

# ESTATE PLANNING WORKSHEET

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Turner Law, LLC  
Estate Planning and Administration



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, FAX or EMAIL.

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# PERSONAL INFORMATION

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 \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

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

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

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

\_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single

## CHILDREN AND/OR OTHER FAMILY MEMBERS

*Use full legal name:*

Name	Birth date	Relationship
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____

## ADVISORS

Name	Telephone
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 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.

\_\_\_\_\_

Other Concerns (Please list below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### IMPORTANT FAMILY QUESTIONS

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

### ADDITIONAL RELEVANT INFORMATION

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## 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 won't 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 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.

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
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<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:

_____
_____
_____

## 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

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.



### 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**

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*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

ASSETS	Amount*		Total Value
	Client	Other's	
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>			

\* *Values for property owned with other put your percentage in client's column and other's percentage in other's column.*

# DESIGN INFORMATION

**PERSONS TO ACT FOR YOU:**

**EXECUTOR:** Person(s) that will manage your estate as provided under your Last Will and Testament.

Name and Address

Relationship

_____	_____
_____	_____
_____	_____

**SUCCESSOR EXECUTOR(S):** Person(s) that will manage your estate as provided under your Last Will and Testament if the initial Executor is unwilling or unable to serve.

Name and Address

Relationship

_____	_____
_____	_____

**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 you will be the Trustee of your own trust. Allows you to control all of your assets as before.

Name and Address

Relationship

_____	_____
_____	_____

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

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?

Name and Address

Relationship

_____	_____
_____	_____

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**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? Page 10

Name	Relationship	Instructions or
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?  
 Yes  No

Gifting Power Details: \_\_\_\_\_  
\_\_\_\_\_

**LIVING WILL:** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? \_\_\_ Do you want to provide that your organs and tissues should be made available for transplant purpose? \_\_\_

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?  Yes  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?  Yes  No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- Your needs and then the needs of others dependent upon you.
- Your needs and the needs of others dependent upon you equally.

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS**

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?  Yes  No

Any property not listed on the memorandum should be distributed to:

- Children equally.  To the balance of the trust.
- Other named individuals. List on next line.

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



