rental," etc.) and Address	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	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?	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	Company	Beneficiaries	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## INVESTMENT ACCOUNTS (NON-RETIREMENT)

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

## HSA HEALTH SAVINGS ACCOUNTS

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

## 529 COLLEGE SAVINGS PLANS

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

## LIFE INSURANCE POLICIES AND ANNUITIES

Please list your life insurance policies and annuities. Types may include term, whole life, split-dollar, group life, and annuity. If your employer owns the policy, or pays the premium on the policy, write "Employer."

Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
 Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
 Insured \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loans On Policy \$ \_\_\_\_\_

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Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
 Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
 Insured \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loans on Policy \$ \_\_\_\_\_

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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 \_\_\_\_\_

## CEMETERY PLOT

Please describe \_\_\_\_\_

## SOLE PROPRIETORSHIPS

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

## YOUR PARTNERSHIP AND LLC INTERESTS

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

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

## CORPORATE BUSINESS INTERESTS

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

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

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

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.

Description	Value
_____	\$ _____
_____	\$ _____

## OIL, GAS & MINERAL INTERESTS

Please identify the oil, gas, or mineral interest.

Description	Value
_____	\$ _____
_____	\$ _____

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

Company	Number of Shares	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## STOCK OPTIONS

ISO/NQSO	Company	Number 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	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	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	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

Name of Debtor	Date Due	Payment	Current Balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Describe any gifts or inheritances you expect to receive in the future, or money you anticipate receiving through a judgment in a lawsuit.

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

## 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	\$ _____
<b>Total Income</b>	<b>\$ _____</b>