

Estate Planning Worksheet – Married Couples

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

			Date
Husband	First Name	MI	Last Name
	AKA	Date of Birth	Social Security Number
Wife	First Name	MI	Last Name
	AKA	Date of Birth	Social Security Number

Address _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Other Phone _____ Email _____

Marital Status: Married Separated Date of Marriage: _____

If single, (including divorced or widowed and not remarried) use the Estate Planning Worksheet for single individuals.

What is your primary motivation for considering estate planning? *(Select one or more)*

- | | |
|--|--|
| <input type="checkbox"/> Probate avoidance | <input type="checkbox"/> Business or farm planning |
| <input type="checkbox"/> Guardianship for minor children | <input type="checkbox"/> Federal estate tax planning |
| <input type="checkbox"/> Other: _____ | |

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? _____

Children or Other Beneficiaries

Name	Address	Date of Birth	Relationship

Income/Asset/Liability Information

Please list your income/asset/liability information in the appropriate category below.
Attach a separate page if necessary.

	Husband	Community/ Joint	Wife
Income			
Earned Monthly Income from Employment	_____	_____	_____
Monthly Social Security Income	_____	_____	_____
Monthly Pension Income	_____	_____	_____
Other Monthly Income	_____	_____	_____

Type of Asset	Title in Which Held (Husband sole, Wife sole, Joint with spouse, Joint with third party, Tenants in common, etc.)	Estimated Current Value
Real Estate (Include type of property e.g., residential, agricultural, commercial, or manufacturing.)		
Personal Residence		
Agricultural Land		
Other including Mineral Interests:		
Checking Accounts		

Type of Asset	Title in Which Held (Husband sole, Wife sole, Joint with spouse, Joint with third party, Tenants in common, etc.)		Estimated Current Value	
Savings Accounts and Money Market Accounts				
Certificates of Deposit				
Mutual Funds and Investment Accounts (Non-Retirement)				
Government and Publicly Traded Securities				
Unlisted Securities (Not Publicly Traded)				
Equity in Business <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation or LLC				
Notes and Loans Receivable				
Cash on Hand				
IRAs, 401(k)s, and Other Retirement Accounts	Owner	Beneficiary		
Annuities	Owner/Annuitant	Beneficiary		
Pension/Profit Sharing	Owner	Beneficiary		
Life Insurance	Owner	Beneficiary	Cash Value	Death Benefit

Type of Asset	Title in Which Held (Husband sole, Wife sole, Joint with spouse, Joint with third party, Tenants in common, etc.)		Estimated Current Value
Automobiles (Make and Year)			
Other Assets			

Liabilities	Name of Debtor(s) (Husband, Wife, etc.)	Amount Owed

Appointments

1. **Personal Representative.** Even if you have a living trust, you should also have a will which names a personal representative. (Personal representative is also sometimes referred to as executor or administrator.) (e.g., spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.

Personal Representative (Name, Address & Phone Number):

Alternate: _____

Second Alternate: _____

2. **Successor Trustee.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if neither you nor your spouse were able to do so. The successor trustee would distribute assets to beneficiaries after death, pursuant to your prior instructions. The successor trustee may also serve as alternate agent under your Power of Attorney for Business Decisions.

Successor Trustee (Name, Address & Phone Number):

Alternate: _____

Second Alternate: _____

3. **Health Care Agent.** Who should be named to make medical decisions for you if you are unable to make these decisions yourself?

Health Care Agent (Name, Address & Phone Number):

Alternate: _____

Second Alternate: _____

Plan of Distribution

1. **Charitable Gifts.** Do you want to make charitable gifts, such as to a faith based organization or other institution?

2. Briefly describe your plan of distribution for assets remaining after any specific gifts described above are made. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

All to spouse; then among children, and if a child didn't survive, the deceased child's share to the deceased child's children.

All to spouse, then equally among surviving children.

All to spouse, then _____

As follows: _____

3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, your spouse, nor your children/other beneficiaries named above survive.

Please complete this section only if you have minor beneficiaries or beneficiaries with disabilities.

1. **Guardian.** If you have child(ren) or other beneficiary(ies) who are minors or who have special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

Guardian (Name, Address & Phone Number): _____

Alternate: _____

2. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

Testamentary Trustee (Name, Address & Phone Number):

Alternate: _____

3. **Age of Distribution.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as ½ at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

	Husband	Wife
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in avoiding probate of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages? If yes, year marriage ended in: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with your spouse (such as a prenuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any family member or potential beneficiaries have any serious health problems? If yes, please describe briefly: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold everything jointly with your spouse, or is some property separate?	<input type="checkbox"/> All joint (except	<input type="checkbox"/> Some IRA's, pensions, etc.) separate

