

Estate Planning Workbook

[Please tell us if your need is urgent due to health or other concerns]

I. Your Estate

| | |
|--|---|
| <p>You: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>County: _____</p> <p>Date of birth: _____</p> <p>Place of birth: _____</p> <p>SSN: _____</p> <p>U. S. citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates of service? _____</p> | <p>Spouse: _____</p> <p>Date of birth: _____</p> <p>Place of birth: _____</p> <p>SSN: _____</p> <p>U. S. citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates of service? _____</p> <p>Address: <input type="checkbox"/> Same as listed <input type="checkbox"/> Different (as stated below)</p> <p>_____</p> <p>Address _____</p> <p>City State Zip</p> <p>Phone: _____</p> |
|--|---|

Children (name, relationship, and age – Please describe any special circumstances)

- | | | | | |
|----|-----------------------|-----------|-----|----|
| 1. | _____ | Disabled? | Yes | No |
| | Name Relationship Age | | | |
| 2. | _____ | Disabled? | Yes | No |
| | Name Relationship Age | | | |
| 3. | _____ | Disabled? | Yes | No |
| | Name Relationship Age | | | |
| 4. | _____ | Disabled? | Yes | No |
| | Name Relationship Age | | | |

Please list additional names on the back of this page. Also, please separately provide names of spouses, grandchildren, and current addresses and phone numbers.

Do you have any reason to believe that your estate, including life insurance and inheritances received prior to your death, will be valued over \$1,000,000?

Yes

No

If you have any concerns that we do not ask you about in the following pages, please write them down. Use additional pages if you run out of space.

List the contents of your estate, including bank accounts, stock, IRAs, real estate, motor vehicles, life insurance, and anything else that you may own, whether by yourself or with another person. For this purpose, an estimate of the value is sufficient.

Keep in mind that there are multiple reasons why we ask you about your property. We need to know what you want done with it during your life and after you pass. We need to know whether there are tax issues. We need to know how your assets are titled so we know how to position them to get the result you want. If we did not give you enough room to describe what you have, please supplement this questionnaire with additional pages.

Bank Accounts (Please provide ownership and beneficiary information)

Please provide a photocopy of a recent statement for each checking, savings, money market or certificate of deposit account you maintain at any bank, credit union or other financial institutions. If you cannot bring the Statements at this time, then please list that information as follows:

- | | | | |
|----|---------|----------|----------------------|
| 1. | _____ | \$ _____ | _____ |
| | Account | Value | Co-Owner(s) (if any) |
| 2. | _____ | \$ _____ | _____ |
| | Account | Value | Co-Owner(s) (if any) |
| 3. | _____ | \$ _____ | _____ |
| | Account | Value | Co-Owner(s) (if any) |
| 4. | _____ | \$ _____ | _____ |
| | Account | Value | Co-Owner(s) (if any) |

Stocks, Bonds, Treasury Notes, Other Investments (provide any pay on death instructions) Please provide a photocopy of any stock or bond certificates you hold, including closely held corporations, publicly traded corporations, municipal bonds and United States Savings Bonds. If you cannot do so at this time, then please list that information below:

- | | | | |
|----|-------|----------|----------------------|
| 1. | _____ | \$ _____ | _____ |
| | Asset | Value | Beneficiary (if any) |

- | | | | |
|----|-------|-------------------|-------------------------------|
| 2. | Asset | \$ _____ Value | _____ Beneficiary (if any) |
| 3. | Asset | \$ _____ Value | _____ Beneficiary (if any) |
| 4. | Asset | \$ _____ Value | _____ Beneficiary (if any) |

Life Insurance, IRAs, Pension, 401K (Please provide beneficiary designations)

Please provide a photocopy of a recent statement for each investment, dividend reinvestment, direct registration, mutual fund, or safekeeping account you maintain with any brokerage firm or transfer agent. Also, please provide the face value, cash value, premium amount and beneficiary designations for all life insurance policies.

- | | | | |
|----|-------|-------------------|----------------------|
| 1. | Asset | \$ _____ Value | _____ Beneficiary |
| 2. | Asset | \$ _____ Value | _____ Beneficiary |
| 3. | Asset | \$ _____ Value | _____ Beneficiary |
| 4. | Asset | \$ _____ Value | _____ Beneficiary |

Real Estate (please provide copies of all deeds and most recent tax card)

- | | | |
|----|----------|-------------------|
| 1. | Property | \$ _____ Value |
| 2. | Property | \$ _____ Value |
| 3. | Property | \$ _____ Value |
| 4. | Property | \$ _____ Value |

Tangible Personal Property

(This category includes furniture, jewelry or artwork -- anything of significant value or that you would like to go to a particular person.)

- | | | |
|----|------------------|-------------------|
| 1. | Item Description | \$ _____ Value |
| 2. | Item Description | \$ _____ Value |

3. _____ \$ _____
 Item Description Value
4. _____ \$ _____
 Item Description Value

II. Beneficiaries

Here, list the people you would like to receive a part of your estate, including family members, friends, and charities.

If you are leaving your estate to persons other than your spouse and/or children, please identify those persons here:

Other Individuals (*name, relationship, and age*)

(Include friends, grandchildren, brothers and sisters, or anyone else to whom you would like to give a part of your estate.)

- | | | | | |
|----|------------------------------|-----------|-----|----|
| 1. | _____ | Disabled? | Yes | No |
| | <i>Name Relationship Age</i> | | | |
| 2. | _____ | Disabled? | Yes | No |
| | <i>Name Relationship Age</i> | | | |
| 3. | _____ | Disabled? | Yes | No |
| | <i>Name Relationship Age</i> | | | |
| 4. | _____ | Disabled? | Yes | No |
| | <i>Name Relationship Age</i> | | | |

Charities

(List any religious or other non-profit organizations to whom you would like to make a bequest. This may reduce the taxes on your estate.)

1. _____

2. _____
3. _____
4. _____

III. Executor

Name the person or persons you would like to appoint to administer your estate. He or she -- in which case she is called the "executrix" -- will carry out your wishes as stated in your will. Two people may serve together in this role. Also name an alternate in case the first appointed cannot serve for any reason.

Executor, executrix (*name, relationship, and contact information*)

You

Your Spouse

1. _____
2. _____

1. _____
2. _____

IV. Guardian of Children

The most important purpose of a will for younger people is the appointment of a guardian for their children under age 18. All people with children should have wills for this purpose. Please list here the names of those who you would want to serve as guardian of your children under age 18,

Guardian

| | | |
|---------|--------------|-----------|
| Name | Relationship | Age |
| Address | | Telephone |

Alternate

| | | |
|---------|--------------|-----------|
| Name | Relationship | Age |
| Address | | Telephone |

V. Decisions During Your Lifetime

If you cannot make **financial decisions** for yourself, who would you want making decisions for you?

You

Your Spouse

1. _____

1. _____

2. _____

2. _____

If you cannot make **health care decisions** for yourself, who would you want making decisions for you?

You

Your Spouse

1. _____

1. _____

Address

Address

Telephone number

Telephone number

2. _____

2. _____

Address

Address

Telephone number

Telephone number

VI. Other Information We Need

In addition to the information above, please provide the following items at your earliest convenience:

1. A copy of any Will, Trust, Power of Attorney or Health Care Advance Directive currently in place.
2. A photocopy of the Articles of Organization, Operating Agreement, Partnership Agreement or Subscription Agreement for any corporation, limited liability company, partnership, limited partnership interest or family business you own;
3. A blank change of beneficiary form for each of your retirement accounts and life insurance policies;
4. A recent statement for each annuity contract you own;
5. A blank change of beneficiary form for each annuity contract;
6. A photocopy of a recent annual statement for each life insurance policy you own on your own life or on anyone else (such as children or grandchildren);
7. A blank change of beneficiary form for any employer provided life insurance; and
8. A copy of the Social Security Disability determination for any disabled individual you want to provide for in a trust.
9. A description of your values, goals, dreams or anything else you want incorporated into your estate plan.
10. Anything else you want to ask us about. Remember, the best way to make sure we answer your question is to write it down and bring it with you.

I state that the information provided in this worksheet is true and accurate to the best of my knowledge, as of the date noted below.

Signature

Date

Printed Name