

# Estate Planning Worksheet

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Jane L. Williams, LLC  
Estate Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.  
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR  
APPOINTMENT VIA MAIL OR FAX.

**Part I  
Personal Information**

Client's Full Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Divorced  Widowed  Single

How did you hear about our law firm? \_\_\_\_\_

**Children and Other Family Members**

*This should include all family members and others who intend to name in your estate planning documents, either as beneficiary or in a position of authority.*

Use full legal name:

Name	Birth date	Relationship
_____ Address: _____	_____	_____
_____ Address: _____	_____	_____
_____ Address: _____	_____	_____
_____ Address: _____	_____	_____
_____ Address: _____	_____	_____
_____ Address: _____	_____	_____

**Advisors**

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

**Your Concerns**

Please rate the following as to how important they are to you:

*(H high concern, S some concerned, L low concern, N/A no concern or not applicable)*

**Description**

**Level of Concern**

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

\_\_\_\_\_

Providing for and protecting children.

\_\_\_\_\_

Providing for and protecting grandchildren.

\_\_\_\_\_

Disinheriting a family member.

\_\_\_\_\_

Providing for charities at the time of death.

\_\_\_\_\_

Plan for the transfer and survival of a family business.

\_\_\_\_\_

Avoiding or reducing your estate taxes.

\_\_\_\_\_

Avoiding probate.

\_\_\_\_\_

Reduce administration costs at time of your death.

\_\_\_\_\_

Avoiding a conservatorship in case of a disability.

\_\_\_\_\_

Avoiding will contests or other disputes upon death.

\_\_\_\_\_

Protecting assets from lawsuits or creditors.

\_\_\_\_\_

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

\_\_\_\_\_

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

\_\_\_\_\_

Protecting children's inheritance from the possibility of failed marriages.

\_\_\_\_\_

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

\_\_\_\_\_

Other concerns (Please list below):

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

### Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If so, was a federal estate tax return or a state death tax return filed?</i>		
Have you ever filed federal or state gift tax returns?		
Have you completed a previous will, trust, or estate plan? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please list below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please list below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Are you a U.S. veteran?		
Are you a member of a labor union or do you work for a labor union?		
Do you have Long Term Care Insurance?		

### Additional Information

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## Part II

### Property Information

#### Instructions for Completing the Property Information checklist:

#### General Headings

This *Property Information* checklist is to help you list all the property you own and what it is worth. You probably won't own property under all the headings; if not, just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, attach **extra sheets** of paper to list your additional property.

#### Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

#### "Owner" of 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 using the following abbreviations:

Owner of Property	Use
If own property in your name only	I
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

**FOR EACH PIECE OF REAL ESTATE IN WHICH YOU HAVE AN OWNERSHIP INTEREST** (family residence, other residence, rental property, vacation home, time share, vacant land, farm/agriculture real estate), **PLEASE PROVIDE THE FOLLOWING:**

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

## Furniture and Personal Effects

**PLEASE LIST SEPARATELY:** ANY major personal effects such as jewelry, collections, antiques, furs, fire arms and any other valuable non-business personal property, its owner, and its approximate market value. For miscellaneous, less valuable items, give a lump sum..

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

## Automobiles, Boats, and RVs

**FOR EACH MOTOR VEHICLE** (car, truck, motorcycle, scooter, 4-wheeler, trailer, boat, RV, etc.) **PLEASE LIST THE FOLLOWING:** description (year, make, model), how titled, market value and loan balance:

_____
_____
_____
_____

## Bank Accounts

**FOR EACH BANK ACCOUNT, PLEASE LIST THE FOLLOWING:** name of institution (bank, savings & loan, credit union), type (Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD", Money Market "MM"), *in whose name the account is held, and the amount currently in that amount. Do not include IRAs or 401(k)s here.*

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

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



**Business Interests**

**FOR ANY BUSINESS INTEREST YOU OWN (EVEN PARTIAL OWNERSHIP), PLEASE PROVIDE THE FOLLOWING:**

Type (general and limited partnerships, sole proprietorships, privately owned corporations, professional corporations, limited liability companies, oil interests, farm and ranch interests), description of the interests, your ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_

**Money Owed to You**

**FOR ANY MORTGAGES, PROMISSORY NOTES, OR ANY OTHER MONEYS OWED TO YOU, PLEASE PROVIDE THE FOLLOWING:**

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Total* \_\_\_\_\_

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

**PLEASE DESCRIBE ANY GIFTS, INHERITANCES, OR LAWSUIT JUDGMENTS YOU ANTICIPATE RECEIVING IN THE FUTURE:**

**Description** \_\_\_\_\_

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*Total estimated value* \_\_\_\_\_

**Other Assets**

**PLEASE LIST ANY PROPERTY INTEREST YOU HAVE THAT HAS NOT BEEN MENTIONED ABOVE:** Examples: burial plots, intellectual property, digital property.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Total* \_\_\_\_\_



**Summary of Values**

<b>Assets</b>	<b>Amount*</b>		<b>Total Value</b>
	<b>Client</b>	<b>Other's</b>	
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	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

\* *Values for property owned with other put your percentage in client's column and other's percentage in other's column.*

Persons to Act for You

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Table with 2 columns: Name and Address, Relationship. Includes horizontal lines for input.

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before. [Only necessary if the estate plan involves a trust]

Table with 2 columns: Name and Address, Relationship. Includes 'Initial:' label and horizontal lines for input.

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? [Only necessary if the estate plan involves a trust]

Table with 2 columns: Name and Address, Relationship. Includes horizontal lines for input.

PERSONAL REPRESENTATIVE OR DEATH TRUSTEE: After your death, who do you want carrying out your instructions to distribute and/or manage your property for your beneficiaries?

Table with 2 columns: Name, Relationship. Includes horizontal lines for input.

DEFINITION OF INCAPACITY: Your trust document may contain a "springing clause," meaning that your successor trustee's authority to manage your trust assets only becomes effective if you are incapacitated (or disabled). Your incapacity can be determined in any of the following ways. Please check the definition of incapacity you want used:

- One physician's certification
Two physicians' certification
Certification of my Disability Panel (individuals who know and care about me who would know if I am unable to handle my own affairs). My Disability Panel members are: (1) ..., (2) ..., and (3) ...

In making distributions during any period of time you are incapacitated, to whom do you want your successor Trustee to give primary consideration?

- Your needs and then the needs of others dependent upon you (typical for single individuals or married couples with adult children).
Your needs and the needs of others dependent upon you equally (typical for single individuals or married couples with minor children).

**POWER OF ATTORNEY:**  
make financial decisions for yourself, who would you want to make those decisions for you?

If you were unable to

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Yes  No

If "Yes," do you want your Financial Agent to be restricted to continuing a pattern of gifting you have established (ex.: to children/grandchildren on birthdays/holidays, to continue church pledge, etc.)? Details of restrictions: \_\_\_\_\_

**LIVING WILL:** Under certain circumstances where there is no reasonable hope of recovery, do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? \_\_\_\_\_

Do you want to provide that your organs and tissues should be made available for transplant purposes? \_\_\_\_\_ For research purposes? \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY:** If you were unable to make medical treatment or end-of-life decisions for yourself, who would you want to make these important decisions for you?

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

If reasonable under the circumstances, do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?  Yes  No

If 2 physicians certify your need for psychological or substance treatment, do you want to authorize your Medical Agent to arrange for voluntary admission to a treatment program?  Yes  No

Distributions of Personal Property and Specific Gifts

USE OF PERSONAL PROPERTY MEMORANDUM: You will be provided the opportunity to prepare a written list of items of your personal property that you want distributed to certain individuals or charities.

Any property not listed on the memorandum should be distributed to:

- Children equally. To the balance of the trust. Other named individuals. List on next line.

Horizontal lines for distribution details.

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity Amount or Property

Table structure with horizontal lines for listing specific gifts.

DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH:

- DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN: DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

Horizontal lines for division of property instructions.

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

- DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES: Provides no protection from creditors, predators, or from themselves. STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance).

Horizontal lines for structured trust details.

