



ESTATE PLANNING WORKSHEET (Single Person)

Full Name: _____ **SSN #** _____

Address: _____

Phone: Home: _____ **Work:** _____ **Fax:** _____

Employer: _____ **Email:** _____

Birth Date: _____ **Citizenship:** Yes No **Retired:** 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:** _____
Name: _____ **D/O/B:** _____

Children Given Up for Adoption: **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: _____

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:

If you plan to leave specific items of property to specific people, attach a list.

Special Bequests:

Name: _____ Relation: _____ Amount: \$ _____

Name: _____ Relation: _____ Amount: \$ _____

Name: _____ Relation: _____ Amount: \$ _____

Name: _____ Relation: _____ Amount: \$ _____

Charitable Gifts:

If you plan to make charitable gifts, attach a list of charities with addresses.

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

Name: _____ Relation: _____ Percent/Amount _____

Name: _____ Relation: _____ Percent/Amount _____

Name: _____ Relation: _____ Percent/Amount _____

Name: _____ Relation: _____ Percent/Amount _____

Name: _____ Relation: _____ Percent/Amount _____

Name: _____ Relation: _____ Percent/Amount _____

If you have other people or other circumstances that you want to address, note them below or on a separate sheet of paper.

Assets: Unless your estate is nearing \$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

Provide a List out all of the assets in the categories above including who are the beneficiaries, joint tenants or persons payable on death.

(Powers of Attorney for Health Care)

Primary Agent: Name: _____ Relation: _____

Address: _____

1st Successor: Name: _____ Relation: _____

Address: _____

2nd Successor: Name: _____ Relation: _____

Address: _____



(Powers of Attorney for Property)

Primary Agent: Name: _____ Relation: _____

Address: _____

1st Successor: Name: _____ Relation: _____

Address: _____

2nd Successor: Name: _____ Relation: _____

Address: _____

Do you have a **financial planner**: Yes No If so, name: _____

Do you have a **CPA**: Yes No If so, name: _____