

Name(s): \_\_\_\_\_

Date completed: \_\_\_\_\_

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## **Estate Planning Worksheet**

**Single Individual**

**Jane L. Williams, LLC.**

**Estate Planning and Elder Law**

**USING THIS ORGANIZER WILL ASSIST US IN THE DESIGNING OF AN  
ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION  
PROVIDED IS STRICTLY CONFIDENTIAL.**

**PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE  
PRIOR TO YOUR APPOINTMENT VIA MAIL, FAX, EMAIL, OR  
DROPPING IT OFF.**

**PART I**  
**Personal Information**

Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

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

Preferred Name \_\_\_\_\_ Birthdate \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_

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

County of Residence \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

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

Employer Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Is it okay to communicate with you via email? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about our Law Firm? \_\_\_\_\_

**Children and Other Family Members**

Include all of your children and all other individuals who you will be naming as beneficiaries, guardian, or fiduciaries (i.e. executors, trustees, or agents under a medical or financial power of attorney) – in other words, everyone that you mention anywhere else in this intake form.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Advisors**

Provide Name and Telephone Number(s)

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

Accountant \_\_\_\_\_

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

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

## **Your Concerns**

Please rate the following as to how important they are to you:

**H** – High Concern

**S** – Some Concern

**L** – Low Concern

**N/A** – No concern or not applicable

**Description**

**Level of Concern**

1. Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
2. Providing for and protecting children.	
3. Providing for and protecting grandchildren.	
4. Disinheriting a family member.	
5. Providing for charities at the time of death.	
6. Planning for the transfer and survival of a family business.	
7. Avoiding or reducing your estate taxes.	
8. Avoiding Probate.	
9. Avoiding Will contests or other disputes upon death.	
10. Reducing administration costs at the time of your death.	
11. Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons, or curiosity seekers.	
12. Planning for a child with disabilities or special needs.	
13. Protecting children's inheritance from their own lawsuits or creditors.	
14. Protecting children's inheritance from possibility of their own failed marriages.	
15. Providing that your death shall not be unnecessarily prolonged by artificial means.	

## **Other Concerns**

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## Important Family Questions

Please check “Yes” or “No” for your answers.

	Yes	No
1. Are you receiving Social Security, Disability, or other governmental benefits? <i>If yes, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you making payments pursuant to a divorce or property settlement order? <i>If yes, please furnish a copy of the separation agreement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been widowed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you completed previous estate planning (Will, Trust, Powers of Attorney)? <i>If yes, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If yes, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently receiving benefits from anyone else’s trust? <i>If yes, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do any of your children or dependents have special education, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do any of your children or dependents receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you provide primary or other major financial support to adult children or others? <i>If yes, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you a U.S. veteran?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you a member of a labor union or do you work for a labor union?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have Long Term Care Insurance?	<input type="checkbox"/>	<input type="checkbox"/>

### Additional Information

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**PART II**  
**Property Information**

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps 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 the checklist. If so, attach 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 the purposes of properly designing and implementing your estate plans. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

<b>Owner of Property</b>	<b>Use</b>
If property is in your name only	<b>I</b>
Joint Tenancy with someone other than a spouse (i.e. a child, parent, etc.)	<b>JTO</b>
If you cannot determine how the property is owned	<b>?</b>

## Real Property

Any interest in real estate including your family residence, vacation home, timeshare, vacant land, farm/agriculture real estate.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Equity (market value minus loan balance)			_____

## Furniture and Personal Effects

List separately only major personal effects such as jewelry, collections, antiques, furs, firearms, and other valuable non-business personal property (*please give a lump sum value for your miscellaneous, less valuable items*).

Type or Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
Miscellaneous furniture and household effects (in total)	_____	_____
Total		_____

## Automobiles, Boats, and RVs

For each motor vehicle, boat, RV, etc. please list the following: description, how it's titled, market value, and loan balance.

General Description	Owner	Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

## Bank Accounts

**TYPE:** Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD", Money Market "MM". **DO NOT INCLUDE IRAs, 401(k)s, OR BROKERAGE ACCOUNTS HERE.** **Note:** If an account is in your name for the benefit of a minor, please specify and give minor's name.

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

## Stocks and Bonds

List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.  
**DO NOT INCLUDE IRAs, SEPs, PENSIONS, OR OTHER RETIREMENT ACCOUNTS HERE.**

Stocks, Bonds, or Investment Accounts	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

## Life Insurance Policies and Annuities

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

Company	Type	Insured	Owner	Beneficiaries	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
					Total _____

## Retirement Plans

**TYPE:** Pension "P", Profit Sharing "PS", H.R. 10, IRA, SEP, 401(k). **ADDITIONAL INFORMATION:** Describe the plan name, current value, owner, beneficiaries, and other pertinent information.

Administrator	Owner	Type	Beneficiaries	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total _____



## Business Interests

**TYPE:** General and Limited Partnerships, Sole Proprietorship, Corporation, LLC, and LLP. **ADDITIONAL INFORMATION:** Give a description of the interest, who has the interest, your ownership in the interest, and estimated value of the interest.

Name of Business	Type	Amount of Ownership	Estimate Value of Your Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

## Money Owed to You

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

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total _____

## Anticipated Inheritance, Gift, or Lawsuit Judgment

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

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

Estimated value \_\_\_\_\_

## Other Assets

**TYPE:** Other property; any property that you have that does not fit into any listed category (i.e. burial plot, oil and mineral rights, etc.).

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

**Summary of Values**

Assets	Amount		Total Value
	Client	Others	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats, RVs	_____	_____	_____
Bank Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money Owed to You	_____	_____	_____
Anticipated Inheritance	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

*\*Values for property owned with another, put YOUR percentage in Client's column and OTHER'S percentage in Others column.*



**NOTICE**



**Thank you for completing the first two parts of the  
Estate Planning Worksheet.**

**Please feel free to answer any additional questions you  
are comfortable answering.**

**PART III**

**Trust Design Information**

**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	Relationship
_____	_____
_____	_____
_____	_____

**INITIAL TRUSTEE(S) (during your lifetime):** Usually the client will be the Trustee of their own trust. This allows you to continue control of your assets as before.

Name	Relationship
_____	_____
_____	_____

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you concerning your property and assets? You will need a primary and contingent individual or entity.

Name	Relationship
_____	_____
_____	_____
_____	_____

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions for distributions to and management of property for your beneficiaries? You will need a primary and contingent individual or entity.

Name	Relationship
_____	_____
_____	_____
_____	_____

**DEFINITION OF INCAPACITY:** Your trust or durable power of attorney documents may contain a “springing clause”, which means that your Successor Trustee’s or Financial Agent’s authority to manage your assets only becomes effective if you are incapacitated (or disabled). Your incapacity can be determined in any of the following ways (please choose **one** option).

\_\_\_\_\_ One Physicians’ certification

\_\_\_\_\_ Two Physicians’ certification

\_\_\_\_\_ Certification of my **Disability Panel** (individuals who know and care about you who would know if you were unable to handle your own affairs). If you choose this option, please complete the information below:

Your Disability Panel Members are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**In making distributions during any period of time you are *incapacitated*, to whom do you want your Successor Trustee to give primary consideration?**

\_\_\_\_\_ Your needs, then the needs of others dependent on you (typical for single individuals or couples with adult children).

\_\_\_\_\_ Your needs and the needs of others dependent on you equally (typical for couples with minor children).

### **Financial Power of Attorney**

If you were unable to make *financial* decisions for yourself, who would you want to make those decisions for you? This position is typically filled by the same individual(s) or entity you have chosen as your “Disability Trustee” on page 9. You will need a primary and a contingent individual or entity.

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

**Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, **Gifting Power Details:** (i.e. allow Financial Agent to give only to continue your usual pattern of previous gifting)

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

## Healthcare Power of Attorney

If you were unable to make *medical* decisions for yourself, who would you want to make those decisions for you with regard to your medical treatment? You will need a primary and a contingent individual.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than a nursing home?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want to provide that upon certification by 2 physicians of your need for psychological or substance abuse treatment, your Medical Agent may arrange for voluntary admission to a treatment facility or program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## Living Will

Under certain circumstances where there is **no** reasonable hope of recovery or regaining higher mental functioning, do you want to instruct your Medical Agent not to prolong the moment of your death by artificial means or measure?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want to provide that your organs and tissues should be made available for *transplant purposes*?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want to provide that your organs and tissues should be made available for *research purposes*?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## HIPAA

Who would you like to have access to your protected health information? Usually it is the same people you name as your Medical Agents, but can be others as well.

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## PART IV

### Following Your Passing (by Will or Trust)

#### DISTRIBUTION OF PERSONAL PROPERTY AND SPECIFIC GIFTS

**Use of Personal Property Memorandum:** You will have a list on which you can name individuals to receive certain items of your personal property.

Any property that is not on the Memorandum should be distributed to (choose **one**):

1. \_\_\_\_\_ Children equally
2. \_\_\_\_\_ To the balance of the Trust
3. \_\_\_\_\_ Other named individuals (please list below)

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**SPECIFIC GIFTS:** Do you want to give specific gifts of real estate or cash to either individuals or charities before your remaining property is otherwise split or distributed?

Individual or Charity

Amount or Property

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

### Final Division of the Balance of My Property Upon My Death

\_\_\_\_ Divide equally between my children and the descendants of any deceased children.

\_\_\_\_ Divide among the below named individuals and/or charities.

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**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

\_\_\_\_\_ **Distribute outright to my beneficiaries:** Provides no protection from creditors, predators, themselves, or divorcing spouses.

\_\_\_\_\_ **Structured Trust:** You determine how long the property is to remain in trust. During the period of time the property is held in trust, it is available to the beneficiary for needs (health, education, maintenance, and support). You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary's needs. You may provide for a staggered withdrawal of principal, for example: 1/3 at the age of 30, 1/3 at the age of 35, and balance at age 40. You decide who will manage the property and carry out your distribution instructions. You decide how the trust is designed. List your desires below:

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**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property in the *remote* event that none of your listed beneficiaries are alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the *remote* event no one is alive to receive my property, I want my property to distribute as follows:

\_\_\_\_\_ 100% to Heirs-At-Law (extended family)

\_\_\_\_\_ To the following named individuals and/or charities

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**OTHER ITEMS TO DISCUSS:** Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want to include or discuss (i.e. care of pets, disposition or remains, type of memorial service, specific religious beliefs, etc.) below.

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