

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

CONFIDENTIAL ESTATE PLANNING WORKSHEET

Date of completion: _____, 20____

NOTE: This document is to be completed to the best of your ability prior to your appointment. If you have questions about who may be best to perform certain roles in various documents, feel free to jot down your basic intentions here and discuss those intentions in greater detail during your appointment.

I. BIOGRAPHICAL DATA

Your Full Name (please include middle initial):

(Client 1)

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

DOB: _____ US Citizen: Y/N Social Sec. # _____

Email: _____ Phone #: _____

Married: Y/N Prenuptial Agreement: Y/N

Spouse deceased? If so, date of death?

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

(Client 2) (and any other name by which you a

DOB: _____ US Citizen: Y/N Social Sec. # _____

Email: _____ Phone #: _____

Financial Advisor: _____

Accountant: _____

NOTE: For any repeated addresses/data, please write “see above.”

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.)*

- Estate Tax Liability:
Are your assets, including life insurance death benefits, worth \$3,000,000 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
Do you have legal obligations to a former spouse? Y/N

- Do you own a business? Y/N

Describe your business: _____

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

- Do you own real estate outside of New Hampshire? Y/N

If so, where? _____

- 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

Existing Estate Planning Documents

Do you currently have any of the following documents? If so please provide copies to our office prior to your appointment.

- Durable Power of Attorney for Healthcare/Living Will
- Durable General Power of Attorney for Finances
- Will
- Trust

Information for New Estate Planning Documents

Lifetime Documents: Powers of Attorney

Durable Power of Attorney for Healthcare

Name two (2) people to make medical decisions for you if you cannot make your own.

Client 1- Primary Person: _____
Name Relationship

Address Phone Number

Client 1- Alternate Person: _____
Name Relationship

Address Phone Number

Client 2- Primary Person: _____
Name Relationship

Address Phone Number

Client 2- Alternate Person: _____
Name Relationship

Address Phone Number

Durable General Power of Attorney for Financial Matters

Name two (2) people to make financial decisions for you if you cannot make your own.

Client 1- Primary Person: _____
Name Relationship

Address Phone Number

Client 1- Alternate Person: _____
Name Relationship

Address Phone Number

Client 2- Primary Person: _____
Name Relationship

Address Phone Number

Client 2- Alternate Person: _____
Name Relationship

Address Phone Number

Dispositive Documents: Wills and/or Trusts

Name two (2) people to manage and distribute your assets after your passing.

Client 1- Primary Person: _____
Name Relationship

Address Phone Number

Client 1- Alternate Person: _____
Name Relationship

Address Phone Number

Client 2- Primary Person: _____
Name Relationship

Address Phone Number

Client 2- Alternate Person: _____
Name Relationship

Address Phone Number

Beneficiaries

Name the people to receive your assets after your passing.

Primary Beneficiary(ies):

Name Relationship

Address Phone Number

Name Relationship

Address Phone Number

Alternate Beneficiary(ies):

Name Relationship

Address Phone Number

Name Relationship

Address Phone Number

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

Guardian of Minor Children

Name two (2) people to care for your children should they be minors when you pass.

Primary Guardian: _____
 Name Relationship to You

Address Phone Number

Alternate Guardian: _____
 Name Relationship to You

Address Phone Number

Financial Information

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

Real Estate

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

Bank Accounts

Name of Bank/Credit Union	Ownership	Approx. Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Investment Assets (stocks, bonds, mutual funds)

Brokerage Firm/Securities	Ownership	Approx. Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IRA's/ Retirement Plans

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

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
_____	_____	\$ _____
_____	_____	\$ _____