

## Estate Planning Worksheet

Please indicate your **Preferred Estate Plan** choice (if YOU DO NOT KNOW JUST CHECK TRUST OR WILL PLAN and will help you determine if other plan is needed?):

**Trust Plan**

**Will Plan**

**Trust Blended Family Estate Plan** (For clients with blended families)

**A/B Trust Estate Plan** (For clients with Federal Estate Tax issues)

### Personal Information

#### You

Last Name: \_\_\_\_\_ First & Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number (last 4 digits) \_\_\_\_\_ US Citizen?  Yes  No

#### Spouse

Last Name: \_\_\_\_\_ First & Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number (last 4 digits) \_\_\_\_\_ US Citizen?  Yes  No

**Children** (If blended family, indicate who the child's parent is: You, Spouse, or Both)

**Name**

**Address**

_____	_____
_____	_____
_____	_____
_____	_____

**Assets:** It is not necessary for us to receive detailed information about your assets; however, it is important for us to know the gross value of your estate, or the gross value of your combined estates (including individually and jointly owned property) if you are a married couple. This amount includes the assets you own, Retirement Plans (IRAs, 401 Ks etc.), life insurance, and any other benefits that will be payable at death. Please indicate the approximate amount here: \$\_\_\_\_\_.

### **ESTATE PLAN INFORMATION**

**Guardian** If you have minor children, you will name the adult who will raise them if something happens to you. You can name either an individual or a married couple who will serve as joint Guardians. You should also name an alternate Guardian in case the individual or individuals you name are unable to serve.

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Conservator**

If you have minor children, you will name the adult or corporate entity (such as a bank) who will manage property your minor children receive until they become adults (age 18 in most states). You should also name an alternate Conservator in case the individual or corporate entity you name is unable to serve.

Conservator: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

For Husband: (if the same, please state "same")

Name of Successor Trustee: \_\_\_\_\_

Address of Successor Trustee: \_\_\_\_\_

Relationship of Successor Trustee: \_\_\_\_\_

For Wife:

Name of Successor Trustee: \_\_\_\_\_

Address of Successor Trustee: \_\_\_\_\_

Relationship of Successor Trustee: \_\_\_\_\_

**Durable Power of Attorney**

This document lets you choose the person or corporate entity who will manage any property you own if you become incapacitated. You should also name an alternate Agent in case the individual or corporate entity you name is unable to serve. For married individuals, each spouse is already named the first Agent for the other, and your choices below will be for the 1<sup>st</sup> Alternate Agent and 2<sup>nd</sup> Alternate Agent.

**Your Durable Power of Attorney**

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Spouse's Durable Power of Attorney**

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Power of Attorney for Health Care** This document lets you choose the person who will make health care decisions (including decisions about life support) for you if you are unable to make them for yourself. You should also name an alternate Agent in case the person you name is unable to serve. For married individuals, each spouse is already named the Agent for the other, and your choices below will be for the 1<sup>st</sup> Alternate Agent and 2<sup>nd</sup> Alternate Agent.

**Your Power of Attorney for Health Care**

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Spouse's Power of Attorney for Health Care**

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Personal Representative**

Your Personal Representative (Executor in some states) is the person or corporate entity who will be responsible for managing any probate of your estate. You should also name an alternate Personal Representative in case the person or corporate entity you name is unable to serve. For married individuals, each spouse is already named the Personal Representative for the other, and your choices below will be for the 1<sup>st</sup> Alternate Personal Representative and 2<sup>nd</sup> Alternate Personal Representative.

**Your Personal Representative**

PR: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Spouse's Personal Representative**

PR: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Will Distribution** It is only necessary to complete this Will Distribution information if you choose not to have an **Express Trust Estate Plan**. Please mark your selections, or indicate under "other" how you wish to have your estate distributed at the time of your death. If you are married, your Will provides for all of your property to go to your spouse if your spouse survives you, and you will indicate where your property is to be distributed if your spouse dies before you .

\_\_\_ Specific distributions to people/churches/charities: (include Name, City, State and the specific amount or percentage to be distributed)

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

\_\_\_ Balance of estate equally divided between then surviving children.

\_\_\_ Balance of estate equally divided between children, with any deceased child's share equally divided between his/her descendants by right of representation.

\_\_\_ Other: (If none of the prior distributions are appropriate, please indicate here how you would like to have your estate distributed; i.e., "equally to my then surviving nieces and nephews", "to the following named individuals", etc.)

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

**Trustee** The person or corporate entity who manages your Trust. You will be the initial Trustee. For married individuals, each spouse is already named the Successor Trustee for the other, and your choices below will be for the 1<sup>st</sup> Alternate Successor Trustee and 2<sup>nd</sup> Alternate Successor Trustee.

**Your Successor Trustee**

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Spouse's Successor Trustee** (only if spouses will have separate trusts; i.e., A/B Trusts)

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Trust Distribution**

It is only necessary to complete this Trust Distribution information if you choose not to have an **Express Will Estate Plan**. Please mark your selection, or indicate under "other" how you wish to have your estate distributed at the time of your death. If you are married, the Trust will provide for all property to continue to be managed in the Trust for your spouse, and you will indicate where your property is to be distributed if your spouse dies before you.

\_\_\_ Specific distributions to people/churches/charities: (include Name, City, State and the specific amount or percentage to be distributed)

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\_\_\_ Balance of trust equally divided between then surviving children.

\_\_\_ Balance of trust equally divided between children, with any deceased child's share equally divided between his/her descendants by right of representation.

\_\_\_ Balance of trust equally divided between children, with any deceased child's share equally divided between his/her children and maintained in trust until the grandchild reaches the Distribution Age. Trustee shall pay to or for the benefit of the grandchild those portions of interest and principal that Trustee determines necessary for the reasonable health care, education, support and maintenance of the grandchild. The share of any grandchild who does not survive, or does not survive until Distribution Age, shall be equally divided between his/her descendants by right of representation, and maintained in trust for each descendant under the same terms as for a grandchild until the descendant attains the Distribution Age, or if no descendants, then equally to his/her siblings and maintained in trust as provided herein, or if no siblings, then to my/our other children as provided herein. Distribution Age: \_\_\_\_\_

\_\_\_ Balance of trust equally divided between children, and maintained in trust until the child reaches the Distribution Age. The Trustee shall pay to or for the benefit of the child those portions of interest and principal that Trustee determines necessary for the reasonable health care, education, support and maintenance of the child. The share of any child who does not survive, or does not survive until Distribution Age, shall be equally divided between his/her descendants by right of representation, and maintained in trust for each descendant under the same terms as for a child until the descendant attains the Distribution Age, or if no descendants, then equally to other children and maintained in trust as provided herein. Distribution Age: \_\_\_\_\_

\_\_\_ Balance of trust maintained in the trust for the benefit of all children until the youngest child attains the Distribution Age. Trustee shall pay to or for the benefit of the children those portions of interest and principal that Trustee determines necessary for the reasonable health care, education, support and maintenance of the children. Trust shall continue until youngest child attains the Distribution Age, at which time the Trustee shall divide the residue of the Trust equally between then surviving children, provided the Trustee may adjust such shares as necessary to equitably take account of substantially disproportionate expenditure of Trust funds for a benefit of a child (education, travel, social expenses and the like). The share of any child who does not survive, or does not survive until Distribution Age, shall be equally divided between his/her descendants by right of representation, and maintained in trust for each descendant under the same terms as for a child until the descendant attains the Distribution



Age, or if no descendants, then equally to other children and maintained in trust as provided herein. Distribution Age: \_\_\_\_\_

\_\_\_ Other: (If none of the prior distributions are appropriate, please indicate here how you would like to have your estate distributed; i.e., "equally to my then surviving nieces and nephews", "to the following named individuals", etc.)

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