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ESTATE PLANNING WORKSHEET MARRIED

**WE OFFER A FREE
NO-OBLIGATION, 30-MINUTE CONSULTATION**

DURING THE INITIAL APPOINTMENT, WE WILL DETERMINE YOUR SPECIFIC ESTATE PLANNING NEEDS AND GOALS. A QUOTE OF FEES FOR ESTATE PLANNING WILL BE PROVIDED BEFORE YOU DECIDE WHETHER YOU WOULD LIKE ANY WORK COMPLETED.

DATE ____________________________

HUSBAND ____
FIRST *MIDDLE INITIAL* *LAST*

______________________________ ____
DATE OF BIRTH *SOCIAL SECURITY NUMBER*

WIFE ____
FIRST *MIDDLE INITIAL* *LAST*

______________________________ ____
DATE OF BIRTH *SOCIAL SECURITY NUMBER*

____
HOME ADDRESS *CITY* *STATE* *ZIP CODE*

____________________ / ____
COUNTY *HOME PHONE* *HUSBAND CELL/WORK PHONE* (CIRCLE) *WIFE CELL/WORK PHONE* (CIRCLE)

E-MAIL: ____

INFORMATION PROVIDED IN THIS ESTATE PLANNING WORKSHEET IS HELD IN COMPLETE CONFIDENCE, AND IS USED FOR THE SOLE PURPOSE OF ANALYZING ESTATE PLANNING NEEDS AND DESIGNING ESTATE PLANNING DOCUMENTS.

	Husband		Wife	
Do you presently have a Will?	☐Yes	☐No	☐Yes	☐No
Do you presently have a Trust?	☐Yes	☐No	☐Yes	☐No
Were there any previous marriages?	☐Yes	☐No	☐Yes	☐No
Any children from previous marriage?	☐Yes	☐No	☐Yes	☐No
Any deceased children?	☐Yes	☐No	☐Yes	☐No
Did deceased child leave issue?	☐Yes	☐No	☐Yes	☐No

CHILDREN OR OTHER BENEFICIARIES

(*Please indicate if a child is from a previous marriage of husband or wife*)

Name	Address and Telephone number	Date of Birth	Relationship

INFORMATION NEEDED FOR REVOCABLE TRUST

APPOINTMENTS

1. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if neither you nor your spouse could manage assets due to incompetency, and the successor trustee would distribute assets to beneficiaries after neither you nor your spouse survive. The successor trustee is often the same individual or institution named as alternate personal representative.

SUCCESSOR TRUSTEE: ____________________

Address:____________________
Telephone Number:____________________

ALTERNATE: ____________________

Address:____________________
Telephone Number:____________________

PLAN OF DISTRIBUTION

2. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

____

____

____

3. Briefly describe your desired plan of distribution for assets remaining after any specific gifts are distribute: (Don t worry about tax planning or other considerations in answering this question. We ll consider those details later.)

☐ All to spouse; then equally between children, and if a child predeceases, then the deceased child s children would take the share of the deceased child.
☐ All to spouse, then equally between surviving children
☐ All to spouse, then ____
☐ As follows: ____

4. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse, nor your children or other beneficiaries named above survive.

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5. **ANIMALS.** Do you have any animals that you would like to provide for? Who would you like to take care of any companion animals you may have at the last of you to die?

____

INFORMATION NEEDED FOR POUR-OVER WILL

1. **PERSONAL REPRESENTATIVE.** The Pour-over Will should name a personal representative to probate the estate in the event that this should be necessary. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.

PERSONAL REPRESENTATIVE: ____
ALTERNATE: ____

2. **DISINHERITANCE.** In the event that you wish to omit making provision for any of your heirs, state the person s name, their relationship to you, and the reason why you wish to disinherit this heir. ____

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3. **FUNERAL/BURIAL INSTRUCTIONS.** Do you have any specific wishes with regard to your funeral or burial? Cremation?

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PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR OR DISABLED BENEFICIARIES

1. **GUARDIAN.** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot service.

   GUARDIAN: ______________________________

   ALTERNATE: ______________________________

2. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for children until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the children s money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company
   or other person you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person.

   TESTAMENTARY TRUSTEE: ______________________________

   ALTERNATE: ______________________________

3. **AGE OF DISTRIBUTION**. If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you chose.

   ____

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HEALTH CARE DOCUMENTS

1. **DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS** gives you the opportunity to name an attorney-in-fact to act on your behalf regarding medical care decisions. The person you designate is subject to any limitations or statement of your desires that you include in this document.

   Attorney-in-Fact ______________________________

   Address: ______________________________

   Telephone Number: ______________________________

   Alternate Attorney-in-Fact ______________________________

   Address: ______________________________

   Telephone Number: ______________________________

ASSET / LIABILITY INFORMATION

PLEASE LIST YOUR ASSET/LIABILITY INFORMATION IN THE APPROPRIATE CATEGORY BELOW.
ATTACH A SEPARATE PAGE IF NECESSARY.

TYPE OF ASSET	TITLE IN WHICH HELD (HUSBAND SOLE; WIFE SOLE; JOINT W/ SPOUSE; JOINT WITH 3RD PARTY; TENANTS IN COMMON, ETC.	APPROX. VALUE	COPY ATTACHED ✓
REAL ESTATE			
MOTOR VEHICLES (YEAR, MAKE, MODEL)		VEHICLE ID NUMBER	
LIQUID AND OTHER ASSETS (INCLUDE ACCOUNT NUMBER AND WHERE HELD) COPY OF STATEMENTS OR INFORMATION REGARDING ADDRESS AND PHONE NUMBER IS HELPFUL)			
CHECKING & SAVINGS ACCOUNTS	BRANCH	ACCT. #	
CERTIFICATES OF DEPOSIT	BRANCH	ACCT. #	
STOCKS, BONDS, MUTUAL FUNDS	BROKER & ADDRESS	ACCT. #	
IRA S, PENSION PLANS (WE DO <u>NOT</u> CHANGE <u>OWNERSHIP</u> OF THIS ACCOUNTS, WE CHANGE <u>ONLY THE CONTINGENT BENEFICIARY</u>)			

INSURANCE POLICIES, ANNUITIES (WE DO NOT CHANGE OWNERSHIP OF THESE POLICIES, WE CHANGE ONLY THE CONTINGENT BENEFICIARY)		POLICY #	
BUSINESS INTERESTS (IF YOU OWN CORPORATE STOCK IN A BUSINESS, THE STOCK WILL NEED TO BE RE-ISSUED IN THE NAME OF THE TRUST.)		PERCENTAGE OWNED	
VALUABLE COLLECTIONS			
PROMISSORY NOTES & OTHER RECEIVABLES			

GENERAL QUESTIONS

NOTES AND QUESTIONS: PLEASE NOTE ANYTHING ELSE WHICH MAY BE OF IMPORTANCE IN PLANNING YOUR ESTATE, OR NOTE ANY SPECIAL QUESTIONS YOU MAY HAVE.