

Today's Date: _____

ESTATE PLANNING WORKSHEET

WILL **Revocable Living Trust (CHECK ONE)**

SECTION A. - GENERAL INFORMATION

- Your (Date of Birth) (Social Security Number)
1. Name: _____ D.O.B.: _____ SSN: _____
2. Spouse: _____ D.O.B.: _____ SSN: _____
3. Your Address: _____
4. City: _____
5. County: _____ State: _____ Zip: _____
6. Telephone Number: (____) _____ Married, Single, Divorced, Widowed?
7. Date married? (MM/DD/YY) _____
8. Have you or your spouse ever been divorced or widowed? No Yes, you Yes, spouse

SECTION B. - EXECUTOR / TRUSTEE INFORMATION

1. Executor or Successor Trustee(s) (in order, or jointly) (Name and address of the person you want to be responsible for distributing your property upon your death. List alternates in order.). If married and you want your spouse to be the primary Executor write "spouse" in section "a".
- a. Name: _____ Phone: _____
- Address: _____
- City, State, Zip: _____ Relation to you: _____
- b. Name: _____ Phone: _____
- Address: _____
- City, State, Zip: _____ Relation to you: _____
- c. Name: _____ Phone: _____
- Address: _____
- City, State, Zip: _____ Relation to you: _____
- d. Name: _____ Phone: _____
- Address: _____
- City, State, Zip: _____ Relation to you: _____

SECTION C. -CHILDREN & BENEFICIARIES

1. Name, date of birth and address of ALL Children of this Marriage:

Name:	D.O.B.:	Address, City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Beneficiaries of Estate: (Persons to whom do you want to leave your estate)

Name:	Percentage.: of estate	Does this beneficiary have any special needs or circumstances such as incapacity, disability, drug or alcohol dependence, etc.? Any special directions regarding their distribution?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that any of the above listed beneficiaries should predecease you do you want their portion of the estate to be distributed to: that beneficiary's children or divided among the surviving beneficiaries? (Select one)

4. Contingent Beneficiaries: In the event, although unlikely, that all of your beneficiaries listed in #3 above should predecease you leaving no children, to whom do you want your estate distributed:
 Heirs at law Other (such as Charity, person, entity: _____)

5. Omitted Beneficiaries: List any children or heirs to be specifically omitted as beneficiaries of your estate:

Name: _____	Name: _____
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SECTION D. - FIDUCIARIES

1. Durable Power of Attorney (General): (If different from Successor Trustees)
List here the person you want to make business decisions for you should you become incapacitated and unable to make financial decisions for yourself.

CLIENT

SPOUSE

Agent: _____ Agent: _____
Alternate: _____ Alternate: _____

2. Durable Power of Attorney for Health Care Decisions (if different from Successor Trustees): List here the person you want to make healthcare decisions for you should you become incapacitated.

CLIENT

SPOUSE

Agent: _____ Agent: _____
Alternate: _____ Alternate: _____

3. Guardian Designation for Minor Children if different from Executor previously listed:

Name: _____ Address: _____

SECTION E. - FINANCIAL INFORMATION

1. Estimated Value of Your Gross Estate: \$_____ .
See assets worksheet attached to calculate this value.
2. Total number of parcels of realty that you or your spouse own _____ .

SECTION F. - SPECIAL INSTRUCTIONS or CONCERNS

Client Name: _____

Date: _____

ESTATE PLANNING WORKSHEET

Enter the approximate value of the below listed asset.

	HIS (Husband)	HERS (Wife)	JOINT
REAL ESTATE			
Present Home	\$ _____	\$ _____	\$ _____
Vacation Home	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
VEHICLES			
Cars	\$ _____	\$ _____	\$ _____
Boats	\$ _____	\$ _____	\$ _____
Motor Home	\$ _____	\$ _____	\$ _____
INVESTMENTS			
Money Market / CD	\$ _____	\$ _____	\$ _____
Stocks / Bonds	\$ _____	\$ _____	\$ _____
IRA / Pension / Keogh	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
CASH ACCOUNTS			
Average Checking	\$ _____	\$ _____	\$ _____
Savings	\$ _____	\$ _____	\$ _____
Broker Account	\$ _____	\$ _____	\$ _____
INSURANCE			
Life	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Burial Plan	\$ _____	\$ _____	\$ _____
MISCELLANEOUS			
Household Interest	\$ _____	\$ _____	\$ _____
Collectable Loans	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
INCOME:			
Social Security	\$ _____	Per month	\$ _____
			Per month
Retirement / Pension	\$ _____	\$ _____	\$ _____
Employment:	\$ _____	\$ _____	\$ _____
Other / Per month	\$ _____	\$ _____	\$ _____

NOTES: