

# ESTATE PLANNING WORKSHEET

---

---

## 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.







### 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. If you do not own property under a particular heading, just leave that section 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 married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	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.

Address	Deed/Copies	Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

### AUTOMOBILES

**TYPE:** Who do you wish to receive your automobile(s) outright upon your death? (Article 2.01 of Will):

**BANK & SAVINGS ACCOUNTS**

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

Name of Institution and account number	Type	Beneficiary Designation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	Beneficiary Designation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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.

Name of Institution and Account Number	Beneficiary Designation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**RETIREMENT PLANS**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

---



---



---



---



---

**BUSINESS INTERESTS**

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests.

---



---



---



---



---

**MONEY OWED TO YOU**

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

<b>Name of Debtor</b>	<b>Current Balance</b>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**OTHER ASSETS**

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

<b>Type</b>	<b>Owner</b>	<b>Value</b>
<hr/>	<hr/>	<hr/>

# DESIGN INFORMATION

Cremation, burial or other special instructions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONS TO ACT FOR YOU:**

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address	Relationship
_____	_____
_____	_____

**INITIAL TRUSTEE(S):** Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

Name and Address	Relationship
_____	_____
_____	_____

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

**FOR HUSBAND**

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

**FOR WIFE**

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

**HUSBAND'S AGENT**

Name	Relationship
_____	_____
_____	_____
_____	_____

**WIFE'S AGENT**

Name	Relationship
_____	_____
_____	_____
_____	_____

