

Estate Planning Worksheet

My Information:

Full Legal Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Email: _____

My Attorney:

Name: _____

Phone: _____

Consultation Date: _____

Goals

Power of Attorney

Takes over my decision-making if I am incapacitated.

Will

Gives my instructions after my death.

What are my top priorities for the care of my assets and dependents if I become unable to care for them?

What are my primary questions for my attorney?

Questionnaire

1. What is your relationship status?

Single/Married/Divorced/Other (Select One): _____

2. What do you own?

Real Estate?

Description

Title (Joint/Individual)

Value

Description	Title (Joint/Individual)	Value

Accounts? (Checking, Savings, Retirement, Pension, Etc.)

Description

(Joint/Individual)

Value

Beneficiaries?

Description	(Joint/Individual)	Value	Beneficiaries?

Life Insurance? Beneficiaries?

Other Property? Businesses, bonds, mutual funds, certificates of deposits, vehicles, vacation properties. Add supporting documents if necessary.

3. Who do you want to include in your Estate Plan?

Children/Others

Name

Age

Address

Phone

Who do you want to make your financial decisions in the event of your death?

Who do you want to make your healthcare decisions in the event of your incapacity?

Who do you want to make your financial decisions in the event of your incapacity?

Who do you want to care for your children in the event of your death or incapacity?

Who will manage your children's finances in the event of your death or incapacity?

