

# ESTATE PLANNING WORKSHEET

## MARRIED COUPLES

The information requested on this worksheet is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If all information on this worksheet is identical for you and your spouse complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each of you has a separate one.

<b>Husband</b>	First Name _____	MI _____	Date _____ Last Name _____
	AKA _____	Date of Birth _____	Social Security Number _____
<b>Wife</b>	First Name _____	MI _____	Last Name _____
	AKA _____	Date of Birth _____	Social Security Number _____

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status:       Married                       Separated

*If single, (including divorced or widowed and not remarried) use the Estate Planning Worksheet for single individuals.*

What is your primary motivation for considering estate planning? *(Select one or more)*

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|--|--|
| <input type="checkbox"/> Probate avoidance               | <input type="checkbox"/> Business or farm planning   |
| <input type="checkbox"/> Guardianship for minor children | <input type="checkbox"/> Federal estate tax planning |
| <input type="checkbox"/> Other: _____                    |  |

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? \_\_\_\_\_

	<b>Husband</b>	<b>Wife</b>
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust (either revocable or irrevocable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages? If yes, year marriage ended in: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives (other than children) who depend on you for all or part of their support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to disinherit any of your children, grandchildren or any other close relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to inherit substantial assets (\$100,000 +)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an existing General Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold any assets in Joint Tenancy with another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to make anatomical bequests (organ donor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with your spouse (such as a prenuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want any assets to pass to your children before the second spouse's death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you or any family member or potential beneficiaries have any serious health problems?  Yes  No  Yes  No

If yes, please describe briefly: \_\_\_\_\_  
 \_\_\_\_\_

Do you own a long-term care (nursing home) insurance policy?  Yes  No  Yes  No

Do you hold everything jointly with your spouse, or is some property separate?  All joint (except IRA's, pensions, etc.)  Some separate

**Net Worth:** If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of the estate of yourself and your spouse? \_\_\_\_\_

What is the value of death benefits on life insurance? Insuring Husband \_\_\_\_\_ Insuring Wife \_\_\_\_\_

What is the total amount of your outstanding liabilities? \_\_\_\_\_

**Children of this Marriage**

Name	Address	Date of Birth

**Children from prior Marriage**

Name	Address	Date of Birth	Husband	Wife

Treat all children as if they were children of this marriage?  Yes  No



## Appointments

1. **Personal Representative.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) (e.g., spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In situations where there are children by a previous relationship, spouse as primary personal representative may not be appropriate.)

### Husband

Personal Representative: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

### Wife

Personal Representative: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

2. **Successor Trustee.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable, or in the case of a joint trust, if neither you nor your spouse were able to manage assets due to incompetence. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse survives.

### Husband

Successor Trustee: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

### Wife

Successor Trustee: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

3. **Health Care Agent.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

**Husband**

Health Care Agent: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

**Wife**

Health Care Agent: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

4. **Durable Power of Attorney.** Who should be named to make financial decisions on your behalf including decisions regarding banking, check writing, and transfers of assets if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee/personal representative or your health care agent as your agent under the power of attorney.

**Husband**

Agent: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

**Wife**

Agent: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

## Plan of Distribution

1. **Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

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2. Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

- Equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- Equally between surviving children
- As follows: \_\_\_\_\_

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3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, your spouse, nor your children/other beneficiaries named above survive.

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**Please complete this section only if you have minor beneficiaries or beneficiaries with disabilities.**

1. **Guardian.** If you have minor child(ren), beneficiary(ies), or child(ren)/beneficiary(ies) with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

Guardian: \_\_\_\_\_

Alternate: \_\_\_\_\_

2. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A





## Income/Asset/Liability Information

Please list your income/asset/liability information in the appropriate category below.  
Attach a separate page if necessary.

	Husband	Community/ Joint	Wife
<b>Income</b>			
Earned Monthly Income from Labor			
Monthly Social Security Income			
Monthly Pension Income			
Other Monthly Income			

Type of Asset	Title in Which Held (Husband sole, Wife sole, Joint with spouse, Joint with third party, Tenants in common, etc.)	Current Value
<b>Real Estate</b> (Include type of property e.g., residential, agricultural, commercial, or manufacturing.)		
Personal Residence		
Vacant Land		
Other:		
<b>Liquid Assets</b>		
Cash on Hand		
Government and Publicly Traded Securities		
Unlisted Securities (Not Publicly Traded)		
Money Market Accounts		
Equity in Business Sole Prop. Partnership		
Notes and Loans Receivable		

Type of Asset	Title in Which Held (Husband sole, Wife sole, Joint with spouse, Joint with third party, Tenants in common, etc.)		Current Value	
Checking Accounts				
Savings Account				
Certificates of Deposit				
Automobiles				
Other Personal Property				
Annuities	Owner	Beneficiary	Current Value	
IRAs				
Pension/Profit Sharing				
Life Insurance			Cash Value	Death Benefit
Other Assets				
<b>Liabilities</b>	<b>Name Loan Taken In (Husband, Wife etc.)</b>		<b>Amount Owed</b>	