

PART 1 *First, we need to get some general information about you...*

PLEASE PRINT LEGIBLY

Your Legal Name		
Gender	Social Security #	
Birth Date	Birthplace	
Street Address		
City	State	Zip
Mailing Address if Different		
Home Phone #	Cell Phone #	
E-mail Address		
Employer	Work Phone #	
U.S. Citizen (yes or no)	U.S. Resident (yes or no)	
Current Will? (yes or no)	Current Trust? (yes or no)	
Widowed or Divorced?	When?	

Spouse or Partner's Legal Name		
Gender	Social Security #	
Birth Date	Birthplace	
Street Address		
City	State	Zip
Mailing Address if Different		
Home Phone #	Cell Phone #	
E-mail Address		
Employer	Work Phone #	
U.S. Citizen (yes or no)	U.S. Resident (yes or no)	
Current Will? (yes or no)	Current Trust? (yes or no)	
Widowed or Divorced?	When	

Are the two of you currently married? ☐ Yes _____ ☐ No _____
Date of Marriage Place of Marriage

Detail any expected substantial income from gifts, inheritance or settlement? _____

Will you be on vacation soon? If so, dates you will be gone: _____

PART 2 *Now we need some information about your children and other beneficiaries...*

Child or Beneficiary's Legal Name		
Gender	Social Security #	
Birth Date	Birthplace	
Street Address if Different than Yours		
City	State	Zip
Phone # if Different than Yours		
<input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> Dependent		
Of... <input type="checkbox"/> both clients <input type="checkbox"/> _____ Which of You?		
Married (yes or no)	Spouse's Name	# of Children
Please use the space below to relate any pertinent information about this child or beneficiary, including any problems or special circumstances that may factor into your estate plan, such as a possible divorce, bankruptcy, poor money management, special needs, eligibility to receive government benefits, etc.		
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Child or Beneficiary's Legal Name		
Gender	Social Security #	
Birth Date	Birthplace	
Street Address if Different than Yours		
City	State	Zip
Phone # if Different than Yours		
<input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> Dependent		
Of... <input type="checkbox"/> both clients <input type="checkbox"/> _____ Which of You?		
Married (yes or no)	Spouse's Name	# of Children
Please use the space below to relate any pertinent information about this child or beneficiary, including any problems or special circumstances that may factor into your estate plan, such as a possible divorce, bankruptcy, poor money management, special needs, eligibility to receive government benefits, etc.		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

 Child or Beneficiary's Legal Name

 Gender

 Social Security #

 Birth Date

 Birthplace

 Street Address if Different than Yours

 City

 State

 Zip

 Phone # if Different than Yours

☐ Natural child ☐ Adopted ☐ Foster ☐ Dependent

 Of... ☐ both clients ☐ _____
 Which of You?

 Married (yes or no)

 Spouse's Name

 # of Children

Please use the space below to relate any pertinent information about this child or beneficiary, including any problems or special circumstances that may factor into your estate plan, such as a possible divorce, bankruptcy, poor money management, special needs, eligibility to receive government benefits, etc.

 Child or Beneficiary's Legal Name

 Gender

 Social Security #

 Birth Date

 Birthplace

 Street Address if Different than Yours

 City

 State

 Zip

 Phone # if Different than Yours

☐ Natural child ☐ Adopted ☐ Foster ☐ Dependent

 Of... ☐ both clients ☐ _____
 Which of You?

 Married (yes or no)

 Spouse's Name

 # of Children

Please use the space below to relate any pertinent information about this child or beneficiary, including any problems or special circumstances that may factor into your estate plan, such as a possible divorce, bankruptcy, poor money management, special needs, eligibility to receive government benefits, etc.

PART 3 *Special gifts you want to make prior to the ultimate distribution of your estate...*

Do you, or either of you, wish to make any special bequests (i.e. allocations of cash, real estate, stocks, bonds, personal property, or family heirlooms) **to anyone other than your primary beneficiaries**? ☐ YES ☐ NO

If yes, please identify below from whom the gift is given (i.e. one or both of you), to which person, organization, institution, or entity it is given, what you want that person or recipient to have, and when you want the special gift to be made (i.e. upon the death of both of you or upon the death of one of you).

From	To
Address	
Gift Description	
If donee is unable to receive the gift, it should:	
<input type="checkbox"/> go to _____	
<input type="checkbox"/> be included in general estate distribution	
It should be distributed at the death of...	
<input type="checkbox"/> both clients <input type="checkbox"/> _____	
Which of You?	

From	To
Address	
Gift Description	
If donee is unable to receive the gift, it should:	
<input type="checkbox"/> go to _____	
<input type="checkbox"/> be included in general estate distribution	
It should be distributed at the death of...	
<input type="checkbox"/> both clients <input type="checkbox"/> _____	
Which of You?	

From	To
Address	
Gift Description	
If donee is unable to receive the gift, it should:	
<input type="checkbox"/> go to _____	
<input type="checkbox"/> be included in general estate distribution	
It should be distributed at the death of...	
<input type="checkbox"/> both clients <input type="checkbox"/> _____	
Which of You?	

From	To
Address	
Gift Description	
If donee is unable to receive the gift, it should:	
<input type="checkbox"/> go to _____	
<input type="checkbox"/> be included in general estate distribution	
It should be distributed at the death of...	
<input type="checkbox"/> both clients <input type="checkbox"/> _____	
Which of You?	

PART 4 *Special gifts you want to make to your primary beneficiaries...*

Do you want to leave any particular item of personal property you own to one of your primary beneficiaries? If so, then please list below from whom the gift is given (i.e. one or both of you), to whom it is given, and a specific description of that personal property. Also indicate whether they should take possession of the item(s) on the death of one or both of you.

[illegible]

ATTACH ADDITIONAL SHEETS IF NECESSARY

PART 5 *The final allocation and distribution of your estate...*

After your special gifts have been made, and the proper taxes, bills and expenses have been taken care of from your estate, there will be an ultimate division of the remainder.

First, if there is anyone that you do NOT want to receive anything from your estate, you must make your intent very clear. List here anyone you intentionally exclude (disinherit) from distribution of your estate:

PER STIRPES – This is a common form of estate distribution where each branch of the family is to receive an equal share of the estate. When an heir in the first generation (child) of a branch dies before the decedent (parent), the share that would have been given to the heir is distributed among the heir's children in equal shares. If you would like to have your remainder estate divided in equal shares to the primary beneficiaries you have listed in this workbook, or to their heirs should one or more of them die before you, then please indicate your intent by checking the following box and then skip to the Alternate Beneficiary section below.

☐ I (We) want the final allocation and distribution of my (our) estate to be made PER STIRPES.

PER CAPITA – This form of distribution is when the estate is not meant to be allocated in equal shares. If this is the case, then indicate the amount or percentage allocation for each of your primary beneficiaries below.

BENEFICIARY	AMOUNT/PERCENTAGE
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	

ALTERNATE BENEFICIARIES - In the event that all of your primary beneficiaries and their heirs die before you, it is important to make alternate beneficiary provisions (i.e. a charity or charities to take your estate and prevent it from passing to the state where you live). Please list below who you would like for your estate to pass to under those circumstances.

ALTERNATE BENEFICIARY	AMOUNT/PERCENTAGE
<hr/>	
<hr/>	

PART 6 *Beneficiaries that require special or additional provisions...*

Proper estate planning can and should take into consideration the unique circumstances that exist in every family. This page is intended to address the special needs that may revolve around handicapped beneficiaries, minor beneficiaries, timing issues, and many other concerns that you may have.

DISABILITY - If any of your children or beneficiaries is disabled, please indicate who, and explain what, if any, government benefits this child is receiving:

GUARDIANSHIP OF MINORS – List below who you want to take care of your minor children or beneficiaries (if any) should you not be able to take care of them or die while they are still minors?

Primary Guardian

Alternate Guardian

TRUSTS FOR MINORS – Many people like to set up trusts for their minor children or beneficiaries in the event that they take property prior to reaching the age of at least 18, or an age that you have stated when a distribution can take place. Any trust established for the benefit of a minor beneficiary normally will provide that the trustee(s) of the trust will prudently manage the trust assets during the term of the trust, consider all other sources of income available to the beneficiary, distribute so much of the income and principal from the trust to appropriate third parties as they consider necessary for the benefit of the named beneficiary, but primarily for the health, education, and welfare needs of the beneficiary. Is this something that you want to include in your estate plan? ☐ YES ☐ NO

If yes, please list below the primary and alternate trustee(s) of the trust that will have to be established for the benefit of your minor beneficiaries:

Primary Trustee(s)

Alternate Trustee(s)

TIMING ISSUES – There are also circumstances when, because of maturity, lifestyle, or other factors the timing of distributions to certain beneficiaries requires some strategic planning. If you believe any of your children or beneficiaries should NOT come into immediate possession of their inheritance upon your death, please list below their name and the schedule you would like the distributions to occur.

PART 7 *The essential estate planning documents...*

There are certain “must have” documents that everyone should consider in the estate planning process, including a Will, a Living Will, a Durable Power of Attorney for Health Care, a Durable General Power of Attorney, and a Nomination of Conservator/Guardian, all of which we will explain to you to your satisfaction when we meet. Many people also want to consider a Revocable Living Trust, an Anatomical Gift Election, and a Do Not Resuscitate Order.

As difficult as it is to think about these things, the above mentioned documents, when properly drafted and regularly updated can save you and your family considerable money, time, and anxiety. It will be helpful for your attorney to begin thinking about drafting whatever documents may be most appropriate for you if you will take the time to consider who may be the most appropriate people to assist you or your family in the event of your incapacity or death.

If you become incapacitated, who do you want to make **HEALTH CARE DECISIONS** for you should you not be able to make those decisions for yourself? Please place in order the names of people you would like to see in this role, so that there are alternate provisions if someone can’t or won’t be able to perform these duties.

YOUR CHOICES

1. _____
2. _____
3. _____

YOUR SPOUSE/PARTNER’S CHOICES

1. _____
2. _____
3. _____

If you become incapacitated, who do you want to make **BUSINESS AND FINANCIAL DECISIONS** for you should you not be able to make those decisions for yourself? Again, place in order the names of people you would like to see in this role, so that there are alternate provisions if someone can’t or won’t be able to perform these duties.

YOUR CHOICES

1. _____
2. _____
3. _____

YOUR SPOUSE/PARTNER’S CHOICES

1. _____
2. _____
3. _____

Upon your passing, who do you want to be responsible for managing and distributing the assets of your estate?

YOUR CHOICES

1. _____
2. _____
3. _____

YOUR SPOUSE/PARTNER’S CHOICES

1. _____
2. _____
3. _____

PART 8 *Now we need a comprehensive financial overview of your estate...*

This is a good time to gather all of your statements, deeds, and documents, so that you can organize in one place a complete picture of your estate planning needs. We'll need to know the kinds of assets that you own or have an interest in, where they're located, who owns them (i.e. one or both of you), and the most accurate values that you can list for each one. Try not to leave anything out, and if you don't have a recent statement or market value, then give your best approximation. Feel free to attach additional sheets if necessary or provide copies of current statements.

CASH ASSETS (CHECKING, SAVINGS, MONEY MARKET, CDs)

TYPE	INSTITUTION	OWNED BY	ACCOUNT #	VALUE

SECURITIES ASSETS (STOCKS, BONDS, MUTUAL FUNDS)

TYPE	INSTITUTION	OWNED BY	ACCOUNT #	VALUE

RETIREMENT PLANS (IRA, ROTH IRA, KEOUGH, 401(k), 403(b), PENSION PLAN)

TYPE	INSTITUTION	OWNED BY	ACCOUNT #	VALUE

INSURANCE AND ANNUITIES (CASH VALUE, TERM, LONG TERM CARE, ANNUITIES)

TYPE	INSTITUTION	OWNED BY	ACCOUNT #	VALUE
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REAL ESTATE (PRIMARY RESIDENCE, OTHER HOMES, BUILDINGS, LAND)

TYPE	LOCATION	OWNED BY	MORTGAGE BAL	APPROX EQUITY
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OTHER TITLED PROPERTY (VEHICLES, MOBILE HOMES, BOATS, AIRCRAFTS)

TYPE	OWNED BY	LOAN BAL	APPROX EQUITY
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VALUABLES (COLLECTIBLES, ANTIQUES, ART, JEWELRY)

DESCRIPTION	APPROX VALUE
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BUSINESS OR PARTNERSHIP INTERESTS (INCLUDING TIMESHARES)

DESCRIPTION	OWNED BY	APPROX VALUE
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MONEY YOU’VE LOANED TO OTHERS

DESCRIPTION	APPROX VALUE
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SPECIAL INSTRUCTIONS

List below any preferences you may have about which assets to sell (and to whom), or which assets NOT to sell, should it become necessary to raise money for your ongoing care.

List below any preferences you may have about which hospitals, nursing home facilities, funeral homes, etc. that you prefer, want to avoid, or have already made certain arrangements with.

If one of you owns the primary residence, and that person dies first, list below any preferences you may have about the surviving spouse’s continued use of the home (i.e. no restrictions, until they remarry, what they may do with the home or to whom it should pass if they cease to use it or after they die).

Notes...

Use this page (adding additional pages if necessary) to continue comments from a previous page or to add any information about your family or finances that this workbook may not have addressed.

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Thank you for completing this Confidential Estate Planning Workbook. Remember, this is not a legal document. This is only an information gathering document, a starting place for your estate planning team to begin preparing a plan that meets your specific goals and unique circumstances. With your permission, two copies will be made, one of which will be retained by the financial advisor, and one will be retained by the attorney. The original of this Workbook will then be returned to you. If this meets with your approval, please sign and date below, and contact us right away!

Signature(s)

Date _____