Estate Planning Worksheet

ALTMAN & ASSOCIATES | Estate Law Legacy Planning

Celebrating 30 Years

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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 24 hours prior to your appointment. Thank you.

Personal Information

Your 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 ____________ US Citizen? ______________________

Home Address ______________________________City ________________State ________Zip __________

Mailing address (if different from above) ____

Country of Residence ____________________________

Home Telephone ______________ Cell Phone Number __________ Work Telephone Number ________________

E-mail Address ____________________________ ☐ It is okay to communicate with me via my E-mail address.

Children (from oldest to youngest)

(Use full legal name)

	Full Legal Name (First, Middle, Last)	DOB/Age	Phone Number	Married If yes, name of spouse	Address	Children? If Yes: Names & Ages	Parent or Other Relationship
1							
2							
3							
4							
5							
6							
7							

Other Family Members or other Individuals or Entities To Be Named In Your Estate Plan, Not Listed Above

	Full Legal Name (First, Middle, Last)	DOB/ Age	Phone Number	Relationship	Address	EIN (if Charity)
1						
2						
3						
4						
5						
6						
7						

Your Advisors

	Name	Telephone	E-Mail
Accountant or CPA			
Financial Advisor			
Life Insurance			
Other Advisors			

How did you find us?

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Important Family Questions

Please check "Yes" or "No" for your answer	You
Are you making payments under a divorce or property settlement order? *Please furnish a copy.*	
Have you been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*	
Have you ever filed federal or state gift tax returns? *Please furnish copies of these returns.*	
Have you completed previous will, trust, or estate planning? *Please furnish copies of these documents.*	
Do you have any assets located outside the United States? *If so, please explain below.*	
Are any of your intended beneficiaries located abroad? *If yes, please provide full names, addresses and additional details below.*	
Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement? *If yes, please provide full names and what the special needs are below.*	
Have you or will you inherit any assets (including real estate or business interests) from someone who lives in another county? *If yes, please explain below.*	
Are you the beneficiary of anyone else's trust? *If so, please explain below.*	
Do you own any cryptocurrency? *If so, please list the details below.*	

Comments/Additional Information/Special Concerns

Fiduciary Details

(For each position, name at least one initial agent and one successor agent.)

PERSONAL REPRESENTATIVE/EXECUTOR (PR): Who do you want to wind up your affairs upon your death?

Your PR:

	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

GUARDIAN FOR MINOR CHILDREN: If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children. Do you want to provide any special economic arrangements to help your children's Guardians ***Please explain any special economic arrangements you would like for your guardian.***

	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

Additional Comments
(For example: Do you want to financially assist your guardians or give them specific guidance?)

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POWER OF ATTORNEY: If you are unable to make financial decisions for yourself, who would you want to make those decisions for you? Who do you want to manage and invest your assets for you or your intended beneficiaries if you are unable to do so? This person is called "your agent" or your "Successor Trustee."

Your Agents:

	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

If you are incapacitated, your Agent can use your funds for you and your dependents. Do you want your Agent to be able to spend funds for (or make gifts to) (check any that apply)?

- ☐ Adult Children
- ☐ Other Beneficiaries
- ☐ Gifts consistent with prior pattern of giving

HEALTH CARE: Who do you want to make medical decisions for you if you are unable to communicate your desires? This person is your health care agent or proxy.

Your Agents:

	Name (First, Middle, Last)	Relationship	Telephone Number	Citizenship
First				
Second				
Third				

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?
You: ☐ **Yes** ☐ **No**

Do you want to provide that your organs and tissues should be made available for transplant purposes?
You: ☐ **Yes** ☐ **No**

Do you want to designate someone to act with respect to disposition of remains (Cremation/ Burial) (please circle one)?
You: ☐ **Yes** ☐ **No**

AdditionalComments/ Instructions or Guidelines:

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DISTRIBUTION OF YOUR ASSETS

SPECIFIC BEQUESTS AND DISTRIBUTION OF PERSONAL PROPERTY

At your death, do you wish to leave specific bequests of cash or real property? If yes, please explain below:

FOR YOU:

Individual or Charity	Amount or Property

DIVISION OF PROPERTY UPON YOUR DEATH:

☐ **DIVIDE EQUALLY BETWEEN ALL CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**

☐ **OTHER (Please explain):**

HOW AND WHEN TO DISTRIBUTE MY PROPERTY TO MY CHILDREN/BENEFICIARIES:

☐ **DISTRIBUTE OUTRIGHT TO OUR CHILDREN/BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.**

☐ **DOES A CHILD/BENEFICIARY HAVE ANY SPECIAL NEEDS? Have you or someone else created a special needs trust for his child/beneficiary. Please explain below.**

☐ **STRUCTURED TRUST (can provide protection from creditors, lawsuits, bankruptcies, bad marriages, predators or themselves): You determine how long the property is to remain in trust. During the time the property is held in trust it is available to the beneficiary, in the discretion of the Trustee, for either needs (health, education and maintenance) or for any purpose. You may give written guidelines or instructions to the trustee to follow in determining when and how much to distribute to a beneficiary. You may provide for a staggered distribution of principal. (For example: ¼ at 25, ¼ at 30 and the balance at 35 or 13 at age 30 and balance at age 40 OR you may provide that the assets stay in trust for the beneficiary's lifetime.) You decide who will be the Trustee and manage the property and to carry out your distribution instructions. Also, the beneficiary could be a Trustee or Co-Trustee or the right to choose the Trustee. You decide how the trust is designed. List your desires:**

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REMOTE CONTINGENT BENEFICIARY: If you and all your immediate family die in a common disaster (or are not living when property is to be distributed from a trust), who should receive your assets? You can name relatives, friends or charities, or any combination:

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OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously, your estate plan should address all your goals, objectives, hopes and wishes. Please list any other items you want included or want to discuss below:

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Net Worth Statement

Assets (Estimated Current Fair Market Value)	**Titled In Your Name Only**	**Titled Jointly (Please state with who)**	**Current Beneficiary**
Primary Residence (provide a copy of each Deed and tax bill)			
Other Real Estate (provide a copy of each Deed and tax bill)			
Checking Account			
Savings/ Money Market Account			
Certificate of Deposit			
Note(s) Receivable			
Stocks & Bonds			
Profit-Sharing/401k/IRAs			
Life Insurance			
Annuities			
Digital Assets			
Partnerships			
Closely Held Business			
Personal Property			
Total Assets			

Liabilities			
Home Mortgage			
Other Real Estate Mortgages			
Other Debt			
Total Liabilities			
NET WORTH			

ADDITIONAL INFORMATION RELATED TO YOUR ASSETS, including the address of any real estate owned or the information related to any business or partnership that owned.