

# ESTATE PLANNING WORKSHEET

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**Wills, Living Trusts, Powers of Attorney, Probate, & Estate Planning.**

Thinking about death, accident or illness is never pleasant. However, if something does happen, it's good to know that family members will not be forced into making uninformed decisions, or be burdened with excessive administrative details. Planning ahead is much more efficient, inexpensive and thoughtful than burdening a family during a period of grief.

Wills, living trusts, and powers of attorney can be very important in preserving our assets and in getting property where we want it to go. Without a will or living trust, upon a person's death, that person's assets are disposed of according to state law, which may or may not match the deceased person's desires.

A living trust offers complete control to clients during their lifetime, provides for them and their loved ones in the event of their incapacity, and on death allows them to pass their assets to their loved ones without the *costs, delays and publicity* associated with probate.

Our office specializes in estate planning with an emphasis on revocable living trusts for individuals, couples, and families.

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

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE COMPLETE THIS WORKSHEET PRIOR TO YOUR NEXT APPOINTMENT. HOWEVER, THIS WORKSHEET IS JUST A STARTING POINT. DO NOT BE CONCERNED IF YOU WERE NOT ABLE TO COMPLETE IT. THERE WILL BE PLENTY OF TIME TO OBTAIN ALL OF THE NECESSARY INFORMATION AS WE MOVE FORWARD.

### PERSONAL INFORMATION

Client 1 Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business/Cell Telephone \_\_\_\_\_

Employer \_\_\_\_\_ e-mail \_\_\_\_\_

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single  Domestic Partner

Client 2 Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business/Cell Telephone \_\_\_\_\_

Employer \_\_\_\_\_ e-mail \_\_\_\_\_

### CHILDREN AND/OR OTHER FAMILY MEMBERS

Name	Birth date	Parent or Relationship
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		
_____	_____	_____
Address: _____		

## ADVISORS

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

## PROPERTY INFORMATION REAL PROPERTY

**TYPE:** Any interest in real estate including your family residence, vacation home, time share, vacant land, etc. Please bring copies of all Deeds to your appointment.

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

## BANK & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).  
Do not include IRA's or 401(k)'s here

Name of Institution and account number	Type	Owner	Amount (optional)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

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.

## 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.

_____	
_____	
_____	
_____	
_____	
	<i>Total</i> _____

### STOCKS AND BONDS

**TYPE:** List any and all stocks and bonds you own. Alternatively, you may attach a current statement. 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 (optional)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

### LIFE INSURANCE POLICES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** You may provide a copy of the Policy description page. It is usually within the first few pages of the life policy.

_____	
_____	
_____	
_____	
_____	
_____	
_____	
<i>Total</i>	_____

### 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.

_____	
_____	
_____	
_____	
<i>Total</i>	_____

### 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>	_____

# 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
1 _____	_____
2 _____	_____

**SUCCESSOR TRUSTEE:** After your death, or if married, after both spouses have passed, who would you want carrying out your instructions, for distribution and, if desired, management of property for your beneficiaries?

Name and Address	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

**POWER OF ATTORNEY:** If you were incapacitated and unable to make FINANCIAL decisions for yourself, who would you want to make those decisions for you? **If married, you need not list your spouse as #1.**

### CLIENT 1 AGENT CHOICES

Name, Address & Telephone	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

### CLIENT 2 AGENT CHOICES

Name, Address & Telephone	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

**HEALTH CARE DIRECTIVE:** If you were incapacitated and unable to make MEDICAL decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? **If married, you need not list your spouse as #1.**

### CLIENT 1 AGENT CHOICES

Name, Address & Telephone	Relationship
1 _____	_____
2 _____	_____
3 _____	_____

### CLIENT 2 AGENT CHOICES

Name, Address & Telephone	Relationship
1 _____	_____
2 _____	_____
3 _____	_____



