
Confidential Estate Planning Worksheet

Your Full Name (and any other name by which you are commonly known):

Address: _____

Phone Number(s): _____

Email Address(es): _____

DOB: _____

US Citizen?: Y / N

Marital Status: _____ Married (Spouse's Name: _____)
_____ Never Married
_____ Divorced (Date of Divorce: _____)
_____ Widowed (Spouse's Date of Death: _____)
(Spouse's Name: _____)

Your Children's Names, Addresses and Dates of Birth
(if any children are not natural or adopted children, please indicate accordingly):

1. _____

2. _____

3. _____

4. _____

Preliminary Questions

Please let us know how you were referred to us:

What are your primary goals in making this estate plan? (Examples of common goals include to appoint a guardian for minor children, to protect family business, to provide for family, to minimize taxes, to protect assets):

Are your assets (including life insurance death benefits) worth more than \$5 million? Y / N

Is any beneficiary you would like to include disabled? Y / N

Is any beneficiary you would like to include receiving SSI or Medicaid? Y / N

Do you have children from a previous marriage or relationship? Y / N

Do you have legal obligations to a former spouse? Y / N

Do you own a business? Y / N

If yes, describe your business: _____

Do you have a safe deposit box? Y / N

If yes, where? _____

Do you own real estate outside of New York State? Y / N

If yes, where? _____

Do you have a trust? Y / N

If yes, is it revocable or irrevocable? _____

Are there any other special circumstances you wish to describe or questions to ask? Y / N

Will

Do you currently have a Will? If yes, please bring a copy with you to our appointment. Y / N

Beneficiaries:

To whom do you wish to give your assets at death? Please list their names (and addresses if not already provided on this worksheet), as well as their relationship to you, below:

If your primary beneficiaries do not survive you, whom do you wish to name as your contingent beneficiaries? Please list their names (and addresses if not already provided on this worksheet), as well as their relationship to you, below:

Personal Representative/Executor:

Who is the person who you think would best manage your assets, pay your obligations and see that your wishes are carried out under your will? Please provide the name (and address if not already provided on this worksheet) of this person(s), as well as his/her relationship to you, below:

If that person is deceased or for any other reason unable to act as personal representative, who should be the alternate? Please provide the name (and address if not already provided on this worksheet) for this person(s), as well as his/her relationship to you, below:

Will (Continued)

Guardian of Minor Children (if applicable):

If you have minor children, whom would you want to raise them in the event you were unable to do so? Please provide the name (and address if not already provided on this worksheet) of this person(s), as well as his/her relationship to you, below:

If that person was not able to perform this function, who should be the alternate? Please provide the name (and address if not already provided on this worksheet) of this person(s), as well as his/her relationship to you, below:

Trustee (if applicable):

If you would like to create a trust in your will to manage an inheritance for minor children (or other beneficiaries), whom would you want to manage this inheritance? This may, but does not have to be, the same person as the guardian. Please provide the name (and address if not already provided on this worksheet) of the person(s), as well as his/her relationship to you, below:

If that person was not able to perform this function, who should be the alternate? Please provide the name (and address if not already provided on this worksheet) of this person(s), as well as his/her relationship to you, below:

At what age should your children receive their inheritance outright instead of in trust?

Power of Attorney & Advance Health Care Directives

Do you currently have a Power of Attorney?	Y / N
Do you currently have a Health Care Proxy?	Y / N
Do you currently have a Living Will?	Y / N

If yes to any of the above, please bring a copy of the document with you to our appointment.

Power of Attorney

To whom would you entrust banking, business, property, and financial transactions on your behalf if you needed assistance with such transactions? If you designate more than one person, you must indicate whether they will be required to act together or allowed to act separately. Please provide the name (and address if not already provided on this worksheet) of this person(s), as well as his/her relationship to you, below:

If that person was not able to perform this function, who should be the alternate? Please provide the name (and address if not already provided on this worksheet) for this person(s), as well as his/her relationship to you, below:

Health Care Proxy

If you were unable to communicate your health care wishes to your doctors, who would you like communicate your health care wishes on your behalf? Please provide the name (and address if not already provided on this worksheet) of this person, as well as his/her relationship to you, below:

If that person was not able to perform this function, who should be the alternate? Please provide the name (and address if not already provided on this worksheet) for this person(s), as well as his/her relationship to you, below:

Financial Information

Please complete the following using (approximate) current values.

Real Estate

Address	Owner	Value	Mortgage
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Bank Accounts

Description of Account	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Investment Assets (Stocks, Bonds, Mutual Funds owned Outside of Retirement Plans)

Description of Asset	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Financial Information (Continued)

IRA's/ Retirement Plans

Description of Account	Owner	Beneficiary	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Life Insurance Policies

Description of Policy *	Owner	Beneficiary	Death Benefit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

* include type of policy in description: WL - whole life; G - group term; T -term

Long Term Care Insurance

Do you have long term care insurance? Y / N

Other Assets (You do not have to list motor vehicles, furnishings, or other personal effects).

Description of Asset	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____