

Your Estate Plan: Getting Started

This simple worksheet is intended as a starting point in the creation of your own estate plan, tailor-made to your individual goals, unique circumstances and needs. Jot down the answers to those questions which apply to you and review them with your estate planning attorney.

If I became so ill or injured tomorrow that I couldn't manage my affairs for myself, who would I want to:

Watch over my personal care and direct how, when and why I receive medical treatment?

FIRST CHOICE: _____

SECOND CHOICE: _____

Manage my daily financial matters, such as paying household expenses, selling and buying assets, etc.?

FIRST CHOICE: _____

SECOND CHOICE: _____

Manage my investment portfolio?

FIRST CHOICE: _____

SECOND CHOICE: _____

Take care of my minor children, assuming that their other parent is also unavailable or incapacitated?

FIRST CHOICE: _____

SECOND CHOICE: _____

Run my business?

FIRST CHOICE: _____

SECOND CHOICE: _____

Do I have strong feelings about the conditions under which I want to receive medical treatment when my prognosis is dire?

Yes No

If I should die tomorrow, who would I want to receive my estate, and *what percent/how much/what* would I want them to receive?

Who: _____

What: _____

Who: _____

What: _____

Who: _____

What: _____

Who: _____

What: _____

Who: _____

What: _____

Who: _____

What: _____

Who: _____

What: _____

Who would I want to serve as my executor?

FIRST CHOICE: _____

SECOND CHOICE: _____

Who would I want to serve as legal counsel?

FIRST CHOICE: _____

SECOND CHOICE: _____

Do I want my loved ones to receive my legacy right after my death?

Yes No

Or do I want to control when, how and why they receive it?

Yes No

I have taken into consideration my loved ones':

- Financial experience
- Emotional maturity
- Unique needs
- Lifestyle
- Marital status and potential for divorce
- Health status
- Education
- Professional aspirations
- Creditor problems
- Exposure to lawsuits
- Other:

Do I want someone I know and trust to oversee how, when and why my loved ones receive assets from my estate?

Yes No

If so, who would that be?

FIRST CHOICE: _____

SECOND CHOICE: _____

Who do I want to own my business after I'm gone?

FIRST CHOICE: _____

SECOND CHOICE: _____

Who do I want to run it?

FIRST CHOICE: _____

SECOND CHOICE: _____

Is there a charity I want to leave a bequest?

Organization: _____

Organization: _____

Organization: _____

Your Estate Plan: Important Family Matters

NAME: _____

COUNTY AND STATE OF RESIDENCE: _____

Nickname: _____

DATE OF BIRTH: _____

STREET ADDRESS:

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

STATE OF ISSUE: _____

CITY, STATE, ZIP _____

MARITAL STATUS:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Separated | <input type="checkbox"/> Single (Never Married) |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Remarried |

MAILING ADDRESS: _____

CITY, STATE, ZIP _____

SPOUSE'S NAME: _____

HOME PHONE: _____

Nickname: _____

BUSINESS PHONE: _____

DATE OF BIRTH: _____

SPOUSE'S BUSINESS PHONE: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

FAX PHONE: _____

STATE OF ISSUE: _____

E-MAIL ADDRESS: _____

CHILDREN'S NAMES

Please provide the name of all your children, indicating special circumstances such as if the child is adopted, disabled, or if the child is deceased. Make copies as need for the names of all your children and grandchildren.

CHILD'S NAME: _____

CHILD'S NAME: _____

STREET: _____

STREET: _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE: _____

HOME PHONE: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY NUMBER: _____

IS THIS CHILD A CHILD OF THE MARRIAGE?

Yes No: If no, name of Parent(s):

IS THIS CHILD A CHILD OF THE MARRIAGE?

Yes No: If no, name of Parent(s):

SPECIAL CIRCUMSTANCES:

SPECIAL CIRCUMSTANCES:

CHILD'S NAME: _____

CHILD'S NAME: _____

STREET: _____

STREET: _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE: _____

HOME PHONE: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY NUMBER: _____

IS THIS CHILD A CHILD OF THE MARRIAGE?

Yes No: If no, name of Parent(s):

IS THIS CHILD A CHILD OF THE MARRIAGE?

Yes No: If no, name of Parent(s):

SPECIAL CIRCUMSTANCES:

SPECIAL CIRCUMSTANCES:

GRANDCHILDREN'S NAMES

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE: _____

HOME PHONE: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY NUMBER: _____

PARENTS' NAMES: _____

PARENTS' NAMES: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE: _____

HOME PHONE: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY NUMBER: _____

PARENTS' NAMES: _____

PARENTS' NAMES: _____

GRANDCHILDREN'S NAMES

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE: _____

HOME PHONE: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY NUMBER: _____

PARENTS' NAMES:

PARENTS' NAMES:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE: _____

HOME PHONE: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY NUMBER: _____

PARENTS' NAMES:

PARENTS' NAMES:

PROFESSIONAL ADVISORS

CERTIFIED PUBLIC ACCOUNTANT

NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS PHONE: _____

FAX PHONE: _____

INVESTMENT ADVISOR

NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS PHONE: _____

FAX PHONE: _____

INSURANCE PROFESSIONAL

NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS PHONE: _____

FAX PHONE: _____

OTHER ADVISOR

NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS PHONE: _____

FAX PHONE: _____

LOCATION LIST

Each year, individuals unwittingly make their loved ones' work much harder — *and unnecessarily add to their emotional distress* — simply by failing to leave them adequate instructions or neglecting to tell them where to find important documents that they may need in times of emergency or loss. You may also compound your own troubles if you fail to keep important paperwork you may need in an emergency — *such as health care directives or homeowner's and auto insurance paperwork* — in a safe and readily accessible place. This valuable tool that will help you ensure that you and your loved ones will know exactly where to find what they need during a time of crisis. Fill it out as completely as you can, and provide copies of these lists to your loved ones. Be sure to leave a copy at home in a safe but easily accessible place, and be sure to tell loved ones where they can find it. Finally, be sure to include with your other important documents the list of your advisors, who your loved ones may need to call upon for assistance.

Safe Deposit Box:

NAME of INSTITUTION: _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE: _____

LOCATION OF KEY OR COMBINATION:

Highly Recommended Items for Storage:

We recommend that you include the following essential information in your safe deposit box, with copies kept in a safe place in your home for easy reference by you, your spouse and loved ones in an emergency.

- Social security numbers (for both spouses, as well as minor children)
- Driver's license numbers
- Asset and liabilities list
- Will or trust documents
- Name of carrier, its phone and address as well as policy numbers for all insurance policies
- Copies of important personal addresses and phones for friends, loved ones, etc.
- Copies of living wills, health care powers of attorney, or advanced directives (Note: Be sure to distribute copies to all your care providers, as well as to your children or loved ones who may be called upon in an emergency to refer to and heed your requests as set forth in these documents.)
- Asset and liabilities list (See pages 34 and 35)
- Complete financial records for the last three years (7 years preferred), including:
 - Check registers
 - Cancelled checks
 - Important receipts
 - Tax returns
- Appraisals of valuable art, antiques and other collectibles, especially those which are insured
- Retirement fund information, including plan documents
- Other employment records, especially benefit paperwork

LOCATION LIST, CONTINUED . . .

Important Information Located in Your Home:

Please describe where your loved ones can find copies of this important information in your home, *including this location list of your important documents as well as a list of your professional advisors!*

Location of Other Important Documents:

The following items should also be in safe-keeping. We recommend that you store them in your safety deposit box. But if you keep them in another location, be sure to let your loved ones know where they can find them:

- Birth certificates
 - RECOMMENDED: Safety Deposit Box
 - Alternate location:

- Adoption papers
 - RECOMMENDED: Safety Deposit Box
 - Alternate location:

- Military discharge papers
 - RECOMMENDED: Safety Deposit Box
 - Alternate location:

- Marriage licenses
 - RECOMMENDED: Safety Deposit Box
 - Alternate location:

- Divorce decrees
 - RECOMMENDED: Safety Deposit Box
 - Alternate location:

- Stock certificates
 - RECOMMENDED: Safety Deposit Box
 - Alternate location:

- Bonds
 - RECOMMENDED: Safety Deposit Box
 - Alternate location:

- Photos (or video tape) of household furnishings, cars, boats and other valuable personal property (especially those which are insured.)
 - RECOMMENDED: Safety Deposit Box
 - Alternate location:

LOCATION LIST, CONTINUED . . .

Auto titles

RECOMMENDED: Safety Deposit Box

Alternate location:

Item:

Location:

Property deeds

RECOMMENDED: Safety Deposit Box

Alternate location:

Item:

Location:

Bills of sale

RECOMMENDED: Safety Deposit Box

Alternate location:

Item:

Location:

Passports

RECOMMENDED: Safety Deposit Box

Alternate location:

Item:

Location:

Will or trust documents (Note: Your attorney should also keep copies)

RECOMMENDED: Safety Deposit Box

Alternate location:

Item:

Location:

Estate Value Summary Worksheet

Asset Description	Gross Fair Market Value	Loans, Liens & Encumbrances	Net Fair Market Value	Owners*
Cash Accounts				
Checking Accounts				
Savings Accounts				
Money Market Accounts				
Certificates of Deposit				
Investment Securities				
Brokerage Accounts				
Stocks				
Dividend Reinvestment				
Mutual Funds				
Bonds (Corporate and Municipal)				
US Savings Bonds				
US Treasury Direct				
US Treasury Investments				
Bearer Bonds				
Partnership Interests				
Limited Partnerships				
General Partnerships				
Business Interests				
Corporate Business Interests				
Sole Proprietorships				
Real Property Interests				
Deeds				
Oil and Gas Interests				
Mortgages and Deeds of Trust				
Leases				
Time Shares				
Notes Receivable				

Asset Description	Gross Fair Market Value	Loans, Liens & Encumbrances	Net Fair Market Value	Owners*
Assets with Registered Title				
Vehicles				
Pleasure boats				
Large vessels				
Aircraft				
Mobile homes				
Farm equipment				
Life Insurance				
Annuities				
Retirement Plans				
IRAs				
Pension Plans				
Intellectual Property Interests				
Registered copyrights				
Registered trademarks				
Royalty agreements				
Lawsuit Judgments				
Miscellaneous Assets				
Personal property				
Burial plots				
Memberships				
Farm and ranch interests				
Other assets				
TOTAL				

* Identify the owner(s) of the assets using these terms: "H" for husband alone, "W" for wife alone, "JT" for both as Joint Tenants, "TC" as Tenants in Common, "TE" as Tenants in Entirety, or "CP" for Community Property.