



ESTATE PLANNING WORKSHEET

Please complete the form to the best of your ability and return to our office.

DATE: _____ HOW DID YOU HEAR ABOUT US? _____

WERE YOU REFERRED BY SOMEONE? _____

Preferred Method of Contact for Correspondence and/or Billing? Email Mail

*Using this organizer will assist us in designing an estate plan that meets your goals.
All information provided is strictly confidential.*

PERSONAL INFORMATION

Husband:

Full Legal Name: _____

Also Known As (Other name used to title property): _____

Prefer to be called: _____ Social Security #: _____

Birth Date: _____ Place of Birth: _____ U.S. Citizen? Yes No

Home address: _____ City: _____

State: _____ Zip: _____ County: _____ Phone: _____

Employer: _____ Position: _____ Business Phone: _____

Business address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Married: Date of Marriage: _____ Divorced Widowed Single

Wife:

Full Legal Name: _____

Also Known As (Other name used to title property): _____

Prefer to be called: _____ Social Security #: _____

Birth Date: _____ Place of Birth: _____ U.S. Citizen? Yes No

Wife (cont.):

Home address: _____ City: _____

State: _____ Zip: _____ County: _____ Phone: _____

Employer: _____ Position: _____ Business Phone: _____

Business address: _____ City: _____ State: _____ Zip: _____

Email address: _____

CHILDREN/OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name: _____ Relationship: _____
First, Middle Initial, Last

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Birthdate:** _____

Comments: _____

Name: _____ Relationship: _____
First, Middle Initial, Last

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Birthdate:** _____

Comments: _____

Name: _____ Relationship: _____
First, Middle Initial, Last

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Birthdate:** _____

Comments: _____

ADVISORS

Personal Attorney Name: _____ **Phone:** _____

Accountant Name: _____ **Phone:** _____

Financial Advisor Name: _____ **Phone:** _____

Life Insurance Agent: _____ **Phone:** _____

Other: _____ **Phone:** _____

IMPORTANT FAMILY QUESTIONS

Are you (or your spouse) receiving social security, disability, or other governmental benefits? If yes, please describe: _____	Yes <input type="radio"/> No <input type="radio"/>
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? If yes, please furnish a copy.	Yes <input type="radio"/> No <input type="radio"/>
Have you and your spouse signed a pre- or post-marriage contract? <i>If yes, please furnish a copy.</i>	Yes <input type="radio"/> No <input type="radio"/>
Have you (or your spouse) ever filed federal or state gift tax returns? <i>If yes, please furnish a copy.</i>	Yes <input type="radio"/> No <input type="radio"/>
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>	Yes <input type="radio"/> No <input type="radio"/>
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>	Yes <input type="radio"/> No <input type="radio"/>
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain:</i> _____	Yes <input type="radio"/> No <input type="radio"/>
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain:</i> _____	Yes <input type="radio"/> No <input type="radio"/>
Have you lived in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin <i>Which state(s):</i> _____	Yes <input type="radio"/> No <input type="radio"/>
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain:</i> _____	Yes <input type="radio"/> No <input type="radio"/>
Do any of your children have special educational, medical, or physical needs?	Yes <input type="radio"/> No <input type="radio"/>
Do any of your children receive governmental support or benefits? If yes, please describe: _____	Yes <input type="radio"/> No <input type="radio"/>
Do you provide primary or other major financial support to adult children or others?	Yes <input type="radio"/> No <input type="radio"/>

PROPERTY INFORMATION

This Property Information checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Husband's name alone, with no other person	H
If married, Wife's name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>		_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

AUTOMOBILES, BOATS AND RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

General Description	Titled	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here.

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If account is in your or your spouse's name for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

LIFE INSURANCE POLICIES AND ANNUITIES:

TYPE: Term, whole life, split dollar, group life, annuity. Insured = whose life is insured.

Company	Type	Insured	Beneficiary	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). ADDITIONAL INFORMATION: Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Plan Name	Type	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. ADDITIONAL INFORMATION: Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

General Description	Owner	Interest	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Note Date	Maturity Date	Owed to	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Describe in appropriate detail.

Description:

Total Estimated Value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

SUMMARY OF VALUES

Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.

ASSETS	Husband	Wife	Total Value
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, etc.	_____	_____	_____
Other Assets	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____