

Allen Law Group, P.C. Estate Planning Worksheet

*****DO NOT SUBMIT THIS FORM ONLINE*****

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

Part I
Personal Information

Client's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

He/Him/His She/Her/Hers DOB _____ 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 Other Family Members

(Use full legal name).

Name	Date of Birth	Parent or Relationship
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Home Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	

Home Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	

Home Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	

Home Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	Comments: _____	

Advisors

	Name	Telephone
Personal Attorney	_____	_____
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____

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. 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, 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 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, 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, timeshare, 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
<i>Miscellaneous Furniture and Household Effects (Total)</i>		
_____	_____	_____
_____	_____	_____
_____	<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 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
Total:			

Note: If Account is in your name for the benefit of a minor, please specify and give minor’s name.

Stocks and Bonds

TYPE: List all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct Number	Owner	Amount
Total:				

Life Insurance Policies and Annuities

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

Total: _____

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total: _____

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.

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: _____

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>

Part III 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	Address	Relationship
_____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

Name	Address	Relationship
_____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

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

Name	Address	Relationship
_____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

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	Address	Relationship
_____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

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

Name	Pronoun	Relationship	Instructions or Guidelines
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

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? Yes No Do you want to provide that your organs and tissues should be made available for transplant purposes? Yes No

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you about medical treatment? _____

Name	Pronoun	Relationship	Instructions or Guidelines
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____
_____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers	_____	_____

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 need for psychological or substance treatment, Agent may arrange for voluntary admission? Yes No

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

- Your needs, and then 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 include 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 below).

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity	Amount or Property
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

