

# ESTATE PLANNING WORKSHEET

## GENERAL INFORMATION

DATE: \_\_\_\_\_

### YOU

1. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
2. Your Name: (First, Middle, Last)		
3. Home Address: (Street, Apt,No., City, State, Zip, County):		
4. Telephone Numbers: Home:	Work:	Mobile:
5. Employment Information: Your Occupation:		Your Title:
6. Employer's Address and Phone:		

### YOUR SPOUSE

1. Your Name: (First, Middle, Last)		
2. Home Address: (Street, Apt,No., City, State, Zip, County):		
3. Telephone Numbers: Home:	Work:	Mobile:
4. Employment Information: Your Occupation:		Your Title:
5. Employer's Address and Phone:		

## PERSONAL INFORMATION

1. Are you a U.S. Citizen? ☐ YES   ☐ NO
2. Do you have a will or trust now? ☐ YES   ☐ NO
3. Are you expecting to receive property or money from a  
☐ GIFT   ☐ INHERITANCE   ☐ LAWSUIT   ☐ OTHER \_\_\_\_\_
4. How many living children do you have? \_\_\_\_\_
5. Are all your children legally yours (natural or legally adopted)?
6. How many stepchildren do you have?
7. Do you have a pre-nuptial agreement or active divorce order?   ☐ YES   ☐ NO
8. In which state do you vote?
9. In which state is your driver's license issued?
10. In which state is your car registered?
11. In which states do you own real estate? \_\_\_\_\_
12. In which state do you plan to live/retire permanently? \_\_\_\_\_
13. In which state(s) do you pay income tax? \_\_\_\_\_
14. Have you ever owned property in a community property state?   ☐ YES   ☐ NO  
(AZ, CA, ID, LA, NV, NM, TX, WA,WI & PR). Which one? \_\_\_\_\_

## FINANCIAL INFORMATION

1. Do you own a home or other real estate? Indicate which is your primary residence.

Description and Location	Legal Owner	Purchase Price	Market Value	(-) Mortgage =	Equity

2. Do you own other titled property, such as a car or a boat?

Description	Legal Owner	Purchase Price	Market Value	(-) Payoff Amount =	Equity

3. Checking accounts.

Bank	Legal Owner(s)	Balance

4. Interest Bearing Accounts (savings, money markets, CD's, etc.)

Bank	Legal Owner(s)	Balance

5. Stocks, bonds, mutual funds and other investments.

# Shares	Type/Name of Security	Legal Owner	Purchase Price	Current Value

6. Retirement plans and other IRA, profit sharing or pension plans.

Description	Company Name	Beneficiary	Current Value

7. Life insurance policies and annuities.

Description	Company Name	Beneficiary #1	Beneficiary #2	Current Value

8. Does anyone owe you money?

Name	Relationship	Type of Debt	Amount

9. Do you have any special items of value? (art, collections, antiques, jewelry, etc.)

Item Description	Location	Approximate Value

10. What is the approximate value of all your remaining personal property that has not been included above? (Just estimate) \_\_\_\_\_

11. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Approximate Value

12. Do you have a safety deposit box?

Location/Bank	Legal Owner

**ESTATE MANAGEMENT**

1. Who do you want to be the personal representative of your estate?

1st Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

2. Who do you want to manage any trusts you may establish or already have in place?

1st Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3. Who do you want to serve as guardian for your minor children?

1st Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

### **BENEFICIARIES**

1. Do you want to make any special gifts to an organization of your choice (charities, foundations, churches, fraternities, etc.)

Name of Organization	Description of Gift	Alternate Beneficiary

2. Do you want to make any special gifts to family members or other individuals?

Name of Person	Description of Gift	Alternate Beneficiary

3. Who do you want to receive the remainder of your estate after all debts and distributions have been made? You can designate a dollar amount or a percentage, though percents are far easier.

Name of Person	Amount/Percentage	Alternate Beneficiary

4. Inheriting Instructions. List your children,

Name	Address	Married? Y/N	#Grandchildren

5. Do you want your children to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? Your children's inheritance can be held in trust and managed for them until they are at any age you chose (21, 25, 30, etc) and used for their education and other needs until that time. This method waits until the children are mature enough to handle money.

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6. If a child dies, do you want:

- ☐ that child's share to go to that child's children, your grandchildren, (Per Stirpes), or
- ☐ that child's share to be divided among your other living children (Per Capita), or
- ☐ nothing to a grandchild whose parent died.

7. Do you want to ensure that your children from a previous marriage receive a share of your estate?

- ☐ YES                      ☐ NO

8. List Dependents Who Require Special Care. Do you want to provide care beyond government benefits?

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9. Alternate Beneficiaries. Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries listed above?

Name	Amount / Percentage

10. Disinheriting. Are there any relatives whom you specifically do not want to receive anything from your estate?

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### **SPECIAL INSTRUCTIONS FOR INCOMPETENCY**

1. Keeping or selling assets.

If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

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2. Medical Care: Do you:    want to be in ☐    want to avoid ☐    a certain hospital/nursing home?

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3. Living Wills. A Living Will makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope for recovery.

Do you want a living will? ☐ YES ☐ NO

Your Spouse? ☐ YES ☐ NO

a. If you have a terminal condition, do you want:

	YOU		YOUR SPOUSE	
Artificial Life Support?	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Food and Water by tube?	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Blood Transfusions?	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Organ Transplants?	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

b. Upon your death, do you wish to donate your organs?

YOU: ☐ YES ☐ NO

YOUR SPOUSE: ☐ YES ☐ NO

c. Do you wish to die at home rather than in a hospital or nursing home?

YOU: ☐ HOME ☐ INSTITUTION

YOUR SPOUSE: ☐ HOME ☐ INSTITUTION

4. Health Care Power of Attorneys. Do you wish to appoint an individual to make health care decisions for you if you are unable to do so yourself?

YOU: ☐ YES ☐ NO

YOUR SPOUSE: ☐ YES ☐ NO

YOU      1st Choice \_\_\_\_\_

            2<sup>nd</sup> Choice \_\_\_\_\_

SPOUSE      1st Choice \_\_\_\_\_

            2<sup>nd</sup> Choice \_\_\_\_\_

### SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have a cemetery lot, where is it located?

\_\_\_\_\_

\_\_\_\_\_

### Biographical Information

Full Name	
Residence	
Date of Birth	
Place of Birth	
Cemetery Plot	
Education	
Father's Name	
Father's Birthplace	
Mother's Name	
Mother's Birthplace	
Social Security Number	
Occupation	
Military Service	
Length Residence in MD	
Length Residence in US	