

# Single Estate Planning Worksheet

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Flammia Elder Law Firm  
Medicaid | Trusts | Wills | Probate

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

# Single Estate Planning Worksheet

## Part I Personal Information



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

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

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ 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 E-mail.

Divorced  Widowed  Single

\*if Widowed please provide the name of your late spouse: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### Children and Other Family Members

*Use full legal name:*

Name, Address, & Phone Number	Birth date / Age	Relationship
1) _____	_____	_____
_____	_____	_____
2) _____	_____	_____
_____	_____	_____
3) _____	_____	_____
_____	_____	_____
4) _____	_____	_____
_____	_____	_____
5) _____	_____	_____

### Pets

Name	Breed	Age
_____	_____	_____
_____	_____	_____

### Advisors

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

# Single Estate Planning Worksheet

## Your Concerns

Please rate the following as to how important they are to you:  
(**H** high concern, **S** some concerned, **L** low concern, **N/A** no concern or not applicable)

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____
Providing for and protecting children.	_____
Providing for and protecting grandchildren.	_____
Disinheriting a family member.	_____
Providing for charities at the time of death.	_____
Plan for the transfer and survival of a family business.	_____
Avoiding or reducing your estate taxes.	_____
Avoiding probate.	_____
Reduce administration costs at time of your death.	_____
Avoiding a Guardianship (“living probate”) in case of a disability.	_____
Avoiding will contest or other disputes upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	_____
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children’s inheritance from the possibility of failed marriages.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____
Other Concerns (Please list below):	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

# Single Estate Planning Worksheet

## Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Do you have any pets? If yes, do you wish to plan for them?		

### Additional Information

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# Single Estate Planning Worksheet

## Part II

### Property Information

#### Instructions for Completing the Property Information checklist:

#### General Headings

This *Property Information* checklist is to help 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 using the following abbreviations:

Owner of Property	Use
If own property in your name only	I
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

## Single Estate Planning Worksheet Real Property

**TYPE:** Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<b>Total</b>	_____	_____

### 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
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<b>Total</b>	_____

### 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Total</b>	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.



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## 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.

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**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total</b>	_____

## 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** \_\_\_\_\_

## Digital Assets

**TYPE:** A digital asset is digitally stored content or an online account owned by an individual. Digital content includes individual files such as images, photos, videos, and text files. It also includes other digital content (perhaps as data in a database). These assets are stored either on a device owned by an individual ("locally") or on devices accessed via the Internet ("in the cloud"), often as part of a service offered by a third party and governed by a contract with the individual. Some online accounts can be considered assets in and of themselves and have value to an estate. There are email accounts, social media profiles (such as YouTube or Flickr), social networking profiles (such as Facebook), and many others. These are also governed by a contract between the service provider and the individual.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total</b>



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## Other Assets

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<b>Total</b>	_____

## Summary of Values

Assets	Amount*		Total Value
	Client	Other's	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

***\*Values for property owned with other put your percentage in client's column and other's percentage in other's column.***

# Single Estate Planning Worksheet

## 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 and Address	Relationship
_____	_____
_____	_____

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

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated? Check  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? \_\_\_\_\_ Do you want to provide that your organs and tissues should be made available for transplant purposes? \_\_\_\_\_

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name, Address, & Phone Number	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WILL:** Who do you want to act as your Personal Representative (also called Executor) to be in charge of administering your estate through the process of Probate?

Personal Representative: \_\_\_\_\_

Alternate: \_\_\_\_\_

**TRUST:** Who do you want to act as your Trustee in the case of Incapacity and/or Death to be in charge of investing Trust assets, communicating with beneficiaries, carrying out the terms of the Trust, maintaining records and filing tax returns.

Trustee for Incapacity: \_\_\_\_\_

Trustee for Death: \_\_\_\_\_