

# Client Estate Planning Workbook

Date: \_\_\_\_\_

## CLIENT'S INFORMATION

Legal Name: \_\_\_\_\_

Other names ever known by: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Birth date and Age: D/o/b: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Client's net worth: \$\_\_\_\_\_

Describe all substantial gifts or inheritance received by client:

First Item:

Recipient: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gift Giver: \_\_\_\_\_ Description: \_\_\_\_\_ Value: \$\_\_\_\_\_

Next Item: Recipient: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gift Giver: \_\_\_\_\_ Description: \_\_\_\_\_ Value: \$\_\_\_\_\_

## CHILDREN

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? \_\_\_\_\_

**PREVIOUS MARRIAGES**

1) Name of spouse: \_\_\_\_\_ Currently alive? Y \_\_\_ N \_\_\_

**EXISTING ESTATE PLANNING DOCUMENTS**

Does Client have an existing will or revocable living trust? \_\_\_\_\_ If yes, please attach a copy.

**ASSETS / LIABILITIES**

**Real Estate**

1) Description: \_\_\_\_\_ Owner(s): \_\_\_\_\_

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

2) Description: \_\_\_\_\_ Owner(s): \_\_\_\_\_

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

3) Description: \_\_\_\_\_ Owner(s): \_\_\_\_\_

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: \_\_\_\_\_

Fair Market Value: \$ \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

3) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

**Vehicles, Boats, Trailers**

1) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

2) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

3) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

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

1) Description: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Fair Market Value: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

**Life Insurance: Description:** \_\_\_\_\_

1) Owner: \_\_\_\_\_

Face Value: \$ \_\_\_\_\_ Cash Value (if any): \$ \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Life Insurance: Description:** \_\_\_\_\_

2) Owner: \_\_\_\_\_

Face Value: \$ \_\_\_\_\_ Cash Value (if any): \$ \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

1) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

2) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

3) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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: \_\_\_\_\_

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

Beneficiary: \_\_\_\_\_

2) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

Beneficiary: \_\_\_\_\_

3) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

Beneficiary: \_\_\_\_\_

**Partnerships, Other Business Interests**

1) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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

2) Description: \_\_\_\_\_ Owner: \_\_\_\_\_

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? \_\_\_\_\_