

# ESTATE PLANNING WORKSHEET

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**Case Estate & Elder Law, P.C.**  
**Estate and Trust Planning**

**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 AS OF \_\_\_\_\_**  
(DATE)

Client's Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(Other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

It is okay to communicate with me via my E-mail address.

Divorced  Widowed  Single

Name (Spouse)	Birth date	Date of Marriage
_____	_____	_____

Comments (list Date of Death if applicable)	Social Security	Phone
_____	_____	_____

**CHILDREN AND/OR OTHER FAMILY MEMBERS**

*Use full legal name:*

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Social Security No. & Comments: \_\_\_\_\_

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Social Security No. & Comments: \_\_\_\_\_

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

Social Security No. & Comments: \_\_\_\_\_



**Name, Address & Phone**

**Birth date**

**Relationship**

\_\_\_\_\_

Social Security No. & Comments: \_\_\_\_\_

**Name, Address & Phone**

**Birth date**

**Relationship**

\_\_\_\_\_

Social Security No. & Comments: \_\_\_\_\_

## ADVISORS

**Name & Contact Information**

**Telephone**

Personal Attorney \_\_\_\_\_

Accountant \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

Banker \_\_\_\_\_



## 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.	_____
Protect your estate in the event of your surviving spouse’s remarriage	_____

**Other Concerns (Please list below):**

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## IMPORTANT FAMILY QUESTIONS

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



**PROPERTY INFORMATION**  
**INSTRUCTIONS FOR COMPLETING**  
**THE *PROPERTY INFORMATION* CHECKLIST**

**General Headings** This *Property Information* checklist is designed to help you list all the property you own and what it is worth. You probably will not own property under all the headings, if not just leave those blank. Under certain headings, you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

**Type** Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

**“Owner” of Property** How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If own property in your name only	I
Joint Tenancy with someone	JTO
If you cannot determine how the property is owned	?

**REAL PROPERTY**

**TYPE:** Any interest in real estate including your family residence, vacation home, time-share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

**FURNITURE AND PERSONAL EFFECTS**

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
	<i>Total</i>	_____



## AUTOMOBILES, BOATS AND RVS

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

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## BANK & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<b>Total</b> _____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

## STOCKS AND BONDS

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*Indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total</b> _____	



## LIFE INSURANCE POLICES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

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*Total* \_\_\_\_\_

## RETIREMENT PLANS

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

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*Total* \_\_\_\_\_

## BUSINESS INTERESTS

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_





## MONEY OWED TO YOU

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description \_\_\_\_\_

\_\_\_\_\_

*Total estimated value* \_\_\_\_\_

## OTHER ASSETS

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____



# SUMMARY OF VALUES

<b>ASSETS</b>	Amount*		<b>Total Value</b>
	<b>Client</b>	<b>Other's</b>	
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
<b>Total Assets:</b>			

