

“Living with your bags packed”!©

Estate Planning Worksheet

Law Office of Robert P. Newman, P.C.
Estate and Trust Planning

This worksheet is extremely important and comprehensive. Although it may take approximately 60-90 minutes to complete, all sections and information should be completed prior to our Design and Asset Gathering meeting. Your accuracy and completeness in responding will help us best represent you. You need to take a break and consider the answers or search for the information. With a completed form, our meeting can be spent focusing on your wishes and developing the appropriate estate plan for your needs. All information provided is strictly confidential.

If possible, please return the completed worksheet to our office prior to your appointment via e-mail, fax, or mail.

This form was completed by: _____

General Information

Date of Completion _____

Client 1				Other/Former/Maiden Name	
Full Legal Name			Preferred Name/Nickname		
Date of Birth		Social Security Number		U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address					
City		County	State	Zip	<input type="checkbox"/> It is okay to communicate with me by email.
Home Phone		Office Phone		Ext	Cell Phone
Employer			E-Mail		
Occupation			Annual Salary/Income		
Have you ever executed a will? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what year? _____ What is the location of present Will: _____					
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed? If Married, Date of Marriage: _____ If Divorced, Date of Divorce: _____					
If Widowed, Name of Deceased Spouse:			Date of Death: _____		

CLIENT 2 (SPOUSE)				Other/Former/Maiden Name	
Full Legal Name			Preferred Name/Nickname		
Date of Birth		Social Security Number		U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address (if different from Client 1)					
City		County	State	Zip	<input type="checkbox"/> It is okay to communicate with me by email.
Home Phone		Office Phone		Ext	Cell Phone
Employer			E-Mail		
Occupation			Annual Salary/Income		
Have you ever executed a will? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what year? _____ What is the location of present will: _____					
<input type="checkbox"/> Previously Divorced <input type="checkbox"/> Widowed If Previously Divorced, Date of Divorce: _____					
If Widowed, Name of Deceased Spouse:			Date of Death: _____		

Children of Clients (Joint)

Name				Date of Birth	
Street Address (if different from Client 1)				E-Mail	
City		County	State	Zip	
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/> Separated? Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/> Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/> Children? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Name				Date of Birth	
Street Address				E-Mail	
City		County	State	Zip	
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/> Separated? Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/> Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/> Children? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Name				Date of Birth	
Street Address				E-Mail	
City		County	State	Zip	
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/> Separated? Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/> Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/> Children? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Children of Client 1's Prior Marriage/Relationship To

Name			Date of Birth		
Street Address			E-Mail		
City		County	State		Zip
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name			Date of Birth		
Street Address			E-Mail		
City		County	State		Zip
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name			Date of Birth		
Street Address			E-Mail		
City		County	State		Zip
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Children of Spouse's Prior Marriage/Relationship To

Name			Date of Birth		
Street Address			E-Mail		
City		County	State		Zip
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name			Date of Birth		
Street Address			E-Mail		
City		County	State		Zip
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name			Date of Birth		
Street Address			E-Mail		
City		County	State		Zip
Home Phone		Office Phone		Cell Phone	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Proposed Guardian for Minor Children

- Please list in order of preference the proposed guardian for minor children to be named in the Will. Please provide addresses and phone numbers for each individual on the pages at the end of the Questionnaire

Guardian for Children of Clients	Client 1's Children from a Prior Marriage	Client 2's Children from a Prior Marriage

Proposed Personal Representative (Executor)

- Please list in order of preference the proposed Personal Representative to be named in the Will. Please provide addresses and phone numbers for each individual on the pages at the end of the Questionnaire

For Client 1's Will – After Client 2	For Client 2's Will – After Client 1

Proposed Trustee or Trustees

- Please list in order of preference the proposed Trustee or Trustees (manager of funds for children, etc.)

For Client 1	For Client 2

Proposed Financial Power of Attorney

- Please list in order of preference the proposed Financial Power of Attorney (in the event you are unable to handle your financial and legal affairs, etc.)

For Client 1	For Client 2

Professional Relationships

- Ask for a referral if you need an Accountant or a Financial Advisor

Accountant

Office Phone

Ext

Street Address

E-Mail

City

State

Zip

May we contact him/her is we are retained by you? Yes ☐ No ☐

Financial Advisor

Office Phone

Ext

Street Address

E-Mail

City

State

Zip

May we contact him/her is we are retained by you? Yes ☐ No ☐

Proposed Health Care Agents (Decision Makers)

- In the event you were unable to make medical decisions on your own behalf, please list below the individual(s) you would want to speak to medical providers and make medical decisions for you:

For Client 1	For Client 2

The Advance Healthcare Directive should reflect your beliefs with regard to medical decisions. Please read the following language:		
<i>"I value life and its many challenges. I hope to live as long as I can enjoy life. However, if there is no reasonable medical expectation of my recovery from physical or mental disability due to an injury, disease or illness, which leaves me in a certified terminal condition or a persistent vegetative state, I request that I be kept comfortable but be allowed to die naturally and not be kept alive by artificial means or heroic measures."</i>		
	For Client 1	For Client 2
Do you agree with the language above?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are unable to eat or drink, do you specifically authorize the withholding or withdrawal of artificial nutrition and artificial hydration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to be an organ donor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
At the time of your death, your preference would be:	Buried <input type="checkbox"/> Cremated <input type="checkbox"/>	Buried <input type="checkbox"/> Cremated <input type="checkbox"/>
If Cremated what do you want done with your ashes?		

* If you do not agree with the language above, please provide your preferred language in "Special Information" on page 7.

- Please list below individual(s) you would want to waive medical privacy restrictions for in addition to those named as Agent(s):

For Client 1	For Client 2

Other Questions

- Please answer the following questions in as much detail as possible. Attach additional paper if necessary.

Is any person (other than minor children) partially or wholly dependent upon Client 1 or Client 2 for support now or possibly in the future?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Do any of your children have special needs?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do either of you have any especially important or unusual estate planning objectives?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Are there special provisions you would like for your pets?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do you have a prenuptial agreement?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.
Do you have a postnuptial agreement?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.
Do you have a prior marriage(s) with no children?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide the date the marriage ended.
Do you have a Divorce/Separation Agreement?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.
Have you ever served in the military?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Long-Term Care Insurance pays a portion of nursing home, assisted living and/or in-home care if skilled nursing care is required. Do you have Long-Term Care Insurance?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide the company name:
Do either of you have any special requests regarding your funeral arrangements?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do either of you currently own a cemetery plot?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how is it owned and who has custody of the deed?

Specific Asset Information

➤ Please list Real Estate information for Client 1 or Client 2 and provide a copy of each deed and each Time Share.

Owners Listed on Deed of Real Estate	Street Address (Please include City and State)	Date Purchased	Present Market Value

➤ Please list Life Insurance information for Client 1 or Client 2

Policy Owner	Insured Person	Insurance Company	Whole	Term	Beneficiary	Pay-Out Amount
			<input type="checkbox"/>	<input type="checkbox"/>	1.	
			<input type="checkbox"/>	<input type="checkbox"/>	2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1.	
			<input type="checkbox"/>	<input type="checkbox"/>	2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1.	
			<input type="checkbox"/>	<input type="checkbox"/>	2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1.	
			<input type="checkbox"/>	<input type="checkbox"/>	2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1.	
			<input type="checkbox"/>	<input type="checkbox"/>	2.	

➤ Please list TSP, IRAs and Work Connected Benefits for Client 1 or Client 2

Client 1	Client 2	IRA	401(k)	TSP	403(b)	Other	Company	Beneficiary	Current Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2.	

Specific Asset Information

➤ Please list Interests in Partnerships or other Businesses for Client 1 or Client 2

Name of Business	Type of Entity			Percent of Interest	Value of Interest	Is your business interest subject to a buy-sell agreement?	If yes, how is the buy-out funded?
	Inc.	L.L.C.	Ptnr.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

➤ Please list Trusts Created for Your Benefit By Others

Created by	Name of Trust	Date of Trust	Value of Interest	Benefit of	
				Client 1	Client 2
				Client 1	Client 2
				Client 1	Client 2

➤ Please list Expected Inheritances and/or Gifts for Client 1 or Client 2

Source	Receiving Date	Estimated Amount	Relationship

➤ Please list Annuities for Client 1 or Client 2

Owner(s)	Annuitant(s)	Beneficiary(ies)	Company	Value

➤ Please list Automobile(s) for Client 1 or Client 2

Make of Automobile	Value	Titled
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>

Gifts and Other Transfers

Have gift tax returns ever been filed? ☐ Yes

No. If yes, please attach copies of the returns.

➤ Please list previous Gifts made (exceeding \$14,000 per year, per recipient)

Type	Date	Value	Recipient

➤ Please list Trusts created by Client 1 or Client 2

Type	Date	Value	Trustee	Beneficiary

Estimated Value of:			
Furniture	Antiques	Jewelry	Other Personal Property

[illegible]

Special Information

[illegible]

Summary of Assets and Liabilities

➤ Please answer the following questions in as much detail as possible. Attach additional paper if necessary.

ASSETS	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
Cash (Checking/Savings/CDs)	\$	\$	\$	\$
Personal Residence	\$	\$	\$	\$
Other Real Estate	\$	\$	\$	\$
Stocks and Bonds	\$	\$	\$	\$
Business Interests	\$	\$	\$	\$
Personal Property (Furniture/Automobiles)	\$	\$	\$	\$
Life Insurance (Payout Amount)	\$	\$	\$	\$
401(k), 403(b), IRA, TSP	\$	\$	\$	\$
Other Assets	\$	\$	\$	\$
TOTAL ASSETS	\$	\$	\$	\$
LIABILITIES	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
Mortgage on Residence	\$	\$	\$	\$
Mortgage on Other Real Estate	\$	\$	\$	\$
Other Loans and Notes	\$	\$	\$	\$
Charge Accounts	\$	\$	\$	\$
Taxes Due	\$	\$	\$	\$
Loans on Insurance Policies	\$	\$	\$	\$
Other Liabilities	\$	\$	\$	\$
TOTAL LIABILITIES	\$	\$	\$	\$
NET WORTH	Client 1 Individually	Client 2 Individually	Jointly Held	TOTAL
(Assets Less Liabilities)	\$	\$	\$	\$

Important Individuals or Organizations

Parents of Client 1

Name			Age
Street Address			Health
City	State	Zip	
Home Phone	Cell Phone		

Name			Age
Street Address			Health
City	State	Zip	
Home Phone	Cell Phone		

Parents of Client 2

Name			Age
Street Address			Health
City	State	Zip	
Home Phone	Cell Phone		

Name			Age
Street Address			Health
City	State	Zip	
Home Phone	Cell Phone		

➤ **Please provide information for relatives, individuals or charities that will receive an inheritance or would be listed in your documents for Client 1 and/or Client 2, including, but not limited to: Siblings, Grandchildren, Friends.**

➤ **List ALL brothers and sisters of Client 1 and Client 2, even if they will not be included in your documents.**

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Important Individuals or Organizations (Continued)

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Important Individuals or Organizations (Continued)

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	

Name	Relationship	Relationship is to Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
Street Address	E-Mail	
City	State	Zip
Home Phone	Cellphone	