

Date:
Consult Time:
Attorney:
Hired: Y/N _____

CONFIDENTIAL ESTATE PLANNING WORKSHEET

This information is current as of _____, 20____

I. BIOGRAPHICAL DATA

Your Full Name (please include middle initial):

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

Mailing Address: _____
Street City State Zip

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

County of Residence: _____ US Citizen: Y / N

DOB _____ Social Sec. # ____ - ____ - ____

Email: _____ Phone Number _____

Married: Y / N Prenuptial Agreement: Y / N

Spouse deceased? If so, what was the date of death? _____

Was there a Will? Y / N

Your Spouse's/ Significant Other's Name (please include middle initial):

(Client 2) (and any other name by which you are commonly known)

Mailing Address: _____
Street City State Zip

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

County of Residence: _____ US Citizen: Y / N

DOB _____ Social Sec. # ____ - ____ - ____

Email: _____ Phone Number _____

Children of Client 1 and 2:

Names, Addresses, Dates of Birth and Phone Numbers (use reverse for additional children):

1. _____
Name Address

Date of Birth Phone Number

2. _____
Name Address

Date of Birth Phone Number

3. _____
Name Address

Date of Birth Phone Number

Do you or your spouse have any stepchildren? If so, please list their names, addresses, dates of birth, phone numbers and which Client is the stepparent.

1. _____
Name Address

Date of Birth Phone Number Stepparent?

2. _____
Name Address

Date of Birth Phone Number Stepparent?

3. _____
Name Address

Date of Birth Phone Number Stepparent?

II. 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 provide for family, to bypass probate, etc.*)

J Estate Tax Liability:
 Are your assets, including life insurance death benefits,
 worth \$5,000,000 or more? Y / N

- Disabled/ Incapacitated Beneficiary:
 Is any beneficiary you would like to include disabled? Y / N
- Beneficiary Receiving SSDI or Medicaid:
 Is any beneficiary you would like to include receiving SSDI or Medicaid? Y / N
- Have you ever been divorced? Y / N

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

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

J Do you have a safe deposit box? Y / N
 If so, where? _____

J Are you or your spouse a veteran? Y / N
 If so, do you receive an exemption on your real estate taxes? Y / N

J Do you own real estate outside of New Hampshire? Y / N
 If so, where? _____

J Special Circumstances and Questions:
 Are there any other special circumstances you wish to describe or questions you wish to
 ask? Y / N

III. ESTATE PLANNING QUESTIONS

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

Existing Estate Planning Documents

Do you currently have the following documents?

(If so, please bring a copy of these items with you to our appointment.)

	<u>Client 1</u>	<u>Client 2</u>
Durable Power of Attorney for Healthcare	Y / N	Y / N
Living Will	Y / N	Y / N
Durable Power of Attorney for Finances	Y / N	Y / N
Will	Y / N	Y / N
Trust	Y / N	Y / N

New Estate Planning Documents

Durable Power of Attorney for Healthcare

If you were unable to communicate your health care wishes to your doctors, who would you like to communicate your health care wishes on your behalf?

(This person would be known as your "Agent")

Client 1- Primary Health Care Agent:

Name	Address
Phone Number	Relationship to You

Client 1- Alternate Health Care Agent: *(only if your primary Agent is unable to act for you)*

Name	Address
Phone Number	Relationship to You

Client 2- Primary Health Care Agent:

Name	Address
Phone Number	Relationship to You

Client 2- Alternate Health Care Agent: *(only if your primary Agent is unable to act for you)*

Name	Address
Phone Number	Relationship to You

Durable Power of Attorney for Financial Matters

****{For internal use: Springing Y/N}****

To whom would you entrust banking, business, property, and financial transactions on your behalf if you become unable to perform them yourself?

(This person would also be known as your "Agent")

(You may name more than one Agent, but it is not recommended due to possible disagreement among Co-Agents.)

Client 1- Primary Financial Agent:

Name	Address
Phone Number	Relationship to You

Client 1- Alternate Financial Agent: *(only if your primary Agent is unable to act for you)*

Name	Address
Phone Number	Relationship to You

Client 2- Primary Financial Agent:

Name	Address
Phone Number	Relationship to You

Client 2- Alternate Financial Agent: *(only if your primary Agent is unable to act for you)*

Name	Address
Phone Number	Relationship to You

Last Will & Testament

****{For internal use: Pour Over Y/N}****

Beneficiaries

To whom do you wish to give your assets at death under your Will?

Please list their names and relationship to you.

Please also list their addresses and phone numbers (if not listed above).

NOTE: If you are executing a Trust as part of your estate plan, your only heir would be your Trust.

Client 1- Primary Beneficiaries:

Name	Address
Phone Number	Relationship to You

Client 1- Contingent Beneficiaries: *(only if your primary beneficiaries are unable to take their share)*

Name	Address
Phone Number	Relationship to You

Client 2- Primary Beneficiaries:

Name	Address
Phone Number	Relationship to You

Client 2- Contingent Beneficiaries: *(only if your primary beneficiaries is unable to take their share)*

Name	Address
Phone Number	Relationship to You

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 according to your Will.

(This person would be known as your "Executor")

Please list their names and relationship to you.

Please also list their addresses and phone numbers (if not listed above)

NOTE: Many couples designate their spouse/ partner as primary personal representative, but you are not legally required to do so.

Client 1- Primary Executor:

Name	Address
Phone Number	Relationship to You

Client 1- Successor Executor: *(only if your primary Executor is unable to act in this capacity)*

Name	Address
Phone Number	Relationship to You

Client 2- Primary Executor:

Name	Address
Phone Number	Relationship to You

Client 2- Successor Executor: *(only if your primary Executor is unable to act in this capacity)*

Name	Address
Phone Number	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?
(Note: This is simply a nomination; only a Court can appoint a Guardian)

Primary Guardian:

Name	Address
Phone Number	Relationship to You

Successor Guardian: *(only if your primary Guardian is unable to act in this capacity)*

Name	Address
Phone Number	Relationship to You

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Revocable Trust

Trustee

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 according to your Trust?

Please list their names and relationship to you.

Please also list their addresses and phone numbers (if not listed above)

(NOTE: Many people name the same person as they named to be their Executor, but you are not legally required to do so.)

Primary Trustee:

Name	Address
Phone Number	Relationship to You

Successor Trustee: *(only if your primary Trustee is unable to act in this capacity)*

Name	Address
Phone Number	Relationship to You

At what age should your children, if any, to receive their inheritance outright instead of in Trust (i.e., 18, 21, 25, etc.)?

Beneficiaries

To whom do you wish to give your assets at death under your Trust?

Please list their names and relationship to you.

Please also list their addresses and phone numbers (if not listed above).

Client 1- Primary Beneficiaries: *(use reverse if more space is needed)*

Name	Address
Phone Number	Relationship to You

Client 1- Contingent Beneficiaries: *(only if your primary beneficiaries are unable to take their share)*

Name	Address
Phone Number	Relationship to You

Client 2- Primary Beneficiaries: *(use reverse if more space is needed)*

Name	Address
Phone Number	Relationship to You

Client 2- Contingent Beneficiaries: *(only if your primary beneficiaries is unable to take their share)*

Name	Address
Phone Number	Relationship to You

Financial Information

Please complete the following using approximate, current values and indicate ownership.
(i.e., Client 1, Client 2, or Joint)

Bank Accounts

Name of Bank/ Credit Union	Indicate Ownership	Account Balance (Approximate)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Investment Assets (stocks, bonds, mutual funds)

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

IRA's/ Retirement Plans

Name of Custodian	Type (401k, IRA SEP, ROTH, etc.)	Designated Primary Beneficiary	Alternative Beneficiary	Approx. 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 (motor vehicles, boats, recreational vehicles, etc.)

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