Estate Planning Worksheet

DuBois Law Group, PLLC
Estate and Trust Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE AT LEAST ONE BUSINESS DAY PRIOR TO YOUR APPOINTMENT VIA EMAIL TO WELCOME@DUBOIS.LAW.

Part I
Personal Information

Spouse #1's 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 ______

Mobile Telephone ________ County of Residence ________ Home Telephone ________

E-mail Address ______________________________

A regularly used email is important to ensure information is communicated throughout the process.

Date of Marriage ______________________________

Spouse #2's 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? ____

Mobile Telephone ____________ E-mail Address ____________

A regularly used email is important to ensure information is communicated throughout the process.

Children and Other Family Members

Use full legal name. Use "JT" if both spouses are the parents, if not, indicate parent, ex. "Son – Jane". If you anticipate a person will be one of your helpers, i.e. Power of Attorney or Health Care Proxy, be sure to list their address and phone number. We will not contact them without your permission.

Name	Birth date	Parent or Relationship

Address and Phone Number: ______________________________

Comments: ______________________________

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Comments: ______________________________

Address and Phone Number: ______________________________

Comments: ______________________________

Address and Phone Number: ______________________________

Comments: ______________________________

Advisors

	Name	Telephone
Personal Attorney		
Accountant		
Financial Advisor		

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**	
	Spouse 1	**Spouse 2**
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
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 conservatorship ("living probate") in case of a disability.		
Avoiding will contests 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.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns (Please list below):

____

____

Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are either of you receiving Social Security, disability, or other governmental benefits? *Describe* ____		
Are either of you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*		
If married, have you each signed a pre- or post-marriage contract? *Please furnish a copy*		
Have either of you been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy*		
Have either of you ever filed federal or state gift tax returns? *Please furnish copies of these returns*		
Have either of you completed previous will, trust, or estate planning? *Please furnish copies of these documents*		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below*.		
Are there any other charitable organizations you wish to make provisions for at the time of your death? *If so, please explain below*.		
If married, have you lived in any of the following states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin*		
Are either of you currently the beneficiary of anyone else's trust? *If so, please explain below.*		
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?		

Additional Information

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Part II

Property Information

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section 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. When doing so, please use the following abbreviations:

Owner of Property	Use
If owned by one of you alone, indicate with first initial (or if you each have the same first initial, some other distinguishing mark)	[initial]
If owned jointly with each other	JTS
If owned jointly with someone else, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Real Property

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

General Description and/or Address	Owner	Market Value	Loan Balance
	Total		

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)		
	Total	

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
		Total	

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. 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

Total ____________

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total ____________

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.

Total ____________

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.

____
____
____
____
____
____

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
			Total	

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 ____________

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category, such as cryptocurrecy.

Type	Owner	Value
	Total	

Summary of Values

Assets	Amount* Spouse #1	Spouse #2	Total Value
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			
Total Assets:			

* ***Joint Property values enter 1/2 in each column.***