

Date:
Consult Time:
Attorney:

CONFIDENTIAL ESTATE PLANNING WORKSHEET

Your Full Name:

(Client 1) (and any other name by which you are commonly known)

This information is current as of _____, 20____ . US Citizen: Y / N

Mailing Address: _____
Street City State Zip

Legal Residence: _____
(The address on your tax returns) Street City State Zip

County of Residence: _____ Email: _____

Client 1: Phone No. _____ DOB _____ Social Sec. No. xxx-xx-_____

Your Childrens' Names, Addresses and Dates of Birth:

1. _____

2. _____

3. _____

Your Spouse's/ Significant Other's Name:

(Client 2)

Client 2: Phone No. _____ DOB _____ Social Sec. No. _____

US Citizen: Y / N Married: Y / N Prenuptial Agreement: Y / N

If deceased, what was the date of death? _____ Was there a Will? Y / N

Do you have any stepchildren? If so, please list their names, addresses and dates of birth.

1. _____
2. _____
3. _____

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).

- Estate Tax Liability:
Are your assets, including life insurance death benefits,
worth \$2,000,000 or more? Y / N

- Disabled/ Incapacitated Beneficiary:
Is any beneficiary you would like to include disabled? Y / N

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

- Have you ever been divorced? Y / N

- Blended Family:
Do you have children from a previous marriage? Y / N
Do you have legal obligations to a former spouse? Y / N

- Do you own a business? Y / N
Describe your business: _____

- Do you have a safe deposit box? If so, where? _____

- Ownership of Real Estate Outside of New Hampshire:
Do you own real estate outside of New Hampshire? Y / N

Where? _____

- **Trust:**
Do you have a trust? Y / N Is it revocable? Y / N
- **Special Circumstances and Questions:**
Are there any other special circumstances you wish to describe or questions you wish to ask? Y / N

Estate Plan

(If a couple is answering questions, please include answers for each person)

Do you currently have a will? Client 1 Y / N Client 2 Y / N
(If yes, please bring a copy with you to our appointment)

- **Beneficiaries**

To whom do you wish to give your assets at death? Please list their names and addresses below:

(Client 1 Answers):

(Client 2 Answers):

- If your primary beneficiaries do not survive you, whom do you wish to name as your contingent beneficiaries?

(Client 1 Answers):

(Client 2 Answers):

- **Personal Representative:**

Please provide the name and address of the person who you think would best manage your assets, pay your obligations and see that your wishes were carried out under your will? *Many couples designate their spouse/ partner as primary personal representative, but you are not legally required to do so.*

(Client 1) Name Address Relationship to you

(Client 2) Name Address Relationship to you

If that person is deceased or for any other reason unable to act as personal representative, who should be the alternate? *You may name more than one person and specify that they act together.*

(Client 1) Name Address Relationship to you

(Client 2) Name Address Relationship to you

(Client 2) Name Address Relationship to you

- **Guardian of Minor Children:**

If you have minor children, whom would you want to raise them in the event neither parent could do so?

Name Address Relationship to you

If that person was not able to perform this function, who should be the alternate?

Name Address Relationship to you

• **Trustee:**

If you are establishing a trust for minor children or other beneficiaries, please provide the name and address of the person(s) or trust department whom you would want to manage their inheritance? *This may, but does not have to be, the same person as the guardian.*

Name Address Relationship to you

If that person was not able to perform this function, who should be the alternate?

Name Address Relationship to you

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

Medical Advance Directives and Powers of Attorney

• Do you currently have a:

(Client 1): *Please bring a copy of these items with you to our appointment.*

_____ Health Care Proxy _____ Living Will _____ Durable Power of Attorney

(Client 2): *Please bring a copy of these items with you to our appointment.*

_____ Health Care Proxy _____ Living Will _____ Durable Power of Attorney

• **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?

(Client 1) Name Address & Phone No. Relationship to you

(Client 2) Name Address & Phone No. Relationship to you

If that person was not able to perform this function, who should be the alternate?

(Client 1) Name Address & Phone No. Relationship to you

(Client 2) Name Address & Phone No. Relationship to you

- **Power of Attorney:**

To whom would you entrust banking, business, property, and financial transactions on your behalf if you become unable to perform them yourself? *You may designate more than one person, but, if you do so, you must also decide whether they will be required to act together or allowed to act on your behalf separately.*

(Client 1) Name Address & Phone No. Relationship to you

(Client 2) Name Address & Phone No. Relationship to you

If that person was not able to perform this function, who should be the alternate?

(Client 1) Name Address Relationship to you

(Client 2) Name Address Relationship to you

Financial Information Please complete the following using approximate, current values and indicate ownership (Client #1, Client #2, or Joint)

Bank Accounts

Name of Bank/ Credit Union/ Acct. No.	Indicate Ownership	Account Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Investment Assets (stocks, bonds, mutual funds)

Brokerage Firm or name of securities if held in certificate form	Indicate Ownership	Apprx. Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IRA's/ Retirement Plans

Name of Custodian	Type (401k, IRA SEP, ROTH, etc)	Designated Primary Beneficiary	Alternative Beneficiary	Apprx. Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Real Estate

Address	Type (home, vacation, investment)	Value of Equity
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Life Insurance Policies

Name of Insurance Company/ Type of Policy*	Primary Beneficiary	Cash Value (if any)	Value of Death Benefit
_____/_____	_____	\$ _____	\$ _____
_____/_____	_____	\$ _____	\$ _____
_____/_____	_____	\$ _____	\$ _____
_____/_____	_____	\$ _____	\$ _____

*WL – whole life; G – group term; T –term

Other Assets

You do not have to list motor vehicles, furnishings, or other personal effects.

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____