



Simple Estate Plan Worksheet

I. Personal and Family Information (Give full names including middle initial)

Your Family:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

- I Authorize E-Mails Concerning My Case. I Authorize E-Mails of General Interest and Newsletters
I Want To Receive My Bill Via Email How were you referred to us?

Children:

Table with columns: Name, Sex, Date of Birth, Married (Yes/No), Child of (H/W/Both)

II. Financial and Special Considerations

Have either or both of you been previously married? Yes No

Reason for Separation: Death Divorce

Do you have a prenuptial agreement? Yes No (If yes, please attach a copy)

Will any members of your immediate family require special treatment (e.g., someone with physical or mental disabilities)? Yes No

Will anyone, other than children, be dependent on you in the future? Yes No

Have you created any trusts? Yes No If yes, please provide a complete copy

Are you, your spouse, and/or your children currently a beneficiary of a trust? Yes No

Have you and/or your spouse made any gifts over \$14,000.00 each in any one year to one individual? Yes No If yes, please continue:

How much: Have gift tax returns ever been filed? Yes No

Where do you keep your valuable documents? \_\_\_\_\_

Who has access to them? \_\_\_\_\_

**III. Distribution of your Estate (Will)**

**A. Disposition of Assets**

Who do you wish to have your tangible personal property distributed to?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If the above beneficiary should not survive you, who would you like your tangible personal property distributed to? *(If no amount is indicated, it will be considered equal shares)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

**Special Gifts:**

Do you wish to make a specific gift to an individual?  Yes  No

If yes, please list:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Would you like to make any charitable bequests, such as to a specific charity?  Yes  No

If yes, please list:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_

Would you like to make any non-charitable bequests?  Yes  No

If yes, please list:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_

**Residual Gifts:**

Usually a person leaves the residue of the estate to a spouse outright or in trust depending on the estate tax consequences, if the spouse is living, and if the spouse is not living, to children or descendants outright or in trust. Do you want this type of disposition?  Yes  No

If no, please describe how you would like your estate distributed:

\_\_\_\_\_  
\_\_\_\_\_

**Contingent Beneficiaries:**

Who would you want to receive your estate in the event that you, your spouse, and all your children/descendants do not survive? Customary provisions provide that your estate be divided equally between your heirs-at-law and the heirs-at-law of your spouse. Would you be in favor of this type of disposition?  Yes  No

**B. Fiduciary Selections**

**Personal Representative:**

Usually a person names a spouse as personal representative (executor) of the estate and an alternate if the spouse cannot serve for any reason.

First choice:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Second Choice (alternate):

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Guardian (if applicable):**

Please indicate below your choice for guardian of your minor children.

Your first choice for guardian:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Your second choice:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Residence (choose one):**

\_\_\_\_\_ I authorize the Guardian of a child of mine to remove such child to the Guardian’s place of residence, whether or not it is in the state of my residence at my death.

\_\_\_\_\_ I do not authorize the Guardian of a child of mine to remove my child to the Guardian’s place of residence, if it is not the state of my residence at my death.

**C. Summary of Assets**

Do you own your home  Yes  No

Do you own vacation or recreational real estate  Yes  No

Do you have Stocks, Bonds, Mutual Funds, etc.  Yes  No

Do you or your spouse own any interest in a business whose stock is not publicly traded (e.g. small corporations, partnerships, investment groups, etc.)?  Yes  No

Do you have any death benefits available under a “qualified” retirement plan?  Yes  No

Do you have any life insurance policies  Yes  No

**D. Government Benefits**

Do you or your spouse receive any government benefits? If so, please specify what type of benefits and how much is received. \_\_\_\_\_

\_\_\_\_\_

**E. Exclusions**

Is there anyone you wish to intentionally omit from your will?  Yes  No

Please name:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you wish to exclude any child who has been legally adopted by a parent after the child has reached the age of \_\_\_\_?  Yes  No

Do you wish to exclude any child of a male parent whose male parent did not acknowledge in writing that the child was his biological child?  Yes  No

**F. Trusts**

If any trust is included as part of your estate plan, it will be necessary to name one or more trustees to manage the trust. If you already know which individual(s) or company you would like to name as trustee(s), please provide that information below. If you select an individual who is also a beneficiary, there should be two trustees selected to act together. If you leave the following lines blank, we will discuss the options together.

First Choice

Trustee's name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Co-Trustee's name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Alternative Choice

Trustee's name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Co-Trustee's name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**G. Taxes**

Apportionment – choose optional paragraphs from sample form (to be completed in appt. with attorney)

6.5.1 #1     6.5.2 #1A     6.5.2 #1B     6.5.2 #1C

6.5.1 #2     6.5.2 #2

6.5.3

**IV. Power of Attorney**

**A. Nomination of Attorney-in-Fact(s)**

**Attorney-in-Fact:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**First Successor Attorney-in-Fact:**

**Second Successor Attorney-in-Fact:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Powers Granted**

Do you wish for your attorneys-in-fact to  Independently or  jointly exercise powers granted?

Which of the transactions listed below do you grant your attorneys-in-fact to handle?

- Real Estate       Banking       Beneficiary       Tangible Personal Property
- Business Operating  Insurance       Gift       Bond, Share, Commodity
- Fiduciary       Claims & Litigation       Family Maintenance
- Benefits from Military Service       Records, Reports, Statements
- All above listed Powers

If you should become incompetent or incapacitated, do you wish for the above granted powers to continue?  Yes  No

Do you wish to allow your Attorneys-in-Fact to make gifts to themselves, or to those they are legally obligated to support?  Yes  No

Do you wish for your attorneys-in-fact to render an (Annual/Quarterly/Monthly) accounting to you or someone else?  Yes  No

Submitted to (Name/Address): \_\_\_\_\_  
\_\_\_\_\_

**V. Healthcare Directive**

**A. Nomination of Health Care Agent(s)**

**Primary Health Care Agent(s):** Agents to act:  independently  together

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Alternate Health Care Agent(s):** Agents to act:  independently  together

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**If my agents fail to agree then I appoint:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

**B. Wishes**

I do  I do not wish my Agent(s) to have power to make mental health treatment decisions for me, meaning the voluntary or involuntary administration of electroshock therapy and neuroleptic, psychotropic, or psychoactive medications.

Agent(s) is/are to be nominated as guardian when/if necessary.

I do  I do not wish to be kept alive by artificial/heroic measures.

I do  I do not wish to donate my organs.

I have agreed in another document to donate my organs.

I wish the donation to be made to \_\_\_\_\_

do not want my donated organs to be used for \_\_\_\_\_

Whether or not I have authorized organ donation, I do not object if an autopsy is conducted on my body, to advance science and the treatment of illness and disease.

Unless required by law, I do not wish to have an autopsy.

I request  I do not request cremation of my remains.

I wish to be buried at: \_\_\_\_\_

Other Instructions: \_\_\_\_\_  
\_\_\_\_\_

Spiritual or religious beliefs and traditions: \_\_\_\_\_  
\_\_\_\_\_