

ESTATE WORKSHEET

This form is intended to assist you in identifying, compiling and recording information that is relevant to planning your estate. It is a document that will assist your advisor(s) in understanding your estate and helping you to determine a plan.

Part One Personal & Background Data

1. BASIC INFORMATION

	Name	Date of Birth	Social Security #
Husband:	_____		
Wife:	_____		
Previous/maiden names:	_____		

2. RESIDENCE

Residence:	_____		
	County	State	
Address:	_____		
	Street Address	City	Zip
Phone Numbers:	_____	_____	_____
	Work	Home	Cell

Business Address: _____

Period of residence in present state: _____

3. CITIZENSHIP

Husband:	U.S. _____	Other _____	
Wife:	U.S. _____	Other _____	

4. CHILDREN

Name	Date of Birth	Social Security #	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.(a) MARRIED CHILDREN

Child	Spouse Name	Grandchildren Name/SSN/DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does any child or grandchild have a health problem or handicap? Yes ___ No ___

If yes, please explain: _____

5. MARITAL HISTORY

Date of Marriage: _____

County and State of Marriage: _____

Prior marriages & divorces, including terms of continuing obligations, if any: _____

6. CURRENT ESTATE DOCUMENTS

Does Husband have a will (yes ___ no ___) or trust (yes ___ no ___) at the present time?

Location of original: _____

Does Wife have a will (yes ___ no ___) or trust (yes ___ no ___) at the present time?

Location of original: _____

Is the Husband's trust revocable (___) or irrevocable (___)?

Is the Wife's trust revocable (___) or irrevocable (___)?

Do you have a marital property agreement, such as prenuptial? Yes _____ No _____

Have you or spouse made any gifts in any one year to any person that exceeded in value either 1) \$13,000, if made by you alone, or 2) \$26,000 if made by you and your spouse together. Yes ___ No ___
If yes, specify amount of gift, date and donee: _____

Have you ever filed a gift tax return? Yes ___ No ___. If yes, in what year? _____

Was any gift tax paid? _____

Do you have a safe deposit box? Yes ___ No ___. If yes, where is it located and who are the persons authorized access to it? _____

Provide a copy of Will, Trust, Marital Agreement and Gift Tax Return, if any.

7. ADVISORS (name, address and telephone number)

Attorney _____

Accountant _____

Banker _____

Life Insurance Agent _____

Closest Relative _____

8. POWER OF ATTORNEY

Does Husband have a durable power of attorney? Yes ___ No ___

Who is the agent under the POA (name, address, telephone #)

Who are the successor agents, if named agent is unable to serve?

Does Wife have a durable power of attorney? Yes ___ No ___

Who is the agent under the POA (name, address, telephone #)

Who are the successor agents, if named agent is unable to serve?

If you have no power of attorney, or contemplate changing the power of attorney, state the names, addresses and telephone numbers of individuals, in order or priority, whom you would name to be your agents under the power of attorney: _____

Does Husband have a health care power of attorney? Yes ___ No ___

Who is the agent under the POA (name, address, telephone #)

Who are the successor agents, if named agent is unable to serve?

Does Wife have a health power of attorney? Yes ___ No ___

Who is the agent under the POA (name, address, telephone #)

Who are the successor agents, if named agent is unable to serve?

If you have no health power of attorney, or contemplate changing the power of attorney, state the names, addresses and telephone numbers of individuals, in order or priority, whom you would name to be your agents under the power of attorney: _____

Part Two
Summary of Assets & Liabilities

1. **Assets**

A. **REAL ESTATE** (including farm or ranch land, personal residence, rental property, etc.) Answer the following for each parcel. Use additional sheet if necessary.

Parcel 1

Location/Legal Description/Acres _____

Type of property (Ag, residential, commercial, recreational) _____

Form of ownership (joint tenancy, tenancy-in-common, trust, corporate/company)_____

If joint, contribution of each joint tenant: _____

Date acquired: _____

How acquired: _____

Cost or basis: _____

Present fair market value: _____

Tax assessed value: _____

Parcel 2

Location/Description/Acres _____

Type of property (Ag, residential, commercial, recreational)_____

Form of ownership (joint tenancy, tenancy-in-common, trust, corporate/company)_____

If joint, contribution of each joint tenant: _____

Date acquired: _____

How acquired: _____

Cost or basis: _____

Present fair market value: _____

Tax assessed value: _____

Parcel 3

Location/Description/Acres _____

Type of property (Ag, residential, commercial, recreational)_____

Form of ownership (joint tenancy, tenancy-in-common, trust, corporate/company)_____

If joint, contribution of each joint tenant: _____

Date acquired: _____

How acquired: _____

Cost or basis: _____

Present fair market value:_____

Tax assessed value: _____

Parcel 4

Location/Description/Acres_____

Type of property (Ag, residential, commercial, recreational)_____

Form of ownership (joint tenancy, tenancy-in-common, trust, corporate/company)_____

If joint, contribution of each joint tenant: _____

Date acquired: _____

How acquired: _____

Cost or basis: _____

Present fair market value:_____

Tax assessed value: _____

B. MACHINERY/EQUIPMENT (state value; list may be attached, or schedule from financial statement/balance sheet): _____

C. LIVESTOCK (state value; list may be attached, or schedule from financial statement/balance sheet)

Breeding stock: _____

Market stock: _____

D. CROPS (state type of crop, quantity, present value)

Crops on hand: _____

Growing crops: _____

E. LIQUID ASSETS (state amounts/value/location)

Cash _____

Savings Account _____

Certificates of Deposits _____

IRAs _____

Pensions _____

Annuities _____

Stocks & Mutual Funds _____

Accounts Receivable _____

Bonds _____

Mortgages/Debts Owing to You _____

Limited Partnership Interests _____

F. INSURANCE (for each policy state the owner, the insured, the beneficiary, the death benefit amount and the cash value, if any)

Policy 1: _____

Policy 2: _____

Policy 3: _____

G. CLOSELY HELD BUSINESS INTERESTS

Name of Business _____

Business Address _____

Type of Business (e.g. regular corporation, S corporation, limited liability company, partnership)

Distribution of ownership (percentage of ownership or number of shares)

Husband _____

Spouse _____

Children _____

Others _____

Buy-Sell Agreement (Provide a copy.)

Is there buy-sell agreement? _____

How is value determined? _____

Who may buy? _____

H. EXPECTED INHERITANCES OR GIFTS

(Do you expect to receive an inheritance or trust benefit or gifts? If so, please estimate the value and/or describe the property you expect to receive, and, if possible, the circumstances under which you will receive the property. Do so for each spouse, if applicable.)

I. MISCELLANEOUS ASSETS (brief description and value)

Jewelry _____

Automobiles (not already included in machinery/equipment list) _____

Patent/Trademark/Copyright _____

Mineral Interests _____

Cemetery Plots _____

Antiques _____

Other _____

2. Liabilities

A. SECURED DEBTS (answer the following for each debt, including amount of debt, bank or other party to whom money is owed, the person(s) who is liable on the debt, and the property which secures

the debt)

Amount owing	To Whom	Who is Liable	Collateral
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B. UNSECURED DEBTS (answer for each debt, including the reason or purpose the debt was incurred)

Amount Owing	To Whom	Who Is Liable	What Is Debt For
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C. OTHER OBLIGATIONS, including land contracts, leases, tax liabilities, loans on insurance policies

Kind of Obligation	To Whom	Who Is Liable	What For
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**Part Three
Documents**

To the extent you are uncertain about titling or ownership of real estate, it would be useful to review the most recently recorded deeds, copies of which should be available from the County register, if you do not have copies yourself. As mentioned, it might be helpful to bring to clinic copies of your current estate documents, such as Wills, Trusts, POAs, Living Wills/Advance Health Care Directive, land contracts, etc.

Part Four Estate Wishes

Use the following space and back of this page to outline your current thinking about your estate, i.e.

- Who will receive what part of your estate?
- What are the obstacles to accomplishing your estate plan?
- What are your chief concerns about your estate plan?