

# Estate Planning Worksheet

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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](mailto:WELCOME@DUBOIS.LAW).*

**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 \_\_\_\_\_

Mobile Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Home Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Divorced  Widowed  Single

**Children and Other Family Members**

*Use full legal name. 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	Relationship
_____	_____	_____
Address and Phone Number: _____		
Comments: _____		
_____	_____	_____
Address and Phone Number: _____		
Comments: _____		
_____	_____	_____
Address and Phone Number: _____		
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**

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 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.

\_\_\_\_\_

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 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?		

### Additional Information

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## 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	?

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

## 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<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.

## Stocks, Bonds or Investment Accounts

**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*)

Name of Institution	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

## 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.

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

## Other Assets

**TYPE:** Other property is any property that you have that does not fit into any listed category, such as art, collectible automobiles or boats, or cryptocurrency. If you anticipate an inheritance, gift, lawsuit judgment or some other receipt of notable value, please also list that here.

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

### Summary of Values

<b>Assets</b>	<b>Amount*</b>		<b>Total Value</b>
	<b>Client</b>	<b>Other's</b>	
Real Property	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks, Bonds and Investment Accounts	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
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.*