

ESTATE PLANNING WORKSHEET

Full Name: _____ Age: _____
 Street Address: _____ Home Phone: _____
 City, State, Zip: _____ Mobile Phone: _____

Spouse/Partner Name: _____ Age: _____
 Street Address: _____ Home Phone: _____
 City, State, Zip: _____ Mobile Phone: _____

Full Name of Dependent:	Relationship:	Age:

Full Name of Each Child:	Gender:	Age:

Full Name of Each Grandchild:	Gender:	Age:

Name of Pet:	Type of Animal:	Breed:	Age:

Real Property Address, City, State:	Mortgage Balance:	Current Value:	Current Use:

Type of Life Insurance Policy:	Face Amount:	Beneficiaries:

Type of Annuity:	Annuity Amount:	Beneficiaries:

Type of Retirement Account (IRA, SEP, 401k, 403b, 401a or Pension):	Current Value:	Beneficiaries:

Brokerage Accounts, Stocks, Bonds, ETFs:	Current Value:	Transfer on Death Beneficiaries:

Names of Businesses, Privately Held Stock, and Other Business Interests:	Type of Business Interest:	Current Value:

Description of Other Property:	Current Value:

EXISTING ESTATE PLAN

Do you have an existing Will? Yes: _____ No: _____
 Do you have an existing Living Trust? Yes: _____ No: _____
 Do you have an existing Living Will/Health Directives? Yes: _____ No: _____
 Do you have an existing Power of Attorney? Yes: _____ No: _____
 Do you have an existing Healthcare POA/Proxy/Surrogate? Yes: _____ No: _____

My reasons for making new estate planning documents at this time are:

I am concerned with the following issues:

Providing income for a surviving spouse or partner Estate taxes Gift taxes
 Paying for a child's education Providing for a special needs child
 Arranging continuing care for pets/animals Making a charitable bequest
 Estate planning for your business Disinheriting an heir
 Establishing a trust fund for a child or other individual Medicaid planning
 Other _____

NEW ESTATE PLAN

Name of 1st Choice for Executor: _____ Phone: _____
 Mailing Address: _____

Name of 2nd Choice for Executor: _____ Phone: _____
 Mailing Address: _____

Name of 1st Choice for Guardian of Children: _____ Phone: _____
 Mailing Address: _____

Name of 2nd Choice for Guardian of Children: _____ Phone: _____
 Mailing Address: _____

Name of 1st Choice of Agent for Power of Attorney: _____ Phone: _____
 Mailing Address: _____

Name of 2nd Choice of Agent for Power of Attorney: _____ Phone: _____
Mailing Address: _____

Name of 1st Choice of Pet Caregiver for Animals: _____ Phone: _____
Mailing Address: _____

Name of 2nd Choice of Pet Caregiver for Animals: _____ Phone: _____
Mailing Address: _____

Name of Individuals or Organizations I Want to Inherit My Estate:	Relationship:	Percentage or Amount:

Comments: _____

Description of Specific Items of Property I Want a Specific Beneficiary to Receive:	Name of Beneficiary:

HEALTH CARE DECISIONS

If I have an incurable disease, terminal condition or am in a persistent vegetative state, I do ___ do not ___ want to prolong my life using life-sustaining measures such as feeding tubes.

Name of 1st Choice of Agent for Healthcare Decisions: _____ Phone: _____
Mailing Address: _____

Name of 2nd Choice of Agent for Healthcare Decisions: _____ Phone: _____
Mailing Address: _____

Name of Primary Care Physician: _____
Address, City, State, Zip: _____