

Family Estate Planning Worksheet

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I. FAMILY INFORMATION

(Use additional pages if necessary.)

Client's Legal Name: _____

Other Names Used: _____

Preferred Name to Sign: _____

Spouse's Legal Name: _____

Other Names Used: _____

Preferred Name to Sign: _____

Address _____

City County State ZIP

Preferred Email Address Preferred Phone Number

Client's Occupation _____

Spouse's Occupation _____

State of Marriage Date of Marriage

Number of Children of Marriage _____

Full Name of Child of Marriage Married Single Date of Birth

Address of Child of Marriage _____

Spouse of Child of Marriage _____

List names and dates of birth for all children. Use additional page if necessary.

Full Name of Child of Previous Marriage Married Single Date of Birth

Address of Child of Previous Marriage

Spouse of Child of Marriage

List names and dates of birth for all children. Use additional page if necessary.

Full Name of Child of Previous Marriage Married Single Date of Birth

Address of Child of Previous Marriage

Spouse of Child of Marriage

List names and dates of birth for all children. Use additional page if necessary.

II. FINANCIAL INFORMATION SUMMARY

(Use Additional Pages If Necessary)

1. **List all checking accounts:**

Company/Bank	City, State
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Account Number	Approx. Account Balance
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Company/Bank	City, State
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Account Number	Approx. Account Balance
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2. **List all savings accounts:**

Company/Bank	City, State
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Account Number	Approx. Account Balance
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Company/Bank	City, State
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Account Number	Approx. Account Balance
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3. **List all IRAs, 401Ks, Annuities, and Qualified Plans you have:**

Company	Owner	Account Number	Value
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Company	Owner	Account Number	Value
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Company	Owner	Account Number	Value
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Company	Owner	Account Number	Value
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4. **List all shares of stock (corporate) or units (LLC) you own:**

Company	Number of Shares/Units	Fair Market Value Per Share
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Company	Number of Shares/Units	Fair Market Value Per Share
---------	------------------------	-----------------------------

Company	Number of Shares/Units	Fair Market Value Per Share
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5. **List all bonds you own:**

Type	Value at Maturity
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Type	Value at Maturity
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6. **List any Partnerships you are involved in:**

Company	Ownership Percentage	Fair Market Value
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Company	Ownership Percentage	Fair Market Value
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7. **List any Sole Proprietorships you are involved in:**

Business Name	Estimated Value of Business
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Business Name	Estimated Value of Business
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8. **List all real estate you own:**

Address	City	County	State	ZIP
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Address	City	County	State	ZIP
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Address	City	County	State	ZIP
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9. **List any mineral (gas and oil) interest you own:**

Type	City	County	State
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Type	City	County	State
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Type	City	County	State
------	------	--------	-------

Type	City	County	State
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10. **List all insurance policies you have:**

Company	Life Insured	Death Benefit Amount
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Primary Beneficiary	Policy Number
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Secondary Beneficiary

Company	Life Insured	Death Benefit Amount
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Primary Beneficiary	Policy Number
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Secondary Beneficiary

11. **List all vehicles you own:**

Year	Make	Model
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Year	Make	Model
------	------	-------

Year	Make	Model
------	------	-------

12. **List all valuable personally property you own (i.e., jewelry, art....):**

Property Description	Estimated Value
Property Description	Estimated Value
Property Description	Estimated Value
Property Description	Estimated Value

13. **Estimate your debt from the following sources:**

Home Mortgage \$ _____
Investment Debt \$ _____
Consumer and Credit Card Loans \$ _____
Life Insurance Loans \$ _____
Other Debts \$ _____
TOTAL \$ _____

14. **Estimate your annual income from the following sources:**

Husband's Earnings \$ _____
Wife's Earnings \$ _____
Savings and Investments Earnings \$ _____
Retirement Plan, Pensions, Etc. Distributions \$ _____
Social Security \$ _____
Other Sources \$ _____

Name of Executor

Order of Service

Address of Executor

Name of Executor

Order of Service

Address of Executor

The **power of attorney** document grants a person nominated as **attorney in fact** the authority to make specific decisions (usually in regard to a person's financial matters) during his or her life. The **attorney in fact** owes a fiduciary duty to the person granting the power.

3. List the names and addresses of the individuals (i.e. spouse, mother, cousin, etc.) you would choose to serve as your **attorney in fact**.

Name of Attorney in Fact

Address of Attorney in Fact

Name of Attorney in Fact

Address of Attorney in Fact

Name of Attorney in Fact

Address of Attorney in Fact

A person named **health care proxy** owes a special duty to the person for whom they are making medical decisions. The **health care proxy** typically only makes medical decisions when the individual is incapacitated. The **attorney in fact** and **health care proxy** can be, and often are, the same person.

4. List the names and addresses of the individuals (i.e., spouse, child, child, etc.) you would choose to serve as your **health care proxy**.

Name of Health Care Proxy

Address of Health Care Proxy

Name of Health Care Proxy

Address of Health Care Proxy

Name of Health Care Proxy

Address of Health Care Proxy

IV. DISTRIBUTION OF YOUR ASSETS

1. Do you have any specific assets or monetary gifts that you wish to leave to a specific beneficiary? If so, please list these bequests with detail, describing the asset individually and setting out the specific beneficiary for each asset.

2. Except for assets listed in question #1, how would you like your assets divided (i.e. equally between my three children)?

3. Do you have any specific assets or monetary gifts that you wish to leave to a specific beneficiary? If so, please list these bequests with detail, describing the asset individually and setting out the specific beneficiary for each asset.
