

# ESTATE PLANNING WORKSHEET



Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate-planning documents. Preparation of this worksheet is not mandatory prior to the initial appointment with us. Using Microsoft Word you can type into the document or you can print it out and write in the answers.

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\_\_\_\_\_  
Date

**Client 1**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Citizenship

\_\_\_\_\_  
Occupation

**Client 2**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

\_\_\_\_\_  
Citizenship

\_\_\_\_\_  
Occupation

Did anyone refer you to us: \_\_\_\_\_

Marital Status:  Married  Separated  Civil Union  Single

What is your primary motivation for considering estate planning?

Probate avoidance

Guardianship for minor children

Business planning

Federal estate tax planning

Other: \_\_\_\_\_

How soon would you like to complete planning? Is there a specific deadline?

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	<b>Client # 1</b>	<b>Client # 2</b>
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a long-term care insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a beneficiary of any trust or estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed any gift tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any interest in charitable gifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have pets that you wish to include?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Net Worth:** If you added the value of all property you own including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of your estate? \_\_\_\_\_

What is the value of death benefits on life insurance insuring you? \_\_\_\_\_

What is the total amount of your outstanding liabilities? \_\_\_\_\_

Estimated inheritance, if any. \_\_\_\_\_

Are you or any member of your immediate family a beneficiary of any trust?  
\_\_\_\_\_ What is the value? \_\_\_\_\_

Do you own any property for your children, such as under a Uniform Transfer to Minors Act?  
\_\_\_\_\_  
\_\_\_\_\_

Have you and your spouse entered into any agreement prior to or during your marriage regarding the rights of each of you in the property of the other?

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**Children or Other Beneficiaries names, birthdays, and addresses**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Do you have any predeceased children?  Yes  No  Yes  No

Does any of your children have a drug/alcohol problem?  Yes  No  Yes  No

Does any children have special needs?  Yes  No  Yes  No

Are you concerned with a child ability to handle money?  Yes  No  Yes  No

Are you concerned with your children's ability to get along with each other?  
 Yes  No  Yes  No

Are any of your children divorced or going through a divorce?  
 Yes  No  Yes  No

Have you made any loans to a child?  Yes  No  Yes  No

## Appointments

**Executor.** The will should name a personal representative to probate the estate. (e.g., spouse as primary, with a child, relative, friend, or corporate as alternate)  
(Name, address, phone number, relationship)

**Client # 1**

Executor: \_\_\_\_\_

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

Second Alternate: \_\_\_\_\_

**Client # 2**

Executor: \_\_\_\_\_

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

Second Alternate: \_\_\_\_\_

**Successor Trustee.** If you choose to execute a living trust during your lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable to do so, or in the case of a joint trust, if neither you nor your spouse were able to manage assets due to incompetence. The successor trustee would manage assets in the event of your incapacity and would distribute assets to beneficiaries after death.

(Name, address, phone number, relationship)

**Client # 1**

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

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

Second Alternate: \_\_\_\_\_

**Client # 2**

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

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

Second Alternate: \_\_\_\_\_

**Property Agent.** Who should be named to make financial decisions on your behalf including decisions regarding tax returns, bank accounts, real estate, stock transactions, and payment of bills if you were unable to make these decisions yourself?

(Name, relationship, address, phone number)

**Client # 1**

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

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

Second Alternate: \_\_\_\_\_

**Client # 2**

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

Alternate: \_\_\_\_\_  
Second Alternate: \_\_\_\_\_

**Health Care Agent.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself?  
(Name, relationship, address, phone number)

**Client # 1**

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

**Client # 2**

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

**Guardians.** If you have children who are minors or who have special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child.

(Name, relationship, address)

**Client #1**

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

**Client #2**

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

**Age of Distribution.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination or ages that you choose.

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

**Disposition of Remains.** List the individuals in your preferred order for who should be in charge of handling your remains. You can also set forth any special directions to the named individuals. Example: cremation, burial, etc.

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### Plan of Distribution

**Specific Gifts.** Do you want to make charitable gifts, such as a house of worship or other institution? Do you wish to make a special gift to a particular person or child?

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Briefly describe where you would want assets remaining after any specific gifts are distributed.

All to spouse; then among children, and if a child didn't survive, the deceased child's share to the deceased child's children.

All to spouse, then equally among surviving children.

All to spouse, then

As follows:

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**Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, nor your children/other beneficiaries named above survive.

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**Additional Notes.** Please include any other distributions or special circumstances, such as disinheriting a specific person or providing for a pet:

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### Business Interest

List and briefly describe closely held "Business Interests." Please indicate which, if any, of the corporations have secured S corporation status.

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### General Questions

**Notes and Questions:** Please note anything else which may be of importance in planning your estate, or note any questions you may have.

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<u>Assets</u>	<u>In Your Name</u>	<u>In Spouse's Name</u>	<u>Joint Names</u>	<u>Total</u>
Family Homes				
Cash Accounts				
Money Market/Checking				
Stocks/Bonds				
LP/Oil/gas				
Gem/Commodity				
Business Interest				
Life Insurance				
401K/Profit Share				
Death Benefit				
IRA's				
Valuable Collections				
Autos				
Other				
<b>Total Assets</b>				

<u>Liabilities</u>	<u>Owed by You</u>	<u>Owed by Spouse</u>	<u>Owed Jointly</u>	<u>Total</u>
Loans				
Mortgages				
Other Debts				
<b>Total Liabilities</b>				



<u>Annual Income Data</u>	<u>You</u>	<u>Spouse</u>	<u>Jointly</u>	<u>Total</u>
Salary				
Interest				
Dividends				
Business				
Total				