

# ESTATE PLANNING WORKSHEET

---

---

Estate Planning and Administration  
Elder Law - Special Needs  
International Tax

## ESTATE PLANNING QUESTIONNAIRE FOR ONE PERSON

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.  
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

**Personal Information:**

**Name:** \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
*Can we call you at work? /Yes/ /No/*  
Email address: \_\_\_\_\_  
*Can we email documents? /Yes/ /No/*  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

**Spouse information:**  
Name: \_\_\_\_\_  
Date of the marriage: \_\_\_\_\_  
Pre-nuptial or post-nuptial agreement: */Yes/ /No/*  
***Please provide a copy of the agreement.***  
**Prior marriages:**  
Name of former spouse: \_\_\_\_\_  
***Please provide a copy of the divorce agreement and order***

Address: \_\_\_\_\_

Are you a veteran? */Yes/ /No/*

**Family Information**

**Children names and date of birth:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other family members:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## YOUR CONCERNS

Please rate the following as to how important they are to you:

*(H high concern, S some concerned, L low concern, N/A no concern or not applicable)*

| Description  | Level of Concern |
|--|------------------|
| Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.   |                  |
| Providing for and protecting children.   |                  |
| Providing for and protecting grandchildren.  |                  |
| Disinheriting a family member.   |                  |
| Providing for charities at the time of death.  |                  |
| Plan for the transfer and survival of a family business.   |                  |
| Avoiding or reducing your estate taxes.  |                  |
| Avoiding probate.  |                  |
| Reduce administration costs at time of your death.   |                  |
| Avoiding a conservatorship (“living probate”) in case of a disability.   |                  |
| Avoiding will contests or other disputes upon death.   |                  |
| Protecting assets from lawsuits or creditors.  |                  |
| Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers. |                  |
| Plan for a child with disabilities or special needs, such as medical or learning disabilities.   |                  |
| Protecting children’s inheritance from the possibility of failed marriages.  |                  |
| Provide that your death shall not be unnecessarily prolonged by artificial means or measures.  |                  |

Other Concerns (Please list below):

---



---



---



---



---



---

## IMPORTANT FAMILY QUESTIONS

| (Please check "Yes" or "No" for your answer)  | Yes | No |
|---|-----|----|
| Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i><br>_____   |     |    |
| Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>  |     |    |
| Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>                           |     |    |
| Have you ever filed federal or state gift tax returns?<br><i>Please furnish copies of these returns</i>   |     |    |
| Have you completed a previous will, trust, or estate plan? <i>Please furnish copies of these documents</i>  |     |    |
| Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> |     |    |
| Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>         |     |    |
| Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>   |     |    |
| Do any of your children have special educational, medical, or physical needs?   |     |    |
| Do any of your children receive governmental support or benefits?   |     |    |
| Do you provide primary or other major financial support to adult children or others?  |     |    |

### ADDITIONAL RELEVANT INFORMATION

---

---

---

---

---

---

---

---

---

---

**Executor – Personal Representative:**

Executor(s) #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate (s): \_\_\_\_\_ Relationship: \_\_\_\_\_

- Co-executors must act together?
- Co-executors may act separately?

*We will need their addresses, telephones and email addresses.*

**Power of Attorney (Financial Power):**

If they are not the same as the executors mentioned above, please state your selection:

---

---

- Immediate power: effective upon signing
- Springing power: effective only upon medical certification
- Combination power: effective upon signing for the spouse, but only upon medical certification for any alternates
  
- Shall your agent have full gifting powers?
- Do you want limitations on your agent’s gifting powers?
- Do you want a third party to authorize your agent’s gifting powers ?

**Trustees for your revocable trust or for other trusts:**

If they are not the same as the executors mentioned above, please state your selection:

---

---

---

**Medical Power – Advance Medical Directive:**

If they are not the same as the executors mentioned above, please state your selection:

---

---

---

Do you want:

- immediate power: effective upon signing?
- Springing power: effective only upon medical certification
- Combination power: effective upon signing for the spouse, but only upon medical certification for any alternates

Do you want:

- Do you want your Living Will to supersede the power of your agent?
- Do you want your agent to have the final say for implementing your Living Will?

Do you want to authorize your agent to consent to experimental medicine as treatment? Yes: \_\_\_ No: \_\_\_

Do you want organ donation instructions? Yes: \_\_\_ No: \_\_\_

Do you funeral instructions? Yes: \_\_\_ No: \_\_\_

**HIPAA Release:** Any additional individuals you would like to have access to your medical records?

---

---

---

---

**Children Trust Specific instructions:**

- One Trust until the youngest reaches the age of \_\_\_\_\_, then the trust is to be distributed:
  - Outright in separate shares to each child
  - Held in a separate trust for each child
    - To be distributed at the age of \_\_\_\_\_
    - To be distributed 1/3 at the age of \_\_\_\_\_, then the remaining 1/2 at the age of \_\_\_\_\_, then the balance at the age of \_\_\_\_\_
    - To be held in a trust for the life of the child
      - Total power of appointment to bequest the balance of the trust
      - Limited power of appointment to only the descendant of the child
      - Limited power of appointment to the descendant and spouse of the child
      - Limited power of appointment to the descendant and only life estate for the spouse of the child
  - Special Needs Trust for \_\_\_\_\_
  
- Separate trust from the beginning
  - To be distributed at the age of \_\_\_\_\_
  - To be distributed 1/3 at the age of \_\_\_\_\_, then the remaining 1/2 at the age of \_\_\_\_\_, then the balance at the age of \_\_\_\_\_
  - To be held in a trust for the life of the child
    - Total power of appointment to bequest the balance of the trust
    - Limited power of appointment to only the descendant of the child
    - Limited power of appointment to the descendant and spouse of the child
    - Limited power of appointment to the descendant and only life estate for the spouse of the child
  - Special Needs Trust for \_\_\_\_\_

Other instructions:

---

---

---

---

**Pets:** Any particular instructions?

---

---

---

**Specific Gifts:**

---

---

---

---

**Main Beneficiaries of Your Estate**

---

---

---

---

---

**Remote Beneficiaries of Your Estate**

*If all of the main beneficiaries mentioned above pre-decease you...often clients select the descendants of their parents*

---

---

---

| <b>Assets</b>   | <b>Sole Name</b> | <b>Joint</b> | <b>Name of joint owner</b> |
|---|------------------|--------------|----------------------------|
| Real Estate   |                  |              |                            |
|   |                  |              |                            |
| Checking Accounts   |                  |              |                            |
|   |                  |              |                            |
| Savings Accounts  |                  |              |                            |
|   |                  |              |                            |
| Investment Assets- Non Retirement<br>(Stocks, Bonds, CD's, Mutual Funds,<br>Brokerage Accounts) |                  |              |                            |
|   |                  |              |                            |
| Retirement Assets<br>(IRA, 401(k), 403(b), Deferred Annuities,<br>Thrift Savings)               |                  |              |                            |
|   |                  |              |                            |
| Investment Assets- Non Retirement<br>(Stocks, Bonds, CD's, Mutual Funds,<br>Brokerage Accounts) |                  |              |                            |
|   |                  |              |                            |
| Life Insurance  |                  |              |                            |
|   |                  |              |                            |
| Business Interest   |                  |              |                            |
| Other   |                  |              |                            |
|   |                  |              |                            |
| <b>Total</b>  |                  |              |                            |
|   |                  |              |                            |
| Liabilities:  |                  |              |                            |
|   |                  |              |                            |
|   |                  |              |                            |
|   |                  |              |                            |
| <b>Net Total</b>  |                  |              |                            |