Estate Planning Worksheet

This questionnaire is used to gather the basic information needed to prepare your estate plan. If you are married, please have each spouse complete a separate worksheet.

Please fill out the following information and return it to us at the address above or email it to info@[illegible]

We will contact you after reviewing the information you provided to discuss potential next steps to continue the signing of the engagement letter.

Please be aware that we do not offer tax or financial advice, and we do not provide legal advice or representation.

We typically conclude all cases within planning timelines as low as 2-3 weeks but it can take longer if more time is needed with our attorneys, as well as preparation of documents to complete the will/trust/estate formalities.

Personal Information

Full Legal Name

First Name Last Name

Address

Street Address

Apt/Unit/Suite #

City State/Province

Postal Zip Code

Email

Email

Confirm Email

Phone Number

Area Code Phone Number

Is it married?

- Yes
- No

Are you the beneficiary (owner single or joint), or owner of a trust?

- Yes
- No

If you answered "Yes" to the previous question, please provide basic details about the trust.

Enter your answer here

Child 1

Child's Name

First Name Last Name

Date of Birth

Mother's Name

First Name Last Name

Father's Name

First Name Last Name

Other Child Over Special Needs

- Yes
- No

Child 2

Child's Name

First Name Last Name

Date of Birth

Mother's Name

First Name Last Name

Father's Name

First Name Last Name

Other Child Long

- Yes
- No

Does child have special needs?

- Yes
- No

Child 3

Child's Name

First Name Last Name

Date of Birth

Mother's Name

First Name Last Name

Father's Name

First Name Last Name

Other Child Long

- Yes
- No

Does child have special needs?

- Yes
- No

Other Children

If "Yes," please provide their information similar to the above formats.

Enter your answer here

Financial Fiduciaries

(Agents, Guardians, Executors, and Trustees)

A fiduciary is someone who accepts the responsibility for taking care of the property of another person for the benefit of that person. Your legal plan will usually list appropriate Financial fiduciaries.

Qualities to look for in fiduciaries:

- responsible, honest/trustworthy
- good with money and paperwork
- preferably have their own estate in order, but are not required to be this survey
- Preferably have a good relationship with the person they are the fiduciary for and their children
- usually speaks a common language
- Preferably lives in the same state as the person they are the fiduciary for

These people will fill the following roles in your estate plan:

- Agent: Someone responsible for taking care of your property while you are still alive (usually a Power of Attorney)
- Trustee: Someone responsible for taking care of your property while you are still alive (usually a Trust agreement)
- Guardian: Someone who will be responsible for primary your kid's young, your kids' living, filing tax returns, and distributing the assets of the trust to your beneficiaries
- Executor: Someone who will be responsible for filing the probate/management of any property not in trust for your beneficiaries

Primary Financial Fiduciary

Name

First Name Last Name

Phone Number

Area Code Phone Number

Address

Street Address

Apt/Unit/Suite #

City State/Province

Postal Zip Code

Alternative Financial Fiduciary

Name

First Name Last Name

Phone Number

Area Code Phone Number

Address

Street Address

Apt/Unit/Suite #

City State/Province

Postal Zip Code

Professional Trustee or Financial Advisor

For some people, the thought of trusting a trust under the supervision of a broker-in-law, that Ellen is dabble in the stock market, or that Bob's son-in-law is a CPA is not enough. Some people want to hire a professional trustee or financial advisor oversee the long-term management of trust left to their children.

Referral needed?

- Yes, please provide a referral to a trustee who will provide trust or financial advice
- No, I have a trustee/advisor in mind and I will contact them on my own

Last Will & Testament

Please describe who will receive your property at your death. Please remember that "just in death," transfer of property, and other legal/financial designations do not automatically pass property after the death of your spouse.

Are you going to have everything to your spouse and then your children, then and there after?

- Yes
- No

If "No", then in your text/email please describe how you want to distribute the remaining property under your will.

Enter your answer here

** If your planned distribution strays too far away from a "natural distribution" of assets, then descendants, extra attorney's fees may be required.*

Powers to be granted in the Power of Attorney

Please list the powers to be granted to Agent (check all that apply):

- Accounts
- Accounts receivable and payable
- Claims and pending litigation
- Compensation
- Government benefits and entitlements
- Insurance
- Real and personal property
- Stocks and bonds
- Tangible personal property
- Tax matters
- Transfer of property to a trust
- Business/Professional operations
- Safe deposit boxes
- Retirement plans
- Miscellaneous
- Digital assets

Do you want your Agent to have the power to make gifts not to exceed the annual gift tax exclusion?

- Yes
- No

When do you want your power of attorney to take effect?

- Immediately
- Upon Disability

Please list any special instructions limiting or extending the power granted to your Agent:

Enter your answer here

Medical or Health Care Agents

(Second set of people to be listed)

Please designate medical agents who will be responsible for making personal and medical decisions for you if you are unable to make them for yourself. Your Agent will be responsible for making sure your Living Will, Durable and will be treated as the Guardian of your Person in a Designation of Guardian form.

Primary Health Care Agent

First Name Last Name

Phone Number

Area Code Phone Number

Address

Street Address

Apt/Unit/Suite #

City State/Province

Postal Zip Code

Alternate Health Care Agent

First Name Last Name

Phone Number

Area Code Phone Number

Address

Street Address

Apt/Unit/Suite #

City State/Province

Postal Zip Code

Please list any special instructions limiting the decision making authority of your agents:

Enter your answer here

Living Will

Your wishes in case of permanent or terminal medical incapacity will be expressed in your Living Will, also known as a Medical Directive.

When death is expected within 6 months, no matter what. If, in the judgment of my physician, I am suffering with a terminal condition from which death is expected to be within six months, or I am in the coma/PVS (the remaining irreversible brain function is insufficient to support consciousness), I direct that:

- I want my physicians to withhold or withdraw life-prolonging treatment, including artificial nutrition and hydration, and I want to be allowed to die naturally and as gently as possible. I understand that I will be kept comfortable and free from pain.
- I want life-prolonging treatment to be provided, including artificial nutrition and hydration, and I want to be kept alive as long as possible within the limits of generally accepted medical standards.

Please describe any limited interventions, example: a feeding tube, IV, in the judgement of my physician, I am suffering from a terminal condition from which death is expected to be within six months, or I am in the coma/PVS (the remaining irreversible brain function is insufficient to support consciousness) I want a feeding tube provided to provide me with sufficient nutrition and hydration.

- I want a feeding tube provided to provide me with sufficient nutrition and hydration.
- I want a feeding tube provided to provide me with sufficient nutrition and hydration, but I do not want artificial hydration.
- I want a feeding tube provided to provide me with sufficient nutrition and hydration, but I do not want artificial hydration, except when I am in the coma/PVS.

Do you want to be an organ donor?

- Yes
- No

Additional Impacts: After discussing with your physician, you may wish to consider listing particular treatments to be withheld or withdrawn, or to be provided, in addition to those listed above. Please describe any additional conditions, etc. Be sure to state whether you do or do not want the particular treatment.

Enter your answer here

Health Care Surrogate

The authority granted to your surrogate: Health Care Surrogate shall include, but not be limited to the following which shall be authorized:

- All consents
- Refusals to consent and to withdraw and withdrawals, Hospital and administration provisions, and to exercise a release of the decedent's organs and tissues
- To contract for admission of medical and dental treatment or care
- To contract for admission to a hospital or nursing home
- To contract, sign, execute, or release a contract, release, or release, release, or release, release, release,