



ESTATE PLANNING WORKSHEET (Spouses)

Client's Full Name: _____ SSN # _____

Address: _____

Phone: Home: () _____ Work: () _____ Fax: () _____

Employer: _____ Retired: Yes No

Email: _____

Birth Date: _____ US Citizen: Yes No Veteran: Yes No

Spouse's Full Name: _____ SSN # _____

Address: _____

Phone: Home: () _____ Work: () _____ Fax: () _____

Employer: _____ Retired: Yes No

Email: _____

Birth Date: _____ US Citizen: Yes No Veteran: Yes No

**Children/
Step Children:** Name: _____ D/O/B: _____
Address: _____ Check if adopted

Name: _____ D/O/B: _____
Address: _____ Check if adopted

Name: _____ D/O/B: _____
Address: _____ Check if adopted

Name: _____ D/O/B: _____
Address: _____ Check if adopted

Children Deceased: Name: _____ D/O/B _____ D/O/D _____

Name: _____ D/O/B _____ D/O/D _____



Children Given Up for Adoption: Name: _____ D/O/B: _____
 Name: _____ D/O/B: _____

Special considerations for your children to discuss and address (check any that apply):

Special needs Addictions Spendthrift issues Education Other

Explain: _____

Grandchildren/ Step Grandchildren:

Name: _____ D/O/B: _____ Name: _____ D/O/B: _____
 Name: _____ D/O/B: _____ Name: _____ D/O/B: _____
 Name: _____ D/O/B: _____ Name: _____ D/O/B: _____
 Name: _____ D/O/B: _____ Name: _____ D/O/B: _____
 Name: _____ D/O/B: _____ Name: _____ D/O/B: _____
 Name: _____ D/O/B: _____ Name: _____ D/O/B: _____
 Name: _____ D/O/B: _____ Name: _____ D/O/B: _____

Executor: Name: _____ Relation: _____
 Address: _____ Phone: () _____

Successor

Executor: Name: _____ Relation: _____
 Address: _____ Phone: () _____

Second

Successor: Name: _____ Relation: _____
 Address: _____ Phone: () _____

Trustee: Name: _____ Relation: _____
 Address: _____ Phone: () _____

Successor

Trustee: Name: _____ Relation: _____
 Address: _____ Phone: () _____

Second

Successor: Name: _____ Relation: _____
 Address: _____ Phone: () _____

Guardian of Minor Children:

Name: _____ Relation: _____

Address: _____ Phone: () _____

Successor: Name: _____ Relation: _____

Address: _____ Phone: () _____

Second

Successor: Name: _____ Relation: _____

Address: _____ Phone: () _____

**Tangible Personal
Property Gifts:**

(Identify individual items you want to leave to specific people here or by separate list)

Special Bequests: Name: _____ Relation: _____ Amount: \$ _____

Name: _____ Relation: _____ Amount: \$ _____

Name: _____ Relation: _____ Amount: \$ _____

Name: _____ Relation: _____ Amount: \$ _____

Charitable Gifts:

(Identify individual items you want to leave to specific people here or by separate list)

Balance of Estate: Children in equal shares Children in percentages or amounts Others

(State percentages or dollar amounts)

Are any children currently minors? Yes No

If not minors, should shares left to children be supervised? Yes No

What age(s) should children be given unfettered access? _____

How do you want a child's share handled if that child predeceases you?

The share should go to that child's descendants (*per stirpes*)

The share should go the other children who survive (*per capita*)

If you want to leave your estate to people other than children, identify them, their relation to you and the percent or dollar amount you want to leave them,

(Heath Care Power of Attorney for First Spouse)

Primary Agent: Name: _____ Relation: _____

Address: _____ Phone: _____

1st Successor: Name: _____ Relation: _____

Address: _____ Phone: _____

2nd Successor: Name: _____ Relation: _____

Address: _____ Phone: _____

(Property Power of Attorney for First Spouse)

Primary Agent: Name: _____ Relation: _____

Address: _____ Phone: _____

1st Successor: Name: _____ Relation: _____

Address: _____ Phone: _____

2nd Successor: Name: _____ Relation: _____

Address: _____ Phone: _____

(Heath Care Power of Attorney for Second Spouse)

Primary Agent: Name: _____ Relation: _____

Address: _____ Phone: _____

1st Successor: Name: _____ Relation: _____

Address: _____ Phone: _____

2nd Successor: Name: _____ Relation: _____

Address: _____ Phone: _____

(Property Power of Attorney for Second Spouse)

Primary Agent: Name: _____ Relation: _____

Address: _____ Phone: _____

1st Successor: Name: _____ Relation: _____

Address: _____ Phone: _____



2nd Successor: Name: _____ Relation: _____
 Address: _____ Phone: _____

Assets: Unless your estate is at or over \$4M, estate taxes are not a concern, and the value of your assets are not relevant to your estate planning per se, but how you hold title to some assets is important and the beneficiary designations of other assets are important. Check all of the following that you have:

401(k) 403(b) IRA Roth IRA Life Insurance

Other asset with beneficiary designation Payable on death accounts Joint Tenancy Assets
 (List out all of the assets in the categories above including who are the beneficiaries, joint tenants and/or persons payable on death)

Life Insurance:

On First Person’s Life:

Policy No.	Insurance Co.	Face Amount	Owner	Beneficiary
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On Second Person’s Life:

Policy No.	Insurance Co.	Face Amount	Owner	Beneficiary
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Financial planner: Name: _____

Address: _____

CPA/Accountant: Name: _____

Address: _____

Attach a list of assets by type (real estate, accounts, investments, IRAs, 401(1)(k)’s, life insurance policies, vehicles, tangible assets of significant value, etc.), ownership (who is in title) and by beneficiary or payable on death designation.