"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.

	possible, pointmen				worksheet	to	our	office	prior	to	your
Τŀ	nis form w	as comp	leted by	7 :				_			

General Info	rmation			Date o	of Completion		
Client 1			Other/Former/Maiden Name				
Full Legal Name		Preferre	rred Name/Nickname				
Date of Birth	Social Se	ecurity Number		U.:	S. Citizen? Yes No		
Street Address							
City	County	' State	Zip	☐ It i	s okay to communicate with me by emai		
Home Phone	Offic	e Phone	Ext		Cell Phone		
Employer		E-Mail					
Occupation			Annuc	al Salary/Incom	ne		
Have you ever executed	a will? Yes 🗌 No 📗 If Yes	, what year?	What is the location	n of present Wil	l:		
☐ Married ☐ Divorce	d Widowed? If Married, Da	te of Marriage:	If Divorced, Do	ate of Divorce:			
If Widowed, Name of Dec	eased Spouse:		Date of Death:				
CLIENT 2 (SPOUSE)			Other/	Former/Maider	n Name		
Full Legal Name		Preferre	d Name/Nickname				
Date of Birth	Social Se	ecurity Number		U.:	S. Citizen? Yes No		
Street Address (if different	from Client 1)						
City	County	State	Zip	□It is o	kay to communicate with me by email.		
Home Phone	Offic	e Phone	Ext		Cell Phone		
Employer		E-Mail					
Occupation			Annuc	al Salary/Incom	ne		
Have you ever executed	a will? Yes □ No □ If Yes	, what year?		location of pre	sent will:		
PreviouslyDivorced	Widowed	If Pre	viously Divorced, Date	e of Divorce:			
If Widowed, Name of Dec	eased Spouse:		Date of Death:				
Children of Cli	ients (Joint)			Date of Bi	rth		
Name Street Address (if diferent fro	om Client1)		F	-Mail			
·	County		State		Zip		
City	,		- Orang		·		
Home Phone Married? Yes □No □	Office Phone	Divorced? Yes □	No∏ Widowed	Cell Phone			
Name	coparated. Tes El Tre El	Divolecca: Tes 🗀	паста		te of Birth		
Street Address			E-Mail	Dai	C OI DITTI		
City		County	State		Zip		
Home Phone	Office Phone			Cell Phone	9		
Married? Yes □No □	Separated? Yes □ No □	Divorced? Yes 🗌	No ☐ Widowed	d? Yes □ No □			
Name					te of Birth		
Street Address			E-Mail		0.01.01111		
City		County	State	,	Zip		
Home Phone	Office Phone			Cell Phone	<u> </u>		
	Separated? Yes □ No □	Diversed? Ves 🗖	No D Widows				

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 No	Separated? Yes ☐ No ☐	Divorced? Yes ☐ No ☐	Widowed? Yes ☐ No ☐	Children? Yes 🗌 No 🗌
Name			Date of	Birth
Street Address		E-Mail		
City		County	State	Zip
Home Phone	Office Phone		Cell Phone	
Married? Yes No	Separated? Yes ☐ No ☐	Divorced? Yes ☐ No ☐	Widowed? Yes ☐ No ☐	Children? Yes 🗌 No 🗌
Name			Date of	Birth
Street Address		E-Mail		
City		County	State	Zip
Home Phone	Office Phone		Cell Phone	
Married? Yes ☐No ☐	Separated? Yes ☐ No ☐	Divorced? Yes 🗌 No 🗌	Widowed? Yes ☐ No ☐	Children? Yes ☐ No ☐
Children of 9	Spouse's Prior Ma	arriage/Relation	shin To	
Name	<u> </u>	illiage/ Relation	Date of	Rirth
Street Address		E-Mail	Date of	В
City		County	State	Zip
Home Phone	Office Phone		Cell Phone	
Married? Yes □No □	Separated? Yes □ No □	Divorced? Yes ☐ No ☐	Widowed? Yes ☐ No ☐	Children? Yes □ No □
Name			Date of	
Street Address		E-Mail		
City		County	State	Zip
Home Phone	Office Phone		Cell Phone	
Married? Yes □No □	Separated? Yes ☐ No ☐	Divorced? Yes 🗌 No 🗍	Widowed? Yes ☐ No ☐	Children? Yes 🗌 No 🗌
Name			Date of	
Street Address		E-Mail		
City		County		
Home Phone		Coomy	State	Zip
	Office Phone	3331117	State Cell Phone	Zip
Married? Yes □No □	Office Phone Separated? Yes No	Divorced? Yes ☐ No ☐		Zip Children? Yes □ No □

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
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roposed Personal Rep			
riease list in order of preference the propo each individual on the pages at the end o	osea rersonal keprese of the Questionnaire	entative to be named in the will. Fledst	e provide addresses and phone numbers for
or Client 1's Will – After Client 2		For Client 2's Will – A	fter Client 1
		I	
roposed Trustee or T Please list in order of preference the prop		es (manager of funds for children, etc.)
or Client 1		For Client 2	
roposed Financial Po	wer of Atto	ornev	
*		5	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the prop		5	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the prop		of Attorney (in the event you are unab	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the prop		of Attorney (in the event you are unab	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the prop		of Attorney (in the event you are unab	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the prop		of Attorney (in the event you are unab	ole to handle your financial and legal affairs, etc.)
roposed Financial Po Please list in order of preference the prop or Client 1		of Attorney (in the event you are unab	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the prop or Client 1	osed Financial Power	of Attorney (in the event you are unab	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the propor Client 1 ofessional Relationsh	ips	of Attorney (in the event you are unat	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the proportion or Client 1 Ofessional Relationsh sk for a referral if you need an Accountant	ips	of Attorney (in the event you are unat	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the propor Client 1 ofessional Relationsh sk for a referral if you need an Accountant	ips	of Attorney (in the event you are unat	ole to handle your financial and legal affairs, etc.)
Please list in order of preference the proportion of Client 1 Ofessional Relationsh sk for a referral if you need an Accountant	ips	of Attorney (in the event you are unat	
Please list in order of preference the proper Client 1 Ofessional Relationsh ok for a referral if you need an Accountant ountant	ips	For Client 2 For Client 2 Office Phone	
Please list in order of preference the propor Client 1 Ofessional Relationsh sk for a referral if you need an Accountant tountant	ips t or a Financial Advisa	r Office Phone E-Mail	Ext
Please list in order of preference the propor Client 1 Ofessional Relationsh sk for a referral if you need an Accountant to Address we contact him/her is we are retain	ips t or a Financial Advisa	r Office Phone E-Mail	Ext
Please list in order of preference the propor Client 1 Ofessional Relationsh sk for a referral if you need an Accountant tountant t Address we contact him/her is we are retain	ips t or a Financial Advisa	r Office Phone E-Mail	Ext
ofessional Relationsh sk for a referral if you need an Accountant Address we contact him/her is we are retain notal Advisor	ips t or a Financial Advisa	r Office Phone E-Mail	Ext
Please list in order of preference the propor Client 1 Ofessional Relationsh sk for a referral if you need an Accountant tountant	ips t or a Financial Advisa	of Attorney (in the event you are unable of Attorney (in the event you are una	Ext

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	I E	or Client 2	
Torchemi		JI CIIETTI Z	
The Adverse Health are Dispetive should reflect your balls	-fills received to modice	I de sisione. Disease road the follow	.t 1
The Advance Healthcare Directive should reflect your belie "I value life and its many challenges. I hope expectation of my recovery from physical or n terminal condition or a persistent vegetative s not be kept alive by artificial means or heroic	to live as long as I mental disability due state, I request that	can enjoy life. However, i e to an injury, disease or illne	if there is no reasonable medic ess, which leaves me in a certifie
		For Client 1	For Client 2
Do you agree with the language above?*		Yes No No	Yes 🗆 No 🗆
If you are unable to eat or drink, do you specifically author withdrawal of artificial nutrition and artificial hydration?	ize the withholding or	Yes 🗆 No 🗆	Yes 🗆 No 🗆
Do you wish to be an organ donor?		Yes 🗆 No 🗆	Yes 🗆 No 🗆
At the time of your death, your preference would be:		Buried Cremated	Buried Cremated
If Cremated what do you want done with your o	ashes?		
* If you do not agree with the language above, please p	rovide your preferred lan	guage in "Special Information" or	n page 7.
Please list below individual(s) you would want to waive m	nedical privacy restriction	is for in addition to those named a	s Agent(s):
For Client 1	F	or Client 2	
Other Questions			
 Please answer the following questions in as much detail a 	se nossible. Attach additio	and naner if necessary	
Is any person (other than minor children) partially or	<u>.</u>		
wholly dependent upon Client 1 or Client 2 for support	Client 1 Yes No	If yes, please list:	
now or possibly in the future?	Client 2 Yes No		
Do any of your children have special needs?	Client 2 Yes No	If yes, please explain:	
Do either of you have any especially important or	Client 2 Yes No Client 1 Yes No No	If yes, please explain:	
unusual estate planning objectives?	Client 2 Yes No	11 you, produce oxp.c	
Are there special provisions you would like for your pets?	Client 1 Yes No No	If yes, please explain:	
Ale mere special provisions you would like for your point	Client 2 Yes No		
Do you have a prenuptial agreement?	Client 1 Yes No Client 2 Yes No	If yes, please provide a copy.	
Do you have a postnuptial agreement?	Client 1 Yes No Client 2 Yes No	If yes, please provide a copy.	
Do you have a prior marriage(s) with no children?	Client 1 Yes No Client 2 Yes No	If yes, please provide the date	e the marriage ended.
Do you have a Divorce/Separation Agreement?	Client 1 Yes No Client 2 Yes No	If yes, please provide a copy.	
Have you ever served in the military?	Client 1 Yes No Client 2 Yes No	If yes, please list:	
Long-Term Care Insurance pays a portion of nursing home,	Client 1 Yes No	If yes, please provide the com	npanv name:
assisted living and/or in-home care if skilled nursing care is required. Do you have Long-Term Care Insurance?	Client 2 Yes No	, 55, pic 222 p. 2	ipari, name.
Do either of you have any special requests regarding	Client 1 Yes No	If yes, please explain:	
your funeral arrangements?	Client 2 Yes No		
Do either of you currently own a cemetery plot?	Client 1 Yes No	If yes, how is it owned and wh	no has custody of the deed?

Owners Lis	ted on Dee	d of Real Es	tate	Street A	ddress (Plea	ase include	e City and State)					Date Purchased	Present Marke	et Value
					·		·							
Please list		ice informat	lion for Clien	ot 1 or Client ed Person	2		Insurance Company	l wi	'hole	Term	1	Beneficiary	Pay-Out	Amour
	-						, ,				1.	,		
											1.			
								ſ			1.			
											1.			
											1.			
											2.			
DI 1:-	LTCD IDA	l Wl - C -		£14- £ C 1	1 Cli	-10		L			2.			
Client 1	Client 2	IRA	401(k)	TSP	403(b)	Other	Company					Beneficiary	Curren	t Value
											1.			
											1.			
											1.			
											1.			
											1.			
\Box											2.			
											2.			
											2. 1.			
\vdash											2.			

2.

Specific Asset Information

Please list Interests in <u>Partnerships</u>						1				
Name of Business	Inc.	pe of Ent	Ptnr.	Percent of Interest	Value of Interest	Is your business interest subject to buy-sell agreeme		If yes, I funded	now is the 19	buy-out
						Yes 1				
						Yes 🗆 1				
Please list <u>Trusts Created for Your F</u>	Benefit By Others									
Created by		N	lame of Trust		Date of Trust	Value o	of Interest		Benefit o	f
									Client 1	Client 2
									Client 1	Client 2
									Client 1	Client 2
Please list <u>Expected Inheritances</u>	and/or Gifts for Cli	ent 1 or C	Client 2			•				
Source		Rec	eiving Dat	te Esti	mated Amount	Relationsh	nip			
Please list <u>Annuities</u> for Client 1 or	Client 2									
Owner(s)	Anr	nuitant(s)			Beneficiary(ies)		Со	mpany		Value
_										
Please list <u>Automobile(s)</u> for Client	1 or Client 2									
Make of Automobile				Value				Titled _		
_] Joint [
] Joint [
						Client	1 Clie	ent 2 🔲	Joint 🗌	
cifts and Other Tra Please list previous <u>Gifts</u> made (ex					? □ Yes	No If yes,	please a	ttach co	opies of th	e returns.
Туре	Date			Value	Recipient					
· · · · · · · · · · · · · · · · · · ·										
> Please list <u>Trusts</u> created by Client			Value	Trustee			l Por	no fician		
	1 or Client 2 Date		Value	Trustee			Ber	neficiary		
➤ Please list <u>Trusts</u> created by Client			Value	Trustee			Ber	neficiary		
➤ Please list <u>Trusts</u> created by Client			Value	Trustee			Ber	neficiary		

Specific Bequests
> Please estimate value of Personal Property and attach a list of any Personal Property that has significant value or which will be mentioned in the Will.

Estimated Value of:			
Furniture	Antiques	Jewelry	Other Personal Property

Plee	ase list	Personal	Property	v for S	pecific	Beauests
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	Desired Recipient:			
Description of Item	1 st Choice, If Living	2 nd Choice If 1 st Choice Not Living	3 rd Choice If 2 nd Choice Not Living	Estimated Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Special Information						
Please use the space provided below for any other information you believe would be beneficial for our records or important for your estate planning						

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 C	Organizations				
Parents of Client 1					
Name				Age	
Street Address				Health	
City	St	ate	Zip		
Home Phone	Cell Phone				
Name				Age	
Street Address				Health	
City	St	ate	Zip		
Home Phone	Cell Phone				
Parents of Client 2					
Name				Age	
Street Address				Health	
City	St	tate	Zip		
Home Phone	Cell Phone				
Name				Age	
Street Address				Health	
City	St	tate	Zip		
Home Phone	Cell Phone				
 Please provide information for relatives, individuals 2, including, but not limited to: Siblings, Grandchild List ALL brothers and sisters of Client 1 and Client 2, 	dren, Friends.			l in your docu	ments for Client 1 and/or Client
Name	R	elationship			Relationship is to Client 1 Client 2
Street Address	E	-Mail			
City	State		Zip		
Home Phone	Cellphone				
Name	R	Relationship			Relationship is to Client 1 Client 2
Street Address		-Mail			0.0 1 0.0 2
City	State		Zip		
Home Phone	Cellphone				
					Relationship is to
Name		Relationship			Client 1 Client 2
Street Address		-Mail	7.		
City Home Phone	State		Zip		
Home Phone	Cellphone				

Important Individuals or Organizations (Continued)

Name	Relationshi	0	Relationship is to Client 1 ☐ Client 2 ☐
Street Address	E-Mail		
City	State	Zip	
Home Phone	Cellphone		
Name	Relationshi	0	Relationship is to Client 1 Client 2
Street Address	E-Mail		
City	State	Zip	
Home Phone	Cellphone		
Name	Relationshi	n	Relationship is to Client 1 ☐ Client 2 ☐
Street Address	E-Mail	<u> </u>	CHOTH 1 CHOTH 2 C
City	State	Zip	
Home Phone	Cellphone	ΣΙΡ	
TIOTHE I TIOTHE	Celibrione		
			Relationship is to
Name	Relationshi	0	Client 1 Client 2
Street Address	E-Mail		
City	State	Zip	
Home Phone	Cellphone		
			Relationship is to
Name	Relationshi	0	Relationship is to Client 1 ☐ Client 2 ☐
Name Street Address	Relationshi _l E-Mail	0	Relationship is to Client 1 Client 2
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Street Address	E-Mail		Relationship is to Client 1 ☐ Client 2 ☐
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Important Individuals or Organizations (Continued)

Name	Relationshi	p	Relationship is to Client 1 ☐ Client 2 ☐
Street Address	E-Mail		
City	State	Zip	
Home Phone	Cellphone		
Name	Relationshi	p	Relationship is to Client 1 Client 2
Street Address	E-Mail		
City	State	Zip	
Home Phone	Cellphone		
Name	Relationshi	n	Relationship is to Client 1 ☐ Client 2 ☐
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City	State	Zip	
Home Phone	Cellphone		
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		p Zip	Relationship is to Client 1 ☐ Client 2 ☐
Street Address	E-Mail		Relationship is to Client 1 □ Client 2 □
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