

Client Estate Planning Workbook

Date: _____

HUSBAND'S INFORMATION

Legal Name: _____

Other names ever known by: _____

Address: _____

Email Address: _____ Telephone: (____) _____

Social Security Number: _____-_____-_____

Birth date and Age: D/o/b: ____/____/____ Age: _____

WIFE'S INFORMATION

Legal Name: _____

Other names ever known by: _____

Address: _____

Email Address: - _____ Telephone: (____) _____

Social Security Number: _____-_____-_____

Birth date and Age: D/o/b: ____/____/____ Age: _____

CURRENT MARRIAGE

Date of Marriage: ____/____/____

City and State: _____, _____

Husband's net worth: \$ _____ Wife's net worth: \$ _____

Describe all substantial gifts or inheritance received by either spouse since the date of marriage:

First Item:

Recipient: _____ Date: ____/____/____

Gift Giver: _____ Description: _____ Value: \$ _____

Next Item: Recipient: _____ Date: ____/____/____

Gift Giver: _____ Description: _____ Value: \$ _____

CHILDREN FROM CURRENT MARRIAGE

1) Name: _____ Birth date: ____/____/____

2) Name: _____ Birth date: ____/____/____

3) Name: _____ Birth date: ____/____/____

4) Name: _____ Birth date: ____/____/____

If any children are disabled, list public benefits currently received: _____

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? _____

Do you plan on having any more children? How many? _____

HUSBAND'S PREVIOUS MARRIAGES

1) Name of spouse: _____ Currently alive? Y ___ N

WIFE'S PREVIOUS MARRIAGES

1) Name of spouse: _____ Currently alive? Y ___ N

HUSBAND'S CHILDREN FROM PRIOR RELATIONSHIPS

1) Name: _____ Name of Other Parent: _____

2) Name: _____ Name of Other Parent: _____

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? _____

WIFE'S CHILDREN FROM PRIOR RELATIONSHIPS

1) Name: _____ Name of Other Parent: _____

2) Name: _____ Name of Other Parent: _____

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? _____

HUSBAND'S EXISTING DOCUMENTS

Does Husband have an existing will or revocable living trust? _____ If yes, please attach a copy.

WIFE'S EXISTING DOCUMENTS

Does Wife have an existing will or revocable living trust? _____ If yes, please attach a copy.

ASSETS / LIABILITIES

Real Estate

1) Description: _____ Owner: Husband ___ Wife ___

Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

2) Description: _____ Owner: Husband ___ Wife ___

Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

3) Description: _____ Owner: Husband ___ Wife ___

Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

(Please attach a copy of the deed and property tax bill for each piece of real property)

Jewelry, Antiques, Art, Coin Collections, Fur Coats, Oriental Rugs, Etc.

1) Description: _____ Owner: Husband ___ Wife ___
Fair Market Value: \$ _____ Amount of Debt: \$ _____
2) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
3) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

Vehicles, Boats, Trailers

1) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
2) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
3) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

Bank Accounts: (Please attach a copy of the most recent account statements)

1) Description: _____ Owner: Husband ___ Wife ___
Fair Market Value: \$ _____
2) Description: _____ Owner: Husband ___ Wife ___
Fair Market Value: \$ _____
3) Description: _____ Owner: Husband ___ Wife ___
Fair Market Value: \$ _____
Cash: \$ _____

Life Insurance (on Husband) Description: _____

Owner: Husband ___ Wife ___
Face Value: \$ _____ Cash Value: \$ _____
Beneficiary: _____

Life Insurance (on Wife) Description: _____

Owner: Husband ___ Wife ___
Face Value: \$ _____ Cash Value: \$ _____
Beneficiary: _____

Stocks, Bonds, Secured Notes: (Please attach copy of account statement)

1) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
2) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
3) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

**Retirement, Pension, Profit-Sharing, Annuities, Military/Veteran's Benefits
(Please attach a copy of each account statement)**

1) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
Beneficiary: _____
2) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
Beneficiary: _____
3) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
Beneficiary: _____

Partnerships, Other Business Interests

1) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
2) Description: _____ Owner: Husband ___ Wife ___
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

Safe Deposit Box: Name of Bank: _____ Address: _____ Box No.: _____
Who has access? _____

Are there any assets outside the United States? Yes ___ No ___ Describe:

FIDUCIARY AGENTS AND ADVISORS

Initial Executor(s): Name: _____ Address: _____

Successor Executor(s): Name: _____ Address: _____

Initial Trustee(s): Name: _____ Address: _____

Successor Trustee(s): Name: _____ Address: _____

Initial Guardian(s) for minor children:

Name: _____ Address: _____

Successor Guardian(s) for minor children:

Name: _____ Address: _____

Initial Agent for Advanced Health Care Directive:

Name: _____ Address: _____

Successor Agent for Advanced Health Care Directive:

Name: _____ Address: _____

Initial Agent for Durable Power of Attorney for Property Management Decisions:

Name: _____ Address: _____

Successor Agent for Durable Power of Attorney for Property Management Decisions:

Name: _____ Address: _____

Is anyone to be specifically disinherited? ___ Yes ___ No

If yes, who? _____